NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

September 2-3, 2026

HYATT PLACE
1790 E PLUMB LN
RENO, NV

Zoom
https://zoom.us/j/5886256671
Meeting ID: 5886256671

Please do not remove the book from the meeting room.

JOE LOMBARDO
Governor

DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAERER
Deputy Directors

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
STATE OF NEVADA BOARD OF PHARMACY

Date Posted: August 19, 2026

FIRST AMENDED AGENDA

◈ PUBLIC NOTICE ◈

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, September 2, 2026, at 9:00 am. The meeting will continue Thursday, September 3, 2026, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

Please Note:

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

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

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

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

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

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

2. Public Comment: No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on a future agenda as an item. (NRS 241.020)

◈ CONSENT AGENDA ◈

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

3. Approval of the July 15-16, 2026, Board Meeting Minutes (**FOR POSSIBLE ACTION)**

4. 4.1 Applications for Out-of-State Medical Products Provider License (NAC 639.6944) - Non-Appearance (**FOR POSSIBLE ACTION)**

   A. Corner Home Medical – Dilworth, MN
   B. Diabetic Equipment and Supplies – Johnston, IA
   C. NextGen Medical Supplies – Delray Beach, FL
   D. OrthoKinetix – Riverside, CA
   E. Professional Medical Corp – Seattle, WA
   F. Quickfill Rx Inc – Tarzana, CA

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

   Background Check Not Required by Law.

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

   G. Dyne Therapeutics Inc – Waltham, MA

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

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

H. Appellis Pharmaceuticals Inc – Waltham, PA
I. Cardinal Health 200 LLC – Champlin, MN
J. Mineralys Therapeutics Inc – Boston, MA
K. Novavax Inc – Gaithersburg, MD
L. QuidelOrtho Sales Company LLC – Memphis, TN

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

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

M. American Pharmaceutical Distributors – Waterford, MI
N. Golden State Medical Supply Inc – Camarillo, CA
O. Golden State Medical Supply Inc – Camarillo, CA

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

P. Almatica Pharma LLC – Morristown, NJ
Q. Aroa Biosurgery Incorporated – San Diego, CA
R. bioMerieux Inc – Durham, NC
S. bioMerieux Inc – Hazelwood, MO
T. Dynavax Technologies Corporation – Emeryville, CA
U. Esai Inc – Nutley, NJ
V. Gamida Cell Inc – Naples, FL
W. Neurent Medical Inc – Braintree, MA
X. Praxis Packaging Solutions – Lakeland, FL
Y. Rayner Surgical Inc – Memphis, TN
Z. Shine Spect USA LLC – North Billerica, MA
AA. Spineology Inc – Saint Paul, MN
BB. USWM CT LLC – Philadelphia, PA
CC. Vero Biotech Inc – Livingston, TN
DD. Zoll Medical Corporation – Wilmington, MA

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

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

4.2.9 <u>Background checks completed in compliance with NRS 639.500.</u>

EE. 1 Click Logistics – Sparks, NV
FF. Global Direct Rx LLC – Park City, UT

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

GG. Albertsons Pharmacy #0195 – Las Vegas, NV
HH. Kaiser Permanente Del Monte Pharmacy – Reno, NV

4.4 Application for Out-of-State Pharmacy License for a Pharmacy Intending to Engage in Compounding (NRS 639.2328) – Non-Appearance **(FOR POSSIBLE ACTION)**

II. Eden – Albuquerque, NM
JJ. Emerald Compounding Pharmacy – Tampa, FL
KK. Esatto Pharma – Chandler, AZ
LL. FarmaKeio AR – Conway, AR
MM. FarmaKeio – Richardson, TX
NN. Formulation Compounding Center – Lewisville, TX
OO. Hephaestus Pharmaceuticals LLC – Doral, FL
PP. Jungle Jim's Pharmacy – Fairfield, OH
QQ. Nutrishare LLC – Phoenix, AZ
RR. Premium Health Care Pharmacy – Miami, FL
SS. Prescription Center – Idaho Falls, ID
TT. Rush Pharmacy TX01 – Plano, TX
UU. Southend Pharmacy – Houston, TX
VV. Tower Medic Pharmacy Inc – Fort Worth, TX
WW. Vault Pharmaceuticals LLC – Brooksville, FL

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

XX. All Discount Pharmacy LLC – Delray Beach, FL
YY. Amazon Pharmacy #016 – Richmond, CA
ZZ. Blue Rx – Frisco, TX
AAA. Carepoint Pharmacy – Schaumburg, IL
BBB. Central Care Pharmacy/GHST Rx Inc – Encino, CA
CCC. divvyDOSE – Moline, IL
DDD. HomeMed Pharmacy – Carmel, IN
EEE. Med Stork Rx – Garland, TX
FFF. Neighborhood LTC Pharmacy – Phoenix, AZ
GGG. PhilRx – Scottsdale, AZ

HHH. Restore Pharma LLC – Tampa, FL
III. Senderra Rx Partners LLC – Morrisville, NC
JJJ. TheraGenix Pharmacy Inc – Maynard, MA
KKK. Vials – Tomball, TX

4.6 Application for Nevada Ambulatory Surgery Center License (NAC 639.4992) – Non- Appearance **(FOR POSSIBLE ACTION)**

LLL. Digestive Health Center – Reno, NV
MMM. Painted Mirage Surgery Center LLC – Las Vegas, NV

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

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

NNN. New Deantronics Ltd – Sparks, NV

4.9 Application for Out-of-State Outsourcing Facility (NRS 639.100) – Non- Appearance (**FOR POSSIBLE ACTION**)

OOO. Wesley Pharmaceuticals – Orlando, FL

◈ REGULAR AGENDA ◈

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

A. CVS Pharmacy #9168	(24-010-PH-N)
B. Marilou Reyes	(24-010-RPH-N)
C. Gemma Thomson	(22-542-CS-N)
D. Sherri Ann Micone	(25-369-CS-N)
E. Vladimir Mityushin	(25-279-RPH-N)
F. Bespoke Pharmaceuticals, LLC	(25-385-PH-S)
G. Dana Marks	(25-408-CS-N)
H. Adam Mansour	(26-138-RPH-N)
I. Eric Lawrence	(26-255-RPH-S)
J. Cassie Gifford	(24-509-PR-A-N)
K. Gabrielle McIntyre	(24-509-PR-B-N)
L. Allison Jaggard	(24-509-PR-C-N)
M. Sierra Center for Foot Surgery	(25-181-PH-N)
N. Michael Hautekeet	(25-181-RPH-N)
O. Empower Pharma	(25-230-WH-A-S)
P. Empower Pharma	(25-230-OU-A-S)
Q. Empower Pharmacy	(25-292-PH-O)
R. Empower Pharma	(25-292-OU-O)

6. Discussion and possible action to amend the Findings of Fact, Conclusions of Law and Order entered in Case No. 25-031-RPH-N in compliance with Order Granting in Part and Denying in Part Petition for Judicial Review in Second J.D. Case No. CV25-02752 **(FOR POSSIBLE ACTION)**

   A. Bernard Brooks

7. Application for Nevada Medical Products Provider License (NAC 639.6942) – Appearance (**FOR POSSIBLE ACTION)**

   A. Anything Medical – Las Vegas, NV
   B. Hudson Medical Co LLC – Henderson, NV
   C. Medical Wig Supply – Las Vegas, NV
   D. Vitality Medical Supplies – Las Vegas, NV

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

   A. APRX LLC – Las Vegas, NV
   B. Patient Care Pharmacy – Las Vegas, NV
   C. Sahara Pharmacy – Las Vegas, NV

9. Application for Nevada Pharmacy License for a Pharmacy Intending to Engage in Compounding (NRS 639.230) – Appearance **(FOR POSSIBLE ACTION)**

   A. Quality Compounding Rx of America – Las Vegas, NV

10. Application for Nevada Outsourcing Facility (NRS 639.100) – Appearance (**FOR POSSIBLE ACTION**)

   A. Bespoke Pharmaceuticals LLC – Las Vegas, NV
   B. Orion Specialty Labs LLC – Henderson, NV

11. Application for Out-of-State Outsourcing Facility (NRS 639.100) – Appearance (**FOR POSSIBLE ACTION**)

   A. Bravado Pharmaceuticals LLC – Lutz, FL

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

   A. Oxus America Inc – Orion Township, MI – Background Check Not Required by Law

13. Application for Nevada Wholesaler License (NRS 639.233) – Appearance – **(FOR POSSIBLLE ACTION)**

    A. AZ Care Pharmacy LLC – Las Vegas, NV – Background Check completed in compliance with NRS 639.500
    B. Vitality Medical Supplies LLC – Las Vegas, NV – Background Check completed in compliance with NRS 639.500

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

    A. Richard Korb

15. Application for Pharmaceutical Technician in Training Registration (NAC 639.240) – Appearance. (**FOR POSSIBLE ACTION)**

    A. Chenelle Carter

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

    A. Nikesh Seth – APRN
    B. Samuel Jerideau – Practitioner
    C. Stuart Feldman – Practitioner

◈ WORKSHOP ◈

Thursday, September 3, 2026 – 9:00 am

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

    A. Amendment to Nevada Administrative Code (NAC) 639. The proposed amendments relate to the adoption of a fee for the integration of the records of patients in the database of the program established pursuant to NRS 453.162 with the electronic health records of practitioners.

    B. Amendment to Nevada Administrative Code (NAC) 639. The proposed amendment clarifies the use of digital identify verification and use of real-time, stop sale system related to products that is a precursor to methamphetamine by a pharmacy and other matters properly relating thereto.

18. General Counsel Report. Note: The Board may exclude the public for a report on potential or existing litigation pursuant to NRS 241.015(3)(b)(2).

19. Executive Secretary Report:

A. Financial Report
B. Issuance of Temporary Licenses and Registrations
C. Change of Address Business List
D. Meetings with Other Health Care Regulatory Boards
E. Licensing Activities Report
F. Citations & Fines issued pursuant to NRS 632.2895
G. Legislative update
H. Inspection Report

20. Date and Location of Next Scheduled Board Meeting:

October 14-15, 2026 – Las Vegas, NV

21. Public Comment: No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on a future agenda as an item. (NRS 241.020)

22. Adjournment

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

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

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

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

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206, Reno, NV 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

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

BOARD MEETING MINUTES

July 15-16, 2026

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, July 15, 2026, at 9:00 am. The meeting will continue Thursday, July 16, 2026, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

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

Via Videoconference at Zoom:
https://zoom.us/j/5886256671 or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

Board Members Present:

Helen Park	Jade Jacobo	Adam Porath	Krystal Freitas
Chanyis Taylor	Anna Carr	Richard Tomasso	

Board Staff Present:

David Wuest	Yenh Long	Laura Tucker	Brett Kandt
Amy Steelman	Skylar Young	Todd Weiss	Darlene Nases
Erin Miller	Dena McClish	Joe Dodge	Jessette Phaynarikone
Ken Scheuber	Clayton Bailey	William Kuykendall	

Call to Order and Roll Call – Establishment of Quorum

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

Public Comment on July 15, 2026, 9:02 AM

There was no public comment.

3. Approval of the June 3-4, 2026, Board Meeting Minutes (**FOR POSSIBLE ACTION)**

Board Action:

Motion: Krystal Freitas moved to approve the June 3-4, 2026, Board Meeting Minutes.

Second: Chanyis Taylor

Action: Passed unanimously.

◈ CONSENT AGENDA ◈

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

A. Medline Industries LP – Grayslake, IL
B. Medline Industries LP – Perryville, MD
C. Medline Industries LP – Salt Lake City, UT
D. Medline Industries LP – Southaven, MS
E. Medline Industries LP – Temecula, CA
F. Medline Industries LP – Tolleson, AZ
G. Medline Industries LP – Tracy, CA
H. National Diabetes Care LLC – Orange City, FL
I. Noctrix Health Inc – Pleasanton, CA
J. Optum Distribution Center LLC – Marietta, GA
K. Remedy Medical Supply Inc – Westlake Village, CA
L. Velo Rehab LLC – Wellsville, UT
M. Venture OneSource LLC – Missoula, MT
N. Warrior Service Company LLC – Boise, ID

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

Background Check Not Required by Law.

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

O. Axogen Corporation – Alachua, FL

DRAFT

P. Medline Industries LP – Hammond, LA
Q. Medline Industries LP – Katy, TX
R. Medline Industries LP – Mebane, NC
S. Medline Industries LP – Moreno Valley, CA
T. Medline Industries LP – St. Peters, MO
U. Medline Industries LP – Temecula, CA

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

V. Medline Industries LP – Auburndale, FL
W. Medline Industries LP – Grayslake, IL
X. Medline Industries LP – Jeffersonville, IN
Y. Medline Industries LP – Lacey, WA
Z. Medline Industries LP – McDonough, GA
AA. Medline Industries LP – Montgomery, NY
BB. Medline Industries LP – Perryville, MD
CC. Medline Industries LP – Rialto, CA
DD. Medline Industries LP – Salt Lake City, UT
EE. Medline Industries LP – Southaven, MS
FF. Medline Industries LP – Tolleson, AZ
GG. Medline Industries LP – Tracy, CA
HH. Medline Industries LP – Uxbridge, MA
II. Medline Industries LP – Wilmer, TX

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

JJ. Excelsior Medical LLC – Tinton Falls, NJ
KK. Inhibrx Biosciences Inc – La Jolla, CA
LL. Medline Industries LP – Glen Falls, NY
MM. Medline Industries LP – Mundelein, IL
NN. Milestone Pharmaceuticals USA – Charlotte, NC
OO. Summit Therapeutics Inc – Princeton, NJ

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

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

PP. Western Wellness Solutions LLC – Columbus, OH

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

QQ. AdvaGen Pharma Ltd – East Winsor, NJ
RR. Almaject Inc – Morristown, NJ
SS. Alvogen Inc – Morristown, NJ
TT. Amicus Therapeutics US LLC – Philadelphia, PA
UU. Amivas (US) LLC – Frederick, MD
VV. Amtouch Dental Supply – Valencia, CA
WW. Atland Pharmaceuticals LLC – Atlanta, GA
XX. Avedro, A Glaukos Company – Burlington, MA
YY. Cepheid – Lodi, CA
ZZ. Galt Pharmaceuticals LLC – Atlanta, GA
AAA. Pharvaris Pharmaceuticals Inc – Lexington, MA
BBB. Praxis Packaging Solutions, Grand Rapids, MI
CCC. Priovant Therapeutics Inc – Boston, MA
DDD. UroNova Pharmaceuticls Inc – Windsor, CO

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

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

4.2.9 <u>Background checks completed in compliance with NRS 639.500.</u>

EEE. DHL Supply Chain (USA) – Clayton, IN
FFF. DHL Supply Chain (USA) – China Gove, NC
GGG. National Drug Wholesale LLC – Santa Clara, CA
HHH. Perfero Pharma Inc – Rodeland, NJ
III. Pine Plains Pharmacy – Pine Plains, NY
JJJ. Premium Health Services Inc – Columbia, MD

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

KKK. Carson Tahoe Pharmacy – Carson City, NV
LLL. ER at Inspirada – Henderson, NV
MMM. Vita Pharmacy 2 – Las Vegas, NV

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

NNN. Cedar Pharmacy LLC- Twin Falls, ID

OOO. East Coast Compounding and Pharmacy LLC – Jacksonville, FL
PPP. Evoluciona Pharma LLC – Stafford, TX
QQQ. Mountain Care Pharmacy – Boise, ID
RRR. Mythic Rx Inc – Millcreek, UT
SSS. Pharmko Inc – Lawrence, NY
TTT. Sandrx – Wylie, TX
UUU. US Compounding Factory LLC – Hicksville, NY

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

VVV. BioPlus Specialty Infusion AL LLC – Dothan, AL
WWW. Fidelis Specialty Pharmacy – Arcadia, CA
XXX. H&H Pharmacy – Brentwood, TN
YYY. Kroger Pharmacy #011 – Jeffersonville, IN
ZZZ. Lifeline CMO Pharmacy – Ellicott City, MD
AAAA. Nufactor Inc – Ronkonkoma, CA
BBBB. Pharmacy Express – Paterson, NJ

4.6 Application for Ambulatory Surgery Center License (NAC 639.4992) – Non- Appearance **(FOR POSSIBLE ACTION)**

CCCC. Ear, Nose & Throat Surgery Center LLC – Las Vegas, NV
DDDD. Summit Surgical Center LLC – Las Vegas, NV

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

EEEE. Jimmy Kimber – Henderson, NV
FFFF. Krystal Riccio – Henderson, NV
GGGG. Zachary Rosko – Las Vegas, NV

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

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

Board discussion ensued.

Board Action:

Motion: Chanyis Taylor moved to approve the Consent Agenda.

Second: Anna Carr

Action: Passed unanimously.

◈ REGULAR AGENDA ◈

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

L. Summerlin Hospital Medical Center Pharmacy (25-209-PH-S)
M. Aurelia Hurtada-Sadowski (25-209-RPH-S)

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

Jessica Gandy, Esq., was present on behalf of Summerlin Hospital Medical Center Pharmacy and Aurelia Hurtada-Sadowski.

Ms. Gandy requested a continuance to the October Board meeting.

Laura Tucker, Senior General Counsel for the Nevada Board of Pharmacy, had no objections.

President Park continued this matter.

A. Matthew Apel (24-044-PD-A-S)

Matthew Apel and Janet Jensen, Esq., were present.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Matthew Apel, alleging that Respondent Apel committed numerous violations related to maintaining an inventory of controlled substances as a dispensing practitioner.

The proposed stipulated penalties for Matthew Apel, Certificate of Registration Nos. CS24505 and PD00589 are the following: 1) Respondent's Certificate of Registration No. PD00589 is revoked, effective immediately. Respondent cannot petition for reinstatement for a period of five (5) years from the effective date of the Order; 2) Certificate of Registration No. CS24505 is suspended, however, the suspension is stayed. Respondent is placed on probation for a period of two (2) years from the effective date of the Order; 3) Respondent fined $5,000 for the violations; and 4) Respondent assessed $1,000 in attorney's fees and costs, both to be due and payable by August 14, 2026.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Stipulation and Order for Matthew Apel as presented by Mr. Kandt.

Second: Chanyis Taylor

Action: Passed unanimously.

C. Marika Lenee Kerr (25-146-CS-S)

Marika Kerr was present.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Marika Kerr, alleging that Respondent Kerr allowed an unlicensed person to use her credentials to purchase and maintain an unsecured inventory of dangerous drugs, to independently access, possess, furnish and administer dangerous drugs to patients without direct practitioner supervision, and to issue false prescriptions to obtain drugs for office administration.

The proposed stipulated penalties for Marika Kerr, Certificate of Registration No. CS26747 are the following: 1) Respondent's Certificate of Registration No. CS26747 is suspended, however, the suspension is stayed. Respondent is placed on probation for a period of two (2) years from the effective date of the Order; 2) Respondent fined $5,000 for the violations; and 3) Respondent assessed $1,000 in attorney's fees and costs, both to be due and payable by July 14, 2027.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Stipulation and Order for Marika Kerr as presented by Mr. Kandt.

Second: Adam Porath

Action: Passed unanimously.

E. Irene Benliro (25-266-PD-A-S)
F. Joanne Mosqueda (25-266-PD-B-S)

Irene Benliro, Joshua Dickey, Esq., Joanne Mosqueda, and David Merill, Esq. were present.

DRAFT

Laura Tucker, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Irene Benliro, alleging that Respondent Benliro failed to maintain proper security of the dangerous drugs in her possession and improperly comingled expired and unexpired substances in the storage area used to withdraw drugs for administration or dispensing to patients. She failed to maintain dispensing records as required by Nevada law. In addition, Respondent obtained non-FDA-approved drugs (retatrutide) from wholesalers or manufacturers that were not licensed by the Board to sell or distribute drugs at wholesale. Respondent dispensed drugs (retatrutide)that have not yet been approved for distribution or use in the United States.

Ms. Tucker prosecuted the case against Joanne Mosqueda, alleging that Respondent Mosqueda failed to maintain dispensing records as required by Nevada law. Respondent dispensed drugs (retatrutide) that have not yet been approved for distribution or use in the United States.

The proposed stipulated penalties for Irene Benliro, Certificate of Registration Nos. CS17652 and PD01110 are the following: 1) Respondent's Certificate of Registration No. PD01110 is revoked, effective immediately. Respondent cannot petition for reinstatement for a period of five (5) years from the effective date of the Order; 2) Respondent may not be in possession of controlled substances or dangerous drugs at any place of practice for a period of one (1) year from the effective date of this Order unless Respondent is employed at a medical facility as defined by Nevada law, excluding mobile units. Respondent may work at a facility where the drugs maintained are to be used and administered in case of emergency and may be in possession of controlled substances or dangerous drugs if the drugs are prescribed to Respondent for a legitimate medical purpose. Respondent may continue to prescribe controlled substances and dangerous drugs pursuant to her Certificate of Registration No. CS17652, including during this one (1) year period; 3) Respondent fined $10,000 for the violations; and 4) Respondent assessed $1,681.50 in attorney's fees and costs, both to be due and payable within thirty (30) days of the effective date of the Order.

The proposed stipulated penalties for Joanne Mosqueda, Certificate of Registration Nos. CS24366 and PD27887 are the following: 1) Respondent's Certificate of Registration No. PD27887 is revoked, effective immediately. Respondent cannot petition for reinstatement for a period of five (5) years from the effective date of the Order; 2) Respondent may not be in possession of controlled substances or dangerous drugs at any place of practice for a period of one (1) year from the effective date of this Order unless Respondent is employed at a medical facility as defined by Nevada law, excluding mobile units. Respondent may work at a facility where the drugs maintained are to be used and administered in case of emergency and may be in possession of controlled substances or dangerous drugs if the drugs are prescribed to Respondent for a legitimate medical purpose. Respondent may continue to prescribe controlled substances and dangerous drugs pursuant to her Certificate of Registration No. CS17652, including during this one (1) year period; 3) Respondent fined $5,000 for the violations; and 4) Respondent assessed $1,681.50 in attorney's fees and costs, both to be due and payable within thirty (30) days of the effective date of the Order.

Board discussion ensued.

Board Action:

Motion: Chanyis Taylor moved to approve the Stipulation and Orders for Irene Benliro and Joanne Mosqueda as presented by Ms. Tucker.

Second: Krystal Freitas

Action: Passed unanimously.

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

A. Carolina Molina (25-146-S)

Carolina Molina and Courtney Sullivan, Esq., were present.

Ms. Sullivan requested to withdraw the appeal and stated that Ms. Molina would accept the citation and fine.

President Park vacated the hearing on this matter.

7. Rehearing of Decision of the Board (NRS 639.252) **(FOR POSSIBLE ACTION)**

A. Darlene Hess (24-460-PTT-S)

Darlene Hess and Melissa Shake were present.

Jade Jacobo disclosed that she is now an employee of Walgreens Pharmacy, but she could participate in this matter fairly and without bias.

David Wuest, Executive Secretary of the Nevada Board of Pharmacy, stated that he approved the Respondent's request for a rehearing of the case.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Darlene Hess, which resulted in a default judgment by order entered on June 3, 2026, holding that Respondent Hess failed to disclose criminal history on her 2014 pharmaceutical technician in training application and subsequently on all her biennial renewal applications through 2022.

Ms. Hess testified on the basis for her nondisclosure and failure to appear.

Mr. Kandt gave his recommendations of a modified Stipulation and Order.

Board discussion ensued.

Board Action:

Motion: President Park moved to modify the June 3, 2026, Order for Darlene Hess. Respondent Hess' Certificate of Registration No. PT27744 is revoked; however, the revocation is stayed. Respondent is placed on probation for a period of one (1) year from the effective date of the Order subject to the following condition: 1) Respondent to pay $1,261.84 in attorney's fees and costs, due and payable by July 2027.

Second: Richard Tomasso

Action: Passed unanimously.

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

G. Ibrahim Fakhouri (25-274-CS-A-S)
H. Nirav Gandhi (25-274-CS-B-S)

Maria Nutile, Esq., Ibrahim Fakhouri, and Nirav Gandhi were present.

Laura Tucker, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Ibrahim Fakhouri, alleging that Respondent Fakhouri dispensed dangerous drugs without the dispensing practitioner registration required under Nevada law. He improperly stored medications and syringes without labels and failed to maintain accurate records for all dangerous drugs he dispensed. Additionally, Respondent administered dangerous drugs (retatrutide and cagrilintide) that have not been approved for distribution or use in the United States and acquired dangerous drugs from wholesalers/manufacturers who were not licensed by the Board to sell of distribute drugs at wholesale.

Ms. Tucker prosecuted the case against Nirav Gandhi, alleging that Respondent Gandhi administered dangerous drugs (retatrutide and cagrilintide) that have not been approved for distribution or use in the United States.

The proposed stipulated penalties for Ibrahim Fakhouri, Certificate of Registration No. CS19540 are the following: 1) Respondent's Certificate of Registration No. CS19540 is suspended; however, the suspension is stayed. Respondent is placed on probation for a period of one (1) year from the effective date of the Order; 2) Respondent fined $10,000 for the violations; and 3) Respondent assessed $1,000 in attorney's fees and costs, both due and payable within thirty (30) days of the effective date of the Order.

The proposed stipulated penalties for Nirav Gandhi, Certificate of Registration No. CS14653, are the following: 1) Respondent's Certificate of Registration No. CS14653 is suspended; however, the suspension is stayed. Respondent is placed on probation for a period of one (1) year from the effective date of the Order; 2) Respondent fined $5,000

for the violations; and 3) Respondent assessed $1,000 in attorney's fees and costs, both due and payable within thirty (30) days of the effective date of the Order.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Stipulation and Orders for Ibrahim Fakhouri and Nirav Gandhi as presented by Ms. Tucker.

Second: Krystal Freitas

Action: Passed unanimously.

J. Total Infusion Care, Inc (25-501-PH-S)
K. Mohammad Pourteymaur (25-501-RPH-S)

William Stilling, Esq. (counsel for Total Infusion Care, Inc. and Mohammad Pourteymaur), Mohammad Pourteymaur, Jonathan Chan (new managing pharmacist), Kimberly Moore (Senior Vice President of Pharmacy Operations for Lux Infusion), and Morgan Harber, Esq. (Chief Administrator Officer and General Counsel for Lux Infusion) were present.

President Park disclosed that she was familiar with Jonathan Chan, but she could participate in this matter fairly and without bias.

Laura Tucker, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Total Infusion Care, Inc., alleging that as pharmacy/pharmacy owner, Total Infusion Care is responsible for the actions of its employees who failed to comply with state laws and regulations governing the operation of the pharmacy.

Ms. Tucker prosecuted the case against Mohammad Pourteymaur, alleging that as managing pharmacist during the time of the events, Respondent Pourteymaur is responsible for the operation of the pharmacy which was not in compliance with Nevada state laws and regulations.

The proposed stipulated penalties for Total Infusion Care, License No. PH02936 are the following: 1) Respondent fined $5,000 for the violations; 2) Respondent assessed $1,000 in attorney's fees and costs, both to be due and payable within thirty (30) days of this Order; and 3) Board inspectors shall conduct quarterly inspections at the owner's expense for a period of one (1) year from the effective date of the Order.

The proposed stipulated penalties for Mohammad Pourteymaur, Certificate of Registration No. 13759 are the following: 1) Respondent fined $5,000 for the violations; and 2) Respondent assessed $1,000 in attorney's fees and costs, both to be due and payable within thirty (30) days of this order.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Stipulation and Orders for Total Infusion Care, Inc. and Mohammad Pourteymaur as presented by Ms. Tucker.

Second: Krystal Freitas

Action: Passed unanimously.

D. David McCleve (26-125-CS-S)

No one was present on behalf of David McCleve.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against David McCleve, alleging that by the revocation of respondent's Nevada license to practice medicine, Respondent no longer qualifies as a practitioner for registration to dispense controlled substances under federal or state law.

Mr. Kandt requested that the declarations of service by Board staff showing that Respondent McCleve received proper notice of the charges and of the hearing be entered into the record.

President Park entered the declaration of service by Erin Miller as Exhibit A, and the declaration of service by Jessette Phaynarikone as Exhibit B.

Mr. Kandt requested the Board make Findings of Fact consistent with paragraphs 1-3 of the Accusation.

Board Action:

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

Second: Chanyis Taylor

Action: Passed unanimously.

Mr. Kandt requested the Board make Conclusions of Law consistent with paragraphs 4-11 of the Accusation, and to find Respondent guilty on Counts One-Three.

Motion: Jade Jacobo moved to make Conclusions of Law consistent with paragraphs 4-11 of the Accusation, and to find Respondent guilty on

Counts One-Three.

Second: Chanyis Taylor

Action: Passed unanimously.

Mr. Kandt requested that the Board find that Respondent was properly noticed of the charges and the hearing in conformance with Nevada law.

Board Action:

Motion: Jade Jacobo moved to find that Respondent was properly noticed.

Second: Adam Porath

Action: Passed unanimously.

Mr. Kandt provided a memorandum of attorney's fees and costs, in the amount of $331.65, and requested it be entered into the record.

President Park entered the memorandum of attorney's fees and costs into the record as Exhibit C.

Mr. Kandt requested the Board to revoke Certificate of Registration No. CS22331 and with Respondent allowed to petition for reinstatement after a period of one (1) year, to find the attorney's fees and costs of $331.65 as reasonable, necessary and actually incurred, and for the order to be effective immediately.

Board Action:

Motion: Jade Jacobo moved to revoke Certificate of Registration No. CS22331, with Respondent allowed to petition for reinstatement after a period of one (1) year from the effective date of the Order; to assess Respondent with attorney's fees and costs in the amount of $331.65 as reasonable, necessary and actually incurred to be due within thirty (30) days of the order. The order is effective immediately.

Second: Chanyis Taylor

Action: Passed unanimously.

B. Hisbay Ali (24-444-CS-S)

This matter was continued.

I. Darrell Linders (25-289-CS-O)

This matter was continued.

9. Applications for Nevada Pharmacy License (NRS 639.230) – Appearance **(FOR POSSIBLE ACTION)**

A. Dignity Health Rehabilitation Hospital – Henderson, NV

Arielle Lusardi, Esq. (counsel), Lindsey Boswell, Esq. (counsel), and Daniel Kim (Senior Director of Pharmacy) were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Nevada Pharmacy License for Dignity Health Rehabilitation Hospital.

Second: Chanyis Taylor

Action: Passed unanimously.

15. Executive Secretary Report

David Wuest, Executive Secretary for the Nevada Board of Pharmacy, presented.

14. General Counsel Report.

Laura Tucker, Senior General Counsel for the Nevada Board of Pharmacy, presented.

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

B (1). Motion to Dismiss for Kent Holtorf (25-289-C-O)

Chandon Alexander, Esq. (counsel) and Angie Montgomery (assistant to Mr. Alexander) were present on behalf of Kent Holtorf, MD.

Dr. Holtorf was not present due to medical issues, and Mr. Alexander requested a continuance due to the circumstances.

Laura Tucker, Senior General Counsel for the Nevada Board of Pharmacy, agreed to stipulate to the continuance of the hearing since the Respondent is unavailable.

DRAFT

A continuance to the next Board meeting was granted and the Board proceeded with the pending pre-hearing motions.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, argued the pre-hearing motions on behalf of the State.

Mr. Alexander argued on behalf of Respondent's Motion to Dismiss filed on May 29, 2026.

Mr. Kandt argued the State's opposition and requested that the Nevada Supreme Court's Order entered July 2, 2026, denying Dr. Holtorf's Petition for Writ of Mandamus or Prohibition in Case No. 92863, be entered into the record.

Mr. Alexander had no objection, and the Nevada Supreme Court Order was entered into the record.

David Wuest, Executive Secretary for the Nevada Board of Pharmacy, noted that the Cease-and-Desist, Citation and Fine Order was not included in the record, and President Park admitted it into the record.

President Park denied the motion to dismiss.

Mr. Alexander argued on behalf of Respondent's Second Motion to Dismiss/Motion for Special Session filed July 3, 2026.

Mr. Kandt argued the State's opposition to the Second Motion to Dismiss.

President Park denied the Second Motion to Dismiss.

B (2). Kent Holtorf (25-289-C-O)

President Park continued this matter.

Jade Jacobo was excused from the meeting at 2:10 PM.

12. Application for Nevada Wholesaler License (NRS 639.233) – Appearance – **(FOR POSSIBLLE ACTION)**

D. E Surgical LLC – Sparks, NV – Background Check Not Required by Law

Hung-Ting "Tina" Lo (designated representative) and Jane Liu (Owner) were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Nevada Wholesaler License for E Surgical LLC.

Second: Chanyis Taylor

Action: Passed unanimously.

Public comment at July 15, 2026, at 2:25 PM:

There was no public comment.

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

Board Members Present:

Helen Park	Jade Jacobo	Adam Porath	Krystal Freitas
Chanyis Taylor	Anna Carr	Richard Tomasso	

Board Staff Present:

David Wuest	Yenh Long	Laura Tucker	Brett Kandt
Amy Steelman	Skylar Young	Darlene Nases	Joe Dodge
Erin Miller	Dena McClish	Ken Scheuber	Jessette Phaynarikone
Clayton Bailey	William Kuykendall		

Call to Order and Roll Call – Establishment of Quorum

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

Public comment at July 16, 2026, at 9:02 AM:

There was no public comment.

◈ WORKSHOP ◈

Thursday, July 16, 2026 – 9:00 am

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

    A. Amendment to Nevada Administrative Code (NAC) 639. The proposed amendments establishes record keeping requirements of controlled substances by a pharmacy and other matters properly relating thereto.

Yenh Long, Deputy Secretary for the Nevada Board of Pharmacy, presented the proposed regulation workshop to the Board.

President Park opened the floor for public comment.

The following person(s) offered public comment:

Dani Ottoson, Director of Pharmacy Advocacy and Regulatory Affairs for CVS Pharmacy.

Liz McMenamin, Retail Association of Nevada.

President Park closed the period for public comment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the proposed amendments to Nevada Administrative Code (NAC) 639 as presented by Dr. Long, with the amendment that Schedules III-IV reconciliation happens “every three (3) months”.

Second: Adam Porath

Action: Passed unanimously.

B. Amendment to Nevada Administrative Code (NAC) 639. The proposed amendment requires packaging used to ship prescriptions to contain a device which monitors the temperature of the prescription and alerts the patient if the prescription is exposed to temperatures outside the temperature range listed in the manufacturer’s package insert.

David Wuest, Executive Secretary for the Nevada Board of Pharmacy, presented the proposed regulation workshop to the Board.

President Park opened the floor for public comment.

The following person(s) offered public comment:

Liz McMenamin, Retail Association of Nevada.

Anonymous Patient Advocate.

Mark Rogers, BioWound Solutions.

President Park closed the period for public comment.

Board discussion ensued.

Board Action:

Motion: Chanyis Taylor moved to approve the proposed amendment to Nevada Administrative Code (NAC) 639 as presented by Dr. Wuest.

Second: Krystal Freitas

Action: Passed unanimously.

8. Applications for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6944) – Appearance (**FOR POSSIBLE ACTION)**

A. Vegas Medical Supplies Corp. – Las Vegas, NV

Jade Jacobo was excused from the meeting at 9:40 AM.

Greg Letendre (Vice President of Strategic Growth and Integration for Nuclear Care Partners) and Vishal Mathur (President of Vegas Medical Supplies) were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Nevada Medical, Devices, Equipment and Gases License for Vegas Medical Supplies Corp.

Second: Adam Porath

Action: Passed unanimously.

B. Vitality Medical Supplies – Las Vegas, NV

Ryan Yardley (Owner and Administrator), Sandy Friday (billing and credentialing), and Brandon Snead, MD (Owner) were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

DRAFT

This application was tabled.

9. Applications for Nevada Pharmacy License (NRS 639.230) – Appearance **(FOR POSSIBLE ACTION)**

B. Genuine Care Pharmacy – Las Vegas, NV

Dimitris Efstathiou (Managing Pharmacist) and Robert Jose (Managing Member) were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Nevada Pharmacy License for Genuine Care Pharmacy.

Second: Chanyis Taylor

Action: Passed unanimously.

D. Kaiser Permanente Ion Pharmacy – Sparks, NV

Adam Porath recused himself from this matter due to his employment.

Chad Friday (Executive Director of Pharmacy Operations), Tanya Keegan (Pharmacy Operations Specialist), and Lana Nguyen (Managing Pharmacist) were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Nevada Pharmacy License for Kaiser Permanente Ion Pharmacy, pending a favorable inspection and Board review of the disciplinary disclosures.

Second: Chanyis Taylor

Action: Motion passed (Porath recused).

F. Premier Rx Pharmacy – Las Vegas, NV

DRAFT

Ma Lourdes Jauregui (Managing Pharmacist) and Giovanna Merz (Owner) were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Chanyis Taylor moved to approve the Nevada Pharmacy License for Premier Rx Pharmacy pending a favorable inspection and revision of the application to remove non-sterile compounding.

Second: Adam Porath

Action: Passed unanimously.

12. Application for Nevada Wholesaler License (NRS 639.233) – Appearance – **(FOR POSSIBLLE ACTION)**

A. BioWound Solutions – Las Vegas, NV – Background Check Not Required by Law

Mark Rogers, Chief of Quality and Regulatory, was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Nevada Wholesaler License for BioWound Solutions.

Second: Chanyis Taylor

Action: Passed unanimously.

C. DHL Supply Chain – Reno, NV – Background Check Not Required by Law

John Kropczynski (Director of Regulatory Affairs) and James Holler (Credentialing Specialist) were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Nevada Wholesaler License for DHL Supply Chain.

Second: Chanyis Taylor

Action: Passed unanimously.

E. J Med Supplies NV Inc – Las Vegas, NV - Background Check completed in compliance with NRS 639.500

Julian Mier (Designated Representative and Operations Manager) and John Amirthiah (Owner) were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Nevada Wholesaler License for J Med Supplies NV Inc.

Second: Chanyis Taylor

Action: Passed unanimously.

9. Applications for Nevada Pharmacy License (NRS 639.230) – Appearance **(FOR POSSIBLE ACTION)**

C. Health Works Pharmacy – North Las Vegas, NV

Richard Tomasso was excused from the meeting at 11:27 AM.

Vinod Gadley (Managing Pharmacist) and Mohammad Sabir (Owner) were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Nevada Pharmacy License for Health Works Pharmacy, pending a favorable inspection.

DRAFT

Second: Krystal Freitas

Action: Passed unanimously.

E. Patient Care Pharmacy – Las Vegas, NV

This matter was tabled.

10. Application for Out -of-State Outsourcing Facility (NRS 639.100) – Appearance (**FOR POSSIBLE ACTION**)

A. Bravado Pharmaceuticals LLC – Lutz, FL

This matter was tabled.

11. Application for Nevada Outsourcing Facility (NRS 639.100) – Appearance (**FOR POSSIBLE ACTION**)

A. Bespoke Pharmaceuticals, LLC – Las Vegas, NV

This matter was tabled.

12. Application for Nevada Wholesaler License (NRS 639.233) – Appearance – **(FOR POSSIBLLE ACTION)**

B. Crossroads Courier Inc – Las Vegas, NV – Background Check completed in compliance with NRS 639.500

This matter was withdrawn.

17. Public Comment

The following person(s) made a public comment:

Brian McMillan, Bravado Pharmaceuticals, LLC.

16. Date and Location of Next Scheduled Board Meeting:

September 2-3, 2026 – Reno, NV

18. Adjournment

DRAFT

4

4A

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	■ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	■ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient.** The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
■ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		■ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Corner Medical LLC dba Corner Home Medical

MDEG Physical Address: 1201 Center Ave West

City: Duworth State: MN Zip: 56529

Mailing Address (if different from physical address): 2730 Nevada Ave N

City: New Hope State: MN Zip: 55427

Telephone: 763-535-5335 Website: cornermedical.com

Email: customerservice@cornerhm.com

Name of MDEG Administrator (NAC 639.694): Sean Steinhauser

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

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 8:30am-5:00pm	■ Tue: 8:30am-5:00pm	■ Wed: 8:30am-5:00pm	■ Thurs: 8:30am-5:00pr	■ Fri: 8:30am-5:00pm
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

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

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

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: Corner Medical LLC

Mailing Address: 2730 Nevada Ave N

City: New Hope State: MN Zip: 55427

Telephone: 763-535-5335 Email: customerservice@cornerhm.com

Contact Person Name: Sean Steinhauser

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Sean Steinhauser

Print Name of Authorized Person Submitting Application

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

07/10/2026

Date

Board Use Only	Date Received: 7/15/26	Amount: $500 ck 10033

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/24/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Jeanne Okeson	
AssuredPartners of Minnesota LLC 2685 Long Lake Road St. Paul MN 55113	PHONE (A/C, No, Ext): (651) 644-7200	FAX (A/C, No): (651) 644-9137
	E-MAIL ADDRESS: jeanne.okeson@assuredpartners.com	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Benchmark Ins Co	41394
INSURER B : Secura Insurance Companies	22543
INSURER C : West Bend Ins. Co.	15350
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Corner Medical LLC
DBA: Corner Home Medical
2730 Nevada Avenue North
New Hope MN 55427

COVERAGES **CERTIFICATE NUMBER:** 25-26 Corner Medical LLC **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [X] OTHER: Prof Liab. is Occur Form			D1025-G6814-4	12/31/2025	12/31/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Prof Liab Services	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $ Included
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			A3232206	12/31/2025	12/31/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			UM1025 6815-5	12/31/2025	12/31/2026	EACH OCCURRENCE AGGREGATE Auto Liability-underlying	$ 10,000,000 $ 10,000,000 $ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		C222892	12/31/2025	12/31/2026	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

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

Evidence of Coverage RE RE Locations:
1267 Highway 25 N Buffalo MN 55313
9720 Humboldt Ave S Bloomington, MN 55431
2958 West Division Street St. Cloud, MN 56301
1201 Center Avenue West Dilworth, MN 56428
4418 Haines Road Suite 1200 Duluth, MN 58111
124 Emerson St N. Cambridge, MN 55008

CERTIFICATE HOLDER

NPWest
PO Box 100142
Columbia SC 29202

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: 00033485

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
AssuredPartners of Minnesota LLC	
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

5465 Mountain Iron Dr Ste 150 Virginia, MN 55792-3372
573 Flueger Court Red Wing, MN 55066
14690 Galaxie Avenue, Suite 118 Apple Valley, MN 55124
8380 City Centre Drive, Suite #170 Woodbury, MN 55025
1270 Moore Lake Drive East Fridley MN 55432
1868 Beam Avenue Maplewood MN 55109
125 North Minnesota Street New Ulm, MN 56073
500 Central Avenue Osseo, MN 55369
432 16th Ave NW Rochester, MN 55901
1267 S Pokegama Ave Ste #7 Grand Rapids, MN 55744
47 E. Broadway Little Falls, MN 56345

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Office of the Minnesota Secretary of State
Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Corner Medical, LLC
Date Filed:	12/06/2002
File Number:	36301-LLC
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota
This certificate has been issued on:	07/17/2026

Steve Simon
Secretary of State
State of Minnesota

Corner Medical LLC

- Alan W. Neumann
  26.474%
  [redacted] Osakis, MN [redacted] Own-Douglas
  Board of Directors

- Jesse A. Neumann
  10.221%
  [redacted] Buffalo, MN [redacted] Own-Wright
  President

- Robert W. Neumann
  10.221%
  [redacted] Bloomington, MN [redacted] Own-Hennepin
  Vice President

- Jennifer L. Kennedy
  5.456%
  [redacted] Osakis MN [redacted] Own-Douglas
  Board of Directors

- Michael K. Steinhauser
  15.876%
  [redacted] Plymouth, MN [redacted] Own-Hennepin
  Board of Directors

- Clifford F. Steinhauser
  15.876%
  [redacted] Plymouth, MN [redacted] Own-Hennepin
  Board of Directors

- Daniel V. Steinhauser
  15.876%
  [redacted] Ham Lake, MN [redacted] Own-Anoka
  Board of Directors

In the state of Minnesota does not require state licensure for Ostomy, Urological or PAP supplies.

https://files.palmettogba.com/palmetto/npewest.nsf/DID/P4LF7PNQM8?Open=&emb=MN

Product Listing

Ostomy Supplies (PD06)

License required (In-state)	No License Required
Req. for suppliers (Out-of-state)	No
Licensing Agency	N/A
Verify Online	No
Req. for Pharmacies (in-state)	No
Notes	N/A

Product Listing

Continuous Positive Airway Pressure (CPAP Devices) (R01)

License required (In-state)	No License Required
Req. for suppliers (Out-of-state)	No
Licensing Agency	N/A
Verify Online	No
Req. for Pharmacies (in-state)	No
Notes	N/A

Product Listing

Urological Supplies (PD09)

License required (In-state)	No License Required
Req. for suppliers (Out-of-state)	No
Licensing Agency	N/A
Verify Online	No
Req. for Pharmacies (in-state)	No
Notes	N/A

Kristy Langston

From: Sean Steinhauser <seans@cornerhm.com>
Sent: Tuesday, July 21, 2026 6:32 AM
To: Kristy Langston
Cc: Janet Sumner
Subject: RE: MDEG Application - Nevada Board of Pharmacy
Attachments: NPWest, PO Box 100142, Columbia, SC, 29202, Evidence of Coverage.pdf; Section 4.pdf; Certificate of Good Standing - Corner Medical LLC.pdf; NV BOP PHA Signed_Dilworth.pdf

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Kristy,

Thank you for getting back to us quickly. Attached are the requested documents.

We will only be applying for a license for our Dilworth location to ship to Nevada at this time.

Thank you,

Sean Steinhauser | Corner Home Medical | Director of Billing and Compliance
Address: 2730 Nevada Ave N New Hope MN 55427
Fax: 763-536-3590 | **Office:** 763-535-5335 | **Direct:** 763-540-6146

"Our Mission is to foster compassionate care, collaborative education, quality, innovation and enhanced independent lifestyle... above all Trust"

The information contained in this e-mail message and any attachments are proprietary and intended only for the confidential use of the designated recipient named above. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately at the e-mail address listed above. Thank you.

From: Kristy Langston <klangston@pharmacy.nv.gov>
Sent: Thursday, July 16, 2026 4:59 PM
To: CHM Customer Service <customerservice@cornerhm.com>
Subject: MDEG Application - Nevada Board of Pharmacy

Thank you for submitting a Medical Devices, Equipment and Gases (MDEG) application to the Nevada State Board of Pharmacy. Deficiencies have been identified. Please provide the following:

- Complete section 4 of the attached document. If there is no information to share use NA.
- The Liability Insurance policy must include the facility address. The copy provided only included the mailing address.
- A Certificate of Good Standing from the MN Secretary of State dated within the past 12 months.

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site _____

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

Physical Address _____

City _____ State _____ Zip _____

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Clifford Middle Frederick Last Steinhauser

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

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City New Brighton State MN Zip [redacted]

Telephone [redacted] Email [redacted]

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Villanova University		1984 - 1986	
Address	**City**	**State**	**Zip**
800 Lancaster Ave.	Villanova	PA	19085
Diploma/Degree obtained, if any			
Masters in Arts History			

School Name		From - To (MM/YY – MM/YY)	
U of Minnesota		1979 - 1983	
Address	**City**	**State**	**Zip**
100 Church St. SE	Minneapolis	MN	55455
Diploma/Degree obtained, if any			
Bachelors in Arts History			

School Name		From - To (MM/YY – MM/YY)	
Cooper High School		1974 - 1977	
Address	**City**	**State**	**Zip**
8230 47th Ave N	New Hope	MN	55428
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1/2011 - Current	[redacted]	Plymouth	MN	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Corner Home Medical			10/2013 - Current	
Business Address		**City**	**State**	**Zip**
2730 Nevada Ave. N.		New Hope	MN	554278
Phone	**Title**			
	Ownwer and Shareholder			
Description of Duties				
Board of Directors, Advise, and Consult with Board Decisions				

Business Name			From - To (MM/YY – MM/YY)	
Merwin Long Term Care Pharmacy (CVS/Omnicare)			4/2016 - 6/2017	
Business Address		**City**	**State**	**Zip**
1820 Old Hwy 8 NW		New Brighton	MN	55112
Phone	**Title**			
	Consultant			
Description of Duties				
Advise Management as needed				

Business Name			From - To (MM/YY – MM/YY)	
Dose Health			6/2016 - Current	
Business Address		**City**	**State**	**Zip**
6104 Olson Memorial Hwy		Golden Valley	MN	55422
Phone	**Title**			
844-300-6212	Shareholder			
Description of Duties				
Advise and Consult as needed with Owner and Leadership				

Business Name			From - To (MM/YY – MM/YY)	
Merwin Long Term Care			7/1997 - 3/2016	
Business Address		**City**	**State**	**Zip**
1811 Old Hwy 8 NW		New Brighton	MN	55112
Phone	**Title**			
	President/Owner			
Description of Duties				
Oversee Daily Operations				

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date 7/13/26

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

Clifford F. Steinhauser

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/13/26

Date

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

State of Minnesota, ss. County of Ramsey

I, Clifford F. Steinhauser, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/13/26

Date

Subscribed and Sworn to before me this 13 day of July, 2026.

Notary Public Signature

LEANE M. SLOMINSKI
NOTARY PUBLIC
MINNESOTA
My Commission Expires January 31, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site _____

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

Physical Address _____

City _____ State _____ Zip _____

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Michael Middle Kent Last Steinhauser

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

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City New Brighton State MN Zip [redacted]

Telephone [redacted] Email [redacted]

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
University of Minnesota		1980 - 1985	
Address	City	State	Zip
	Minneapolis	MN	
Diploma/Degree obtained, if any			
Bachelors			

School Name		From - To (MM/YY – MM/YY)	
Cooper High School			
Address	City	State	Zip
	New Hope	MN	55428
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/10 - Current	[redacted]	Plymouth	MN	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Corner Home Medical			10/2013 - Current	
Business Address		**City**	**State**	**Zip**
2730 Nevada Ave. N.		New Hope	MN	554278
Phone	**Title**			
	Owner and Shareholder			
Description of Duties				
Board Chair, Advise and Consult with Leadership				

Business Name			From - To (MM/YY – MM/YY)	
Owned Storage 371			5/2022 - Current	
Business Address		**City**	**State**	**Zip**
1820 Old Hwy 8 NW		New Brighton	MN	55112
Phone	**Title**			
	Owner			
Description of Duties				
Oversee operations				

Business Name			From - To (MM/YY – MM/YY)	
Stemedica Cell Technologies			2/2023 - 6/2024	
Business Address		**City**	**State**	**Zip**
6350 Nancy Ridge Drive		San Diego	CA	92121
Phone	**Title**			
	Consultant and CEO			
Description of Duties				
Advise and manage operations.				

Business Name			From - To (MM/YY – MM/YY)	
Dose Health			6/2016 - Current	
Business Address		**City**	**State**	**Zip**
6104 Olson Memorial Hwy		Golden Valley	MN	55422
Phone	**Title**			
844-300-6212	Shareholder			
Description of Duties				
Advise Leadership as needed				

Business Name			From - To (MM/YY – MM/YY)	
Merwin Long Term Care			7/1997 - 4/2016	
Business Address		**City**	**State**	**Zip**
1811 Old Hwy 8 NW		New Brighton	MN	55112
Phone	**Title**			
	CEO/Owner			
Description of Duties				
Advise, Direct and Manage Leadership Team				

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 4 & 5 . **Provide all the following *where applicable*:**

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

Provide explanation below:

In early 2023, I was an investor in a company named Stemedica Cell Technologies. At that time, they were involved in a lawsuit prior to my relationship with the company. I consulted with them for about six months.

Stemedica asked for my assistance is trying to get their company back on track and officially hired me as their CEO in September of 2023 - without a salary. My focus was to cut any non-essential expenses, inefficiencies, and misalignments. Unfortunately, after about a year of effort, it was apparent the Company could not survive.

I left the company as the decision was made to dissolve. After I left, the company declared Bankruptcy and their cases are ongoing as far as I know. I do not have any further information on the status of the case.

Original Signature (electronic, copies or stamps not accepted)

7/15/2026
Date

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

Michael K. Steinhauser

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/15/2026

Date

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

State of Minnesota, ss. County of Ramsey

I, Michael Steinhauser, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/15/2026

Date

Subscribed and Sworn to before me this 15th day of July, 2026

Notary Public Signature

LEANE M. SLOMINSKI
NOTARY PUBLIC
MINNESOTA
My Commission Expires January 31, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site _____

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

Physical Address _____

City _____ State _____ Zip _____

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Daniel Middle Vincent Last Steinhauser

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

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City New Brighton State MN Zip [redacted]

Telephone [redacted] Email [redacted]

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
University of Minnesota		1984 - 1986	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
North Hennepin Community College		1983 - 1984	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Cooper High School		1979 - 1983	
Address	City	State	Zip
	New Hope	MN	55428
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
6/2018 - Current	[redacted]	Ham Lake	MN	[redacted]
From - To (MM/YY – MM/YY) - 6/2018		Brooklyn Park	MN	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Corner Home Medical			10/2013 - Current	
Business Address	**City**		**State**	**Zip**
2730 Nevada Ave. N.	New Hope		MN	554278
Phone	**Title**			
	Ownwer and Shareholder			
Description of Duties				
Board of Directors, Advise, and Consult with Board Decisions				

Business Name			From - To (MM/YY – MM/YY)	
Escape Odyssey				
Business Address	**City**		**State**	**Zip**
654 Main St,. NW	Elk River		MN	55330
Phone	**Title**			
	Owner			
Description of Duties				
Oversee operations				

Business Name			From - To (MM/YY – MM/YY)	
Dose Health			6/2016 - Current	
Business Address	**City**		**State**	**Zip**
6104 Olson Memorial Hwy	Golden Valley		MN	55422
Phone	**Title**			
	Shareholder			
Description of Duties				
Advise Leadership as needed				

Business Name			From - To (MM/YY – MM/YY)	
Merwin Long Term Care			07/1997 - 3/2016	
Business Address	**City**		**State**	**Zip**
1811 Old Hwy 8 NW	New Brighton		MN	55112
Phone	**Title**			
	Owner			
Description of Duties				
Advise, Direct and Manage Leadership Team				

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

7/14/26
Date

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

Daniel V. Steinhauser

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date 7/14/26

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

State of Minnesota, ss. County of Ramsey

I, Daniel Steinhauser, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date 7/14/26

Subscribed and Sworn to before me this 14 day of July, 2026

Notary Public Signature

LEANE M. SLOMINSKI
NOTARY PUBLIC
MINNESOTA
My Commission Expires January 31, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site _____

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

Physical Address _____

City _____ State _____ Zip _____

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Jesse Middle A Last Neumann

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

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

Mailing Address [redacted]

City New Hope State MN Zip [redacted]

Telephone [redacted] Email jessen@cornerhm.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Concordia Univerity		08/06-05/07	
Address	City	State	Zip
1282 Concordia Ave	St. Paul	MN	55104
Diploma/Degree obtained, if any			
Business Management			

School Name		From - To (MM/YY – MM/YY)	
Minnesota State Mankato		01/97-05/01	
Address	City	State	Zip
228 Wiecking Center	Mankato	MN	56001
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Buffalo		08/93-05/96	
Address	City	State	Zip
877 Bison Blvd	Buffalo	MN	55313
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/19 - Current	[redacted]	Buffalo	MN	[redacted]
From - To (MM/YY – MM/YY)		City	State	
04/11 - 07-19		Buffalo	MN	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name: Corner Home Medical			From - To (MM/YY – MM/YY): 10/2003 - Current
Business Address: 2730 Nevada Ave. N.	City: New Hope	State: MN	Zip: 55427
Phone:	Title: Owner and President		
Description of Duties: Owner and President			

Business Name: BSB Properties			From - To (MM/YY – MM/YY): 12/24- Current
Business Address: 583 55th St NE	City: Buffalo	State: MN	Zip: 55303
Phone:	Title: Co-Owner		
Description of Duties: Real Estate Properties			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

7-16-26
Date

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

Jesse Neumann

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7-16-26

Date

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

State of Minnesota, ss. County of Hennepin

I, Jesse Neumann, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7-16-26

Date

Subscribed and Sworn to before me this 17 day of July, 2024.

Notary Public Signature

MARIBETH GRANNAN SMYTHE
Notary Public
Minnesota
My Commission Expires
Jan 31, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site _____

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

Physical Address _____

City _____ State _____ Zip _____

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Robert Middle W Last Neumann

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

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]

City Bloomington State MN Zip [redacted]

Telephone [redacted] Email bobn@cornerhm.com

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

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

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

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

School Name: University of Minnesota Duluth			From - To (MM/YY – MM/YY): 08/01 - 05/05
Address: 1049 University Dr	City: Duluth	State: MN	Zip: 55812
Diploma/Degree obtained, if any: Business Management			
School Name: Buffalo			From - To (MM/YY – MM/YY):
Address: 877 Bison Blvd	City: Buffalo	State: MN	Zip: 55313
Diploma/Degree obtained, if any:			
School Name:			From - To (MM/YY – MM/YY):
Address:	City:	State:	Zip:
Diploma/Degree obtained, if any:			
School Name:			From - To (MM/YY – MM/YY):
Address:	City:	State:	Zip:
Diploma/Degree obtained, if any:			
School Name:			From - To (MM/YY – MM/YY):
Address:	City:	State:	Zip:
Diploma/Degree obtained, if any:			

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

From - To (MM/YY – MM/YY): 05/19-Current	Address: [redacted]	City: Bloomington	State: MN	Zip: [redacted]
From - To (MM/YY – MM/YY):	Address:	City:	State:	Zip:
From - To (MM/YY – MM/YY):	Address:	City:	State:	Zip:
From - To (MM/YY – MM/YY):	Address:	City:	State:	Zip:
From - To (MM/YY – MM/YY):	Address:	City:	State:	Zip:
From - To (MM/YY – MM/YY):	Address:	City:	State:	Zip:
From - To (MM/YY – MM/YY):	Address:	City:	State:	Zip:
From - To (MM/YY – MM/YY):	Address:	City:	State:	Zip:
From - To (MM/YY – MM/YY):	Address:	City:	State:	Zip:
From - To (MM/YY – MM/YY):	Address:	City:	State:	Zip:

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

Business Name: Corner Home Medical			From - To (MM/YY – MM/YY): 10/2008 - Current
Business Address: 2730 Nevada Ave. N.	City: New Hope	State: MN	Zip: 55427
Phone:	Title: Owner and Vice President		
Description of Duties: Owner & Vice President			

Business Name: BSB Properties			From - To (MM/YY – MM/YY): 12/24- Current
Business Address: 583 55th St NE	City: Buffalo	State: MN	Zip: 55303
Phone:	Title: Co-Owner		
Description of Duties: Real Estate Properties			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

7/17/26
Date

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

Robert Neumann

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/17/26

Date

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

State of Minnesota, ss. County of Hennepin

I, Robert Neumann, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/17/26

Date

Subscribed and Sworn to before me this 17th day of July 2026.

Notary Public Signature

MARIBETH GRANNAN SMYTHE
Notary Public
Minnesota
My Commission Expires
Jan 31, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site _____

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

Physical Address _____

City _____ State _____ Zip _____

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Alan Middle William Last Neumann

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

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City New Hope State MN Zip [redacted]

Telephone [redacted] Email _____

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
St Cloud State University		08/78-05-82	
Address	City	State	Zip
720 4th Ave S	St Cloud	MN	56301
Diploma/Degree obtained, if any			
BA of Biomedical Science			
School Name		From - To (MM/YY – MM/YY)	
Osakis High School		08/71-05/74	
Address	City	State	Zip
500 1st Ave E	Osakis	MN	56360
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/23-Current	[redacted]	Osakis	MN	[redacted]
From - To (MM/YY – MM/YY)		City	State	
06/93-04/23		Buffalos	MN	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name: Corner Home Medical			From - To (MM/YY – MM/YY): 10/2000-Current
Business Address: 2730 Nevada Ave N	City: New Hope	State: MN	Zip: 55427
Phone: 763-535-5335	Title: Owner / Board of Directors / Shareholder		
Description of Duties: Board of Directors			

Business Name: Air Supply LLC			From - To (MM/YY – MM/YY): 05/08-Current
Business Address: 20680 141st Ave	City: Osakis	State: MN	Zip: 56360
Phone:	Title:		
Description of Duties: Real Estate Management / Owner			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

7/24/26
Date

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

Alan Neumann

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/21/26

Date

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

State of Minnesota, ss. County of Hennepin

I, Alan Neumann, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/21/26

Date

Subscribed and Sworn to before me this 21 day of July, 2026

Notary Public Signature

MARIBETH GRANNAN SMYTHE
Notary Public
Minnesota
My Commission Expires
Jan 31, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Corner Home Medical MDEG License # (if applicable) _____

Physical Address 1201 Center Ave West

City Dilworth State MN Zip 56529

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 763-535-5335 Website cornerhomemedical.com

Licensing Company Email _____

Section 2: Personal Information

First Sean Middle M Last Steinhauser

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

Date of Birth [redacted] SSN or ITIN _____ Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Plymouth State MN Zip [redacted]

Telephone [redacted] Email seans@cornerhm.com

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

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

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

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

School Name			From - To (MM/YY – MM/YY)	
St. Thomas University			08/19 - 05/21	
Address		City	State	Zip
1000 La Salle Ave		Minneapolis	MN	55403
Diploma/Degree obtained, if any				
MBA				
School Name			From - To (MM/YY – MM/YY)	
St. John's University			08/06 - 05/10	
Address		City	State	Zip
2850 Abbey Plaza		Collegeville	MN	56321
Diploma/Degree obtained, if any				
Bachlors Degree in Business Management and English Literature				
School Name			From - To (MM/YY – MM/YY)	
Totino Grace			08/02 - 05/06	
Address		City	State	Zip
1350 Gardena Ave NE		Fridley	MN	55432
Diploma/Degree obtained, if any				
High School Diplmoa				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/17 - current	[redacted]	Plymouth	MN	[redacted]
From - To (MM/YY – MM/YY)		City	State	
05/16 - 05/17		Plymouth	MN	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Corner Home Medical			01/23 - Current	
Business Address		**City**	**State**	**Zip**
2730 Nevada Ave N		New Hope	MN	55427
Phone	**Title**		**Number of Employed Hours**	
763-535-5335	Director Of Billing & Compliance		5700+	
Description of Duties				
Lead both billing and compliance operations				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # _____. Provide all the following *<u>where applicable</u>*:

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

07/10/2026
Date

I, Sean Steinhauser, **certify that as the MDEG Administrator for**

Corner Home Medical,

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

1. SS Have a high school diploma or its equivalent;
2. SS Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. SS Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. SS Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

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

Sean Steinhauser
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/06/2026
Date

Board Use Only	Date Received: 7/15/26

4B

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	■ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	■ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
■ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Diabetic Equipment and Supplies

MDEG Physical Address: 6445 Corporate Dr.

City: Johnston State: IA Zip: 50131

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 515-478-3600 Website: www.diabeticequip.com

Email: info@diabeticequip.com

Name of MDEG Administrator (NAC 639.694): Marcus Miller

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

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 8am-5pm	■ Tue: 8am-5pm	■ Wed: 8am-5pm	■ Thurs: 8am-5pm	■ Fri: 8am-5pm
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

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

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

Name: Not Appplicable Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Iowa

Parent Company (if any): Not Applicable

Corporation/Organization Name: Diabetic Equipment and Supplies, LLC

Mailing Address: 6445 Corporate Dr.

City: Johnston State: IA Zip: 50131

Telephone: 515-487-3600 Email: accounting@diabeticequip.com

Contact Person Name: Marcus Miller

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Marcus Miller

Print Name of Authorized Person Submitting Application

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

06/10/2026

Date

Board Use Only	Date Received: 7/20/26	Amount: $500 Ck 3789

Diabetic Equipment and Supplies, LLC
Nevada State Board of Pharmacy - MDEG Application
Section #3: Provider Number Summary

State	Address	NPI#	State Medicaid	State Medicaid ID#
Iowa	6445 Corporate Drive, Johnston, IA 50131-1658	1255740387	Iowa	Not Applicable
			Arizona	173532
			Kansas	30004893170001
			Missouri	620041672
			Nebraska	10026600100
			South Dakota	2022298
			Wisconsin	100238633
			Wyoming	228002700
Indiana	1206 W Maumee St., Suite H Angola, IN 46703-1347	1710503693	Indiana	300062488
			Kentucky	7100882070
			Michigan	Not Applicable
			Ohio	0053478

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/19/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
TrueNorth Companies, L.C.
500 1st St SE
Cedar Rapids IA 52401

CONTACT NAME:
PHONE (A/C, No, Ext): 319-366-2723 **FAX (A/C, No):** 319-862-0612
E-MAIL ADDRESS: certs@truenorthcompanies.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Pekin Insurance Company	24228
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED DIABEQU-01
Diabetic Equipment and Supplies, LLC
6445 Corporate Drive
Johnston IA 50131

COVERAGES **CERTIFICATE NUMBER:** 804005739 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	Y	Y	005763607	3/1/2026	3/1/2027	EACH OCCURRENCE	$2,000,000
	CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$500,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$4,000,000
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$4,000,000
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			005763615	3/1/2026	3/1/2027	EACH OCCURRENCE	$3,000,000
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$3,000,000
	☐ DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						☐ PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? ☐ N/A (Mandatory In NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
1206 West Maumee St., Suite H, Angola, IN 46703-1347, USA

6445 Corporate Drive Johnston, IA 50131

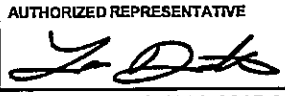
CERTIFICATE HOLDER

National Supplier Clearinghouse
Palmetto GBA (NPWEST)
P.O. Box 100142
Columbia SC 29202

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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To print the certificate use the Print link above, or use the web browser's Print command (see the File menu)
Print margins of no larger than 1 inch are recommended

IOWA SECRETARY OF STATE
PAUL D. PATE

CERTIFICATE OF EXISTENCE

Issue Date: 7/16/2026

Name: DIABETIC EQUIPMENT AND SUPPLIES, LLC (489DLC - 483305)
Date of Formation: 8/1/2014
Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

a. The entity is in existence and duly formed under the laws of Iowa. A certificate of organization has been filed and has taken effect.
b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
c. The most recent biennial report required has been filed with the Secretary of State.
d. The Secretary of State has not administratively dissolved the limited liability company.
e. The Secretary of State has not filed either a statement of dissolution or statement of termination. The records of the Secretary of State do not otherwise reflect that the limited liability company has been dissolved or terminated.
f. A proceeding is not pending under section 489.705

Certificate ID: **CS328135**

To validate certificates visit:
sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State

Diabetic Equipment and Supplies, LLC
Nevada State Board of Pharmacy - MDEG Application
Section #9: Ownership Summary

Name of Indiviudal or Entity	Title	Ownership %	Address	SSN/TIN
Todd Dean Carlson Irrevocable Trust		85%	[redacted] Naples, FL [redacted]	[redacted]
Todd Carlson	**Board Chairman**			
Marcus Miller	**Board Member - President/COO**	5%	[redacted] Des Moines, IA [redacted]	[redacted]
MBKJ, LLC		5%	[redacted] Grimes, IA [redacted]	[redacted]
Matt Johnson	**Board Member**			
Brook Johnson	**Board Member - Director Of Operations**			
Schutjer Family Farms, LLC		5%	[redacted] Ankeny, IA [redacted]	[redacted]
Ryab Schutjer	Board Member			

IOWA BOARD OF PHARMACY
6200 PARK AVENUE, SUITE 100
DES MOINES, IA 50321-1270
515/281-5944 FAX 515/281-4609
https://pharmacy.iowa.gov

2026

Limited Distributor License No. 40817

Durable Medical Equipment Supplier

ISSUED 11/05/2025

EXPIRES 12/31/2026

LICENSE STATUS: Current/Active

MAILING ADDRESS
Diabetic Equipment and Supplies
6445 Corporate Drive
Johnston,IA 50131

LICENSED LOCATION
Diabetic Equipment and Supplies
6445 Corporate Drive
Johnston, IA 50131

Facility Manager: Marcus John Miller

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Diabetic Equipment and Supplies, LLC

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

Physical Address: 6445 Corporate Dr.

City: Johnston State: IA Zip: 50131

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 515 478 3600 Website: www.diabeticequip.com

Licensing Company Email: info@diabeticequip.com

Section 2: Personal Information

First: Todd Middle: Dean Last: Carlson

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

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Naples State: FL Zip: [redacted]

Telephone: [redacted] Email: [redacted]

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Universtiy of Iowa		1/97-5/2000	
Address	City	State	Zip
	Iowa City	IA	
Diploma/Degree obtained, if any			
Masters of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Mankato State University		9/82-5/86	
Address	City	State	Zip
	Mankato	MN	56009
Diploma/Degree obtained, if any			
BS Marketing/Finance			

School Name		From - To (MM/YY – MM/YY)	
Armstrong Ringsted High School		8/79-5/82	
Address	City	State	Zip
	Armstrong	IA	50514
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
4/22 – current	[redacted]	Naples	FL	[redacted]
From - To (MM/YY – MM/YY)		City	State	
5/17 - current		Panora	IA	
From - To (MM/YY – MM/YY)		City	State	
8/19-6/23		Altoona	IA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
Henning Construction, LLC			03/2008 - 07/2026
Business Address	**City**	**State**	**Zip**
5800 Merle Hay Road, Suite 14	Johnston	IA	50131
Phone	**Title**		
515-253-0943	VP Finance & Operations		
Description of Duties			
Managed Family Investment Office for Henning Family			

Business Name			From - To (MM/YY – MM/YY)
Naturally Recycled Proteins, LC			03/2008 - current
Business Address	**City**	**State**	**Zip**
5800 Merle Hay Road, Suite 14	Johnston	IA	50131
Phone	**Title**		
515-253-0943	VP Finance/Consultant/Treasurer		
Description of Duties			
COO/CFO duties for Pet Food Ingredient Manufacturer			

Business Name			From - To (MM/YY – MM/YY)
Diabetic Equipment & Supplies			05/2014 - current
Business Address	**City**	**State**	**Zip**
6445 Corporate Drive	Johnston	IA	50131
Phone	**Title**		
515-478-3600	CEO		
Description of Duties			
CEO and Managing Partner			

Business Name			From - To (MM/YY – MM/YY)
Versova Holdings			06/2015 - current
Business Address	**City**	**State**	**Zip**
241 St Andrews Way	Sioux Center	IA	51250
Phone	**Title**		
712-722-0132	Board Member/Owner		
Description of Duties			
Board duties and Comp committee duties as assigned			

Business Name			From - To (MM/YY – MM/YY)
Iowa Cage Free, LC			03/2014 - current
Business Address	**City**	**State**	**Zip**
241 St Andrews Way	Sioux Center	IA	51250
Phone	**Title**		
712-722-0132	Owner/Investor		
Description of Duties			
Investor/Member activities as assigned			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
CF INV, LLC			04/2015 - current
Business Address	**City**	**State**	**Zip**
4581 Brynwood Drive	Naples	FL	34119
Phone	**Title**		
515-689-1163	Member		
Description of Duties			
Investment business - consulting business			

Business Name			From - To (MM/YY – MM/YY)
TDC Ventures, LP			
Business Address	**City**	**State**	**Zip**
4581 Brynwood Drive	Naples	FL	34119
Phone	**Title**		
515-689-1163	Owner/Member		
Description of Duties			
Investment Business investing in small and medium businesses.			

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

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

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

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

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

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

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

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

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

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

Todd Carlson

Print Name (First, Last)

Todd Carlson

Original Signature (electronic, copies or stamps not accepted)

June 12, 2026

Date

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

State of Iowa, ss. County of Polk

I, Jessica Metcalf, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Jessica Metcalf

Original Signature

06/12/2026

Date

Subscribed and Sworn to before me this 12 day of June 2026

Jessica Metcalf

Notary Public Signature

JESSICA METCALF
Commission Number 796966
My Commission Expires
07/06/2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Diabetic Equipment and Supplies, LLC

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

Physical Address: 6445 Corporate Dr.

City: Johnston State: IA Zip: 50131

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 515 478 3600 Website: www.diabeticequip.com

Licensing Company Email: info@diabeticequip.com

Section 2: Personal Information

First: Marcus Middle: John Last: Miller

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

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Des Moines State: IA Zip: [redacted]

Telephone: [redacted] Email: mmiller@diabeticequip.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
University of Iowa		08/87 05/91	
Address	**City**	**State**	**Zip**
101 Jessup Hall	Iowa City	IA	52242
Diploma/Degree obtained, if any			
BBA Accounting			

School Name		From - To (MM/YY – MM/YY)	
Brentwood Highschool		08/84 05/87	
Address	**City**	**State**	**Zip**
5304 Murray Lane	Brentwood	TN	37027
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/12 Current	[redacted]	Des Moines	IA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
Diabetic Equipment and Supplies			09/18 Current
Business Address	**City**	**State**	**Zip**
6445 Corporate Dr.	Johnston	IA	50131
Phone	**Title**		
515 478 3600	President/COO		
Description of Duties			
The President will be responsible for directing the day to day operations. Support leadership, education and project management to improve patient experience initiatives, best practices for service, quality and operational excellence.			

Business Name			From - To (MM/YY – MM/YY)
Iowa Home Care			10/16 08/18
Business Address	**City**	**State**	**Zip**
2500 University Ave	Wes Des Moines	IA	50266
Phone	**Title**		
515 222 9995	Chief Operating Officer		
Description of Duties			
Hold full accountability for operational oversight of 6 branch offices. Provide leadership for 350 healthcare staff and supervise 10 direct reports.			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

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

Marcus Miller

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/16/2026

Date

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

State of Iowa, ss. County of Polk

I, Marcus Miller, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

07/16/2026

Date

Subscribed and Sworn to before me this 16 day of July.

Notary Public Signature

NOTARIAL SEAL IOWA

BRENNAN DOSTAL
Commission Number 825045
My Commission Expires
04/30/2029

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Diabetic Equipment and Supplies, LLC

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

Physical Address: 6445 Corporate Dr.

City: Johnston State: IA Zip: 50131

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 515 478 3600 Website: www.diabeticequip.com

Licensing Company Email: info@diabeticequip.com

Section 2: Personal Information

First: Matthew Middle: Lee Last: Johnson

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

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Grimes State: IA Zip: [redacted]

Telephone: [redacted] Email: [redacted]

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Iowa State University		8/99-5/01	
Address	**City**	**State**	**Zip**
2433 Union Drive	Ames	IA	50011
Diploma/Degree obtained, if any			
Sports Management-Bachelor of Arts			

School Name		From - To (MM/YY – MM/YY)	
Waldorf College		8/97-6/99	
Address	**City**	**State**	**Zip**
106 S 6th Street	Forest City	IA	50436
Diploma/Degree obtained, if any			
Associate of Arts			

School Name		From - To (MM/YY – MM/YY)	
Sioux Center High School		8/93-6/97	
Address	**City**	**State**	**Zip**
1031 13th Ave NE	Sioux Center	IA	51250
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
7/13-Present	[redacted]	Grimes	IA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Solutions Recruiting Group			09/23-Present	
Business Address		**City**	**State**	**Zip**
6445 Corporate Drive		Johnston	IA	50131
Phone	**Title**			
515-850-6133	Owner			
Description of Duties				
Executive Recruiting				

Business Name			From - To (MM/YY – MM/YY)	
MBKJ LLC			09/18-Present	
Business Address		**City**	**State**	**Zip**
208 NE 24th Court		Grimes	IA	50111
Phone	**Title**			
515-418-1419	Owner			
Description of Duties				

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

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

Matthew Johnson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7-10-26

Date

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

State of Iowa, ss. County of Polk

I, Shana Chance, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Shana Chance

Original Signature

7/10/26

Date

Subscribed and Sworn to before me this 10 day of July.

Shana Chance

Notary Public Signature

SHANA CHANCE
Commission Number 872878
My Commission Expires
May 5, 2029

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Diabetic Equipment and Supplies, LLC

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

Physical Address: 6445 Corporate Dr.

City: Johnston State: IA Zip: 50131

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 515 478 3600 Website: www.diabeticequip.com

Licensing Company Email: info@diabeticequip.com

Section 2: Personal Information

First: Brooke Middle: Nicole Last: Johnson

Alias(es, nicknames, name changes, etc.): Brooke Nicole Christensen

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

Mailing Address: [redacted]

City: Grimes State: IA Zip: [redacted]

Telephone: [redacted] Email: bjohnson@diabeticequip.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Simpson College		08/99-05/03	
Address	**City**	**State**	**Zip**
701 N C Street	Indianola	IA	50125
Diploma/Degree obtained, if any			
Sports Management- Bachelor of Arts			

School Name		From - To (MM/YY – MM/YY)	
Winterset High School		08/95-05/99	
Address	**City**	**State**	**Zip**
624 Husky Drive	Winterset	IA	50273
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/13-Present	[redacted]	Grimes	IA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Diabetic Equipment and Supplies, LLC			04/17-Present	
Business Address	**City**		**State**	**Zip**
6445 Corporate Drive	Johnston		IA	50131
Phone	**Title**			
515-478-3600	Director of Operations			
Description of Duties				
Oversee day to day operations				

Business Name			From - To (MM/YY – MM/YY)	
MBKJ LLC			09/18-Present	
Business Address	**City**		**State**	**Zip**
208 NE 24th Court	Grimes		IA	50111
Phone	**Title**			
515-468-0306	Owner			
Description of Duties				

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

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

Brooke Johnson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7-10-24

Date

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

State of Iowa, ss. County of Polk

I, Shana Chance, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Shana Chance

Original Signature

7/10/26

Date

Subscribed and Sworn to before me this 10 day of July.

Shana Chance

Notary Public Signature

SHANA CHANCE
Commission Number 872878
My Commission Expires
May 5, 2029

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Diabetic Equipment and Supplies, LLC

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

Physical Address: 6445 Corporate Dr.

City: Johnston State: IA Zip: 50131

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 515 478 3600 Website: www.diabeticequip.com

Licensing Company Email: info@diabeticequip.com

Section 2: Personal Information

First: Ryan Middle: Lee Last: Schutjer

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

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Ankeny State: IA Zip: [redacted]

Telephone: [redacted] Email: rschutjer@webild.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
University of Northern Iowa		09/97 - 05/02	
Address	**City**	**State**	**Zip**
1227 W 27th St	Cedar Falls	IA	50614
Diploma/Degree obtained, if any: Bachelors Accounting			

School Name		From - To (MM/YY – MM/YY)	
North Iowa High School		09/93 - 05/97	
Address	**City**	**State**	**Zip**
111 3rd Ave NW	Buffalo Center	IA	50424
Diploma/Degree obtained, if any: High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/12 - 06/26	[redacted]	Ankeny	IA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Henning Construction Company			07/08 - 06/26	
Business Address		**City**	**State**	**Zip**
5800 Merle Hay Rd, Ste 14		Johnston	IA	50131
Phone	**Title**			
(515) 253-0943	Vice President of Finance & Operations			
Description of Duties				
Manage finances of the business				

Business Name			From - To (MM/YY – MM/YY)	
Schutjer Family Farms, LLC			12/11 - 06/26	
Business Address		**City**	**State**	**Zip**
4402 NE Rio Ct		Ankeny	IA	50021
Phone	**Title**			
515-669-3464	Member Manager			
Description of Duties				
Member/Manager of investment entity				

Business Name			From - To (MM/YY – MM/YY)	
Diabetic Equipment & Supplies, LLC			10/18 - 06/26	
Business Address		**City**	**State**	**Zip**
6445 Corporate Dr.		Johnston	IA	50131
Phone	**Title**			
(515) 478-3600	Board Member & LLC Member via Schutjer Family Farms, LLC			
Description of Duties				
Board Member				

Business Name			From - To (MM/YY – MM/YY)	
Biova, LLC				
Business Address		**City**	**State**	**Zip**
5800 Merle Hay Rd, Ste 14		Johnston	IA	50131
Phone	**Title**			
(515) 253-0943	Chief Financial Officer			
Description of Duties				
Manage finances of the business				

Business Name			From - To (MM/YY – MM/YY)	
Naturally Recycled Proteins, LLC				
Business Address		**City**	**State**	**Zip**
5800 Merle Hay Rd, Ste 14		Johnston	IA	50131
Phone	**Title**			
(515) 253-0943	Chief Financial Officer & Class C Member			
Description of Duties				
Manage finances of the business				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
RMS Investors, LLC			09/23 - 03/26	
Business Address		City	State	Zip
5800 Merle Hay Rd, Ste 14		Johnston	IA	50131
Phone	Title			
(515) 253-0943	Manager			
Description of Duties				
Manage finances of the business				

Business Name			From - To (MM/YY – MM/YY)	
The Henning Group, LC			07/25 - 06/26	
Business Address		City	State	Zip
4344 Corporate Square, Ste 1		Naples	FL	34104
Phone	Title			
(239) 414-3100	Secretary/Treasurer			
Description of Duties				
Manage finances of the business				

Business Name			From - To (MM/YY – MM/YY)	
HLR Ventures GP, Inc.			07/25 - 06/26	
Business Address		City	State	Zip
5800 Merle Hay Rd, Ste 14		Johnston	IA	50131
Phone	Title			
(515) 253-0943	Secretary/Treasurer			
Description of Duties				
Manage finances of the business				

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

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

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

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

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

This is in response to Question # 1 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
1998	1998	IA	Cedar Falls	Blackhawk
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge Consumption/Intoxication				
Plaintiff/Defendant/Claimant/Respondent		Lawsuit/Arbitration/Bankruptcy		
Name of Business/Industry/Entity Personal				

Provide explanation below:

Simple misdemeanor for public intoxication in college

Ryan Schutjer

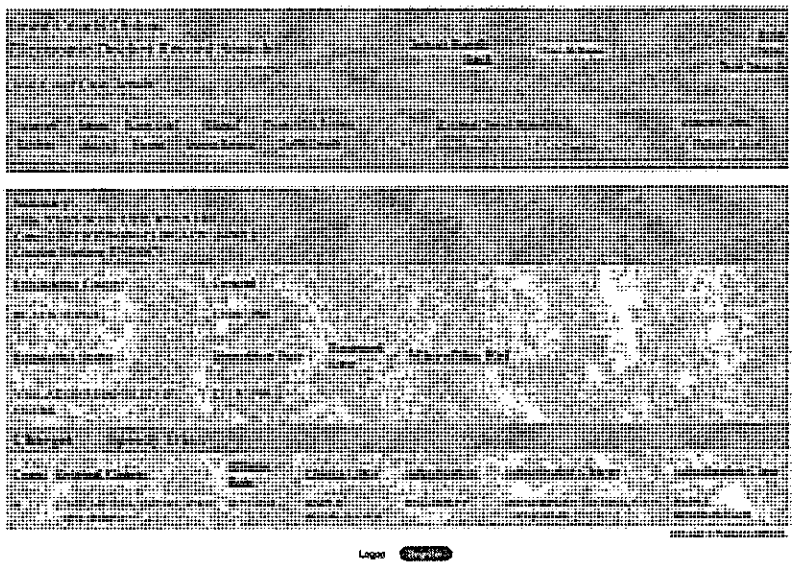
Original Signature (electronic, copies or stamps not accepted)

06/17/26

Date

4:39 72

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Legal

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

Ryan Schutjer

Print Name (First, Last)

Ryan Schutjer

Original Signature (electronic, copies or stamps not accepted)

06/17/2026

Date

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

State of Iowa, ss. County of Polk

I, Ryan Schutjer, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Ryan Schutjer

Original Signature

06/17/2026

Date

Subscribed and Sworn to before me this 17 day of June, 2026

Leslie Budish

Notary Public Signature

NOTARIAL SEAL IOWA
LESLIE ANN BUDISH
Commission Number 868347
My Commission Expires
10-20-2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Diabetic Equipment and Supplies, LLC MDEG License # (if applicable): _____

Physical Address: 6445 Corporate Dr.

City: Johnston State: IA Zip: 50131

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 515-478-3600 Website: www.diabeticequip.com

Licensing Company Email: info@diabeticequip.com

Section 2: Personal Information

First: Marcus Middle: John Last: Miller

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

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

Mailing Address: [redacted]

City: Des Moines State: IA Zip: [redacted]

Telephone: [redacted] Email: accounting@diabeticequip.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
University of Iowa		08/87 - 05/91	
Address	**City**	**State**	**Zip**
101 Jessup Hall	Iowa City	IA	52242
Diploma/Degree obtained, if any			
BBA Accounting			

School Name		From - To (MM/YY – MM/YY)	
Brentwood Highschool		08/84 - 05/87	
Address	**City**	**State**	**Zip**
5304 Murray Lane	Brentwood	TN	37027
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/12	[redacted]	Des Moines	IA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Diabetic Equipment and Supplies			09/18-Current	
Business Address		**City**	**State**	**Zip**
6445 Corporate Dr.		Johnston	IA	50131
Phone	**Title**		**Number of Employed Hours**	
515-478-3600	President/COO		15,000	
Description of Duties				
The President will be responsible for directing the day-to-day operations. Support leadership, education and project management to improve patient experience initiatives, best practices for service, quality and operational excellence.				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

06/10/2026
Date

I, Marcus Miller, **certify that as the MDEG Administrator for**

Diabetic Equipment and Supplies,

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

1. MM Have a high school diploma or its equivalent;
2. MM Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. MM Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. MM Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

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

Marcus Miller
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/10/2026
Date

Board Use Only	Date Received: 7/2026

Diabetic
Equipment and Supplies

July 16, 2026

To Nevada State Board of Pharmacy

Diabetic Equipment and Supplies (DES) is a **National** Durable Medical Equipment (DME) provider specializing in **high tech** diabetic equipment and supplies. DES primarily serves Continuous Glucose Monitors (CGM) and Insulin Pumps. We drop-ship directly to patient homes nationwide. We will be expanding to Nevada as part of the CMS Competitive Bidding Program for Continuous Glucose Monitors and Insulin Pumps. **We will not have a physical location in Nevada.**

I have enclosed the following for your review:

1. Nevada State Board of Pharmacy: MDEG Application.
    a. Section 3: Provider Number Summary (MCR,MCD)
    b. Section 9:
        i. Ownership/Officer Detail
        ii. Certificate of Iowa Corporate Status in Good Standing Dated 07/16/2026.
        iii. Iowa Board of Pharmacy Limited Distributor License Expiring 12/31/2026.
        iv. Certificate of Insurance 03/01/26-03/01/27
        v. Shareholder Personal History Record Applications.
        vi. MDEG Administrator Application.
2. Check [redacted] $500.00 Application Fee.

Please contact me if you require any additional information/clarification.

Sincerely,

Marcus Miller

President and COO

6445 Corporate Drive, Johnston, IA 50131 · P: 515.478.3600 · www.diabeticequip.com · F: 515.478.3601

4C

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	■ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	■ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
■ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☑ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: NextGen Medical Supplies, Inc.

MDEG Physical Address: 601 N Congress Ave Ste 430

City: Delray Beach State: FL Zip: 33445

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (888) 557-7085 Website: Nextgenmeds.com

Email: Josh@nextgenmeds.com

Name of MDEG Administrator (NAC 639.694): Joshua Silverman

Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
■ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	■ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	■ Diabetic Supplies
☐ Other business entities (specify)[a]:	■ Orthotics and Prosthetics
	☐ Others:
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: Joshua Silverman
	Telephone: 888-557-7085

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 9am-6pm est	■ Tue: 9am-6pm est	■ Wed: 9am-6pm est	■ Thurs: 9am-6pm est	■ Fri: 9am-6pm est
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

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

Medicare: 7697350001

(CA), (CO): 9000168072, (FL): 101058600,
(KY): 7100581210, (MO): 830062306, (SC): DM1612, ID: IDTPID027184

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

Name:	Joshua Silverman	Credentials:	Owner	%:	100
Name:		Credentials:		%:	
Name:		Credentials:		%:	
Name:		Credentials:		%:	
Name:		Credentials:		%:	

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name _____

Mailing Address: _____

City: _____ State _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: Joshua Silverman

Business Name: NextGen Medical Supplies, Inc.

Business Address: 601 N. Congress Ave Ste 430

City: Delray Beach State: FL Zip: 33445

Telephone: (888) 557-7085 ext. 101 Email: Josh@nextgenmeds.com

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

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

Joshua Silverman

Print Name of Authorized Person Submitting Application

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

7/24/26

Date

Board Use Only	Date Received: 8/20/24	Amount: $500 CK 3043

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/17/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Causeway Insurance Inc Po Box 243629 Boynton Beach, FL 33424	CONTACT NAME:	Justin Dyczewski	
		PHONE (A/C, No, Ext):	319-235-3040	FAX (A/C, No):
		E-MAIL ADDRESS:	services@vgminsurance.com	
			INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A:	BENCHMARK INSURANCE COMPANY	41394
INSURED	NextGen Medical Supplies Inc 601 N Congress Ave, Ste 430 Delray Beach, FL 33445	INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** CERT-2026-000533 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF DATE (MM/DD/YYYY)	POLICY EXP DATE (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			VGM01GL00010042	07/06/2026	07/06/2027	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES(Ea occurrence)	$100,000
	X Professional Liability						MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS – COMP/OP AGG	$3,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			VGM01GL00010042	07/06/2026	07/06/2027	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	ANY AUTO						BODILY INJURY (Pw person)	$
	ALL OWNED AUTOS / SCHEEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION							$
	WORKERS COMPENSTAION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER.EXECUTIVE Y/N						E.L. EACH ACCIDENT	$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE – EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE – POLICY/LIMIT	$
A	Cyber Liability			VGM01GL00010042	07/06/2026	07/06/2027	Per Aggregate	$100,000

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

CERTIFICATE HOLDER	CANCELLATION
Novitas Solutions Inc PO Box 3704 Mechanicsburg, PA 17055	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: _____

State of Florida
Department of State

I certify from the records of this office that NEXTGEN MEDICAL SUPPLIES, INC. is a corporation organized under the laws of the State of Florida, filed on June 4, 2018, effective June 1, 2018.

The document number of this corporation is P18000050407.

I further certify that said corporation has paid all fees due this office through December 31, 2026, that its most recent annual report/uniform business report was filed on May 1, 2026, and that its status is active.

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

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-first day of July, 2026

Secretary of State

Tracking Number: 9929418933CU

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

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

View current license information at: Floridahealthfinder.gov

LICENSE #: 1314582
CERTIFICATE #: 27692

State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

Home Medical Equipment Provider

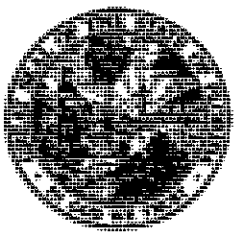
LICENSED

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

NEXTGEN MEDICAL SUPPLIES INC
601 N Congress Ave
Ste 430
Delray Beach, FL 33445-4641
in the following counties:
ALL COUNTIES

EFFECTIVE DATE: 12/16/2024

EXPIRATION DATE: 12/15/2026



Shevaun Harris, Secretary

0155

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site NextGen Medical Supplies, Inc.

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

Physical Address 601 N. Congress Ave Ste 430

City Delray Beach State FL Zip 33445

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (888) 557-7085 Website Nextgenmeds.com

Licensing Company Email Info@nextgenmeds.com

Section 2: Personal Information

First Joshua Middle Miles Last Silverman

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

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Delray Beach State FL Zip 33445

Telephone (561) 408-7000 ext 101 Email Josh@nextgenmeds.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
North Broward Preparatory School		2005-2009	
Address	**City**	**State**	**Zip**
7600 Lyons Rd	Coconut Creek	FL	33073
Diploma/Degree obtained, if any			
High school diploma			

School Name		From - To (MM/YY – MM/YY)	
The University of Arizona		2009-2013	
Address	**City**	**State**	**Zip**
1200 E University Blvd	Tucson	AZ	85721
Diploma/Degree obtained, if any			
Bachelor's Degree			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted]	Boca Raton	FL	[redacted]
		DelRAY Beach	FL	
		DelRAY Beach	FL	
		DelRAY Beach	FL	
	Address	City	State	Zip
	Address	City	State	Zip
	Address	City	State	Zip
	Address	City	State	Zip
	Address	City	State	Zip

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

School Name			From - To (MM/YY – MM/YY)	
North Broward Preparatory School			2005-2009	
Address		City	State	Zip
7600 Lyons Rd		Coconut Creek	FL	33073
Diploma/Degree obtained, if any				
High school diploma				

School Name			From - To (MM/YY – MM/YY)	
The University of Arizona			2009-2013	
Address		City	State	Zip
1200 E University Blvd		Tucson	AZ	85721
Diploma/Degree obtained, if any				
Bachelor's Degree				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2020-2024	[redacted]	Boca Raton	FL	[redacted]
2025		Delray Beach	FL	
2025-CURRENT		Delray Beach	FL	
2014-2019		Delray Beach	FL	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Nextbe medical Supplies, INC.			2018 - Present	
Business Address		**City**	**State**	**Zip**
601 N Congress Ave Ste 430		Delray Beach	FL	33445
Phone	**Title**			
888-557-7085 ext 101	President / owner			
Description of Duties				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

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

JOSHUA SILVERMAN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/24/26

Date

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

State of Florida, ss. County of Palm Beach.

I, Joshua Silverman, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/24/26

Date

Subscribed and Sworn to before me this 24th day of July.

N. Sard / Nicholas Sardone

Notary Public Signature

NICHOLAS SARDONE
Notary Public - State of Florida
Commission # HH 804680
My Comm. Expires May 19, 2030

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: NextGen Medical Supplies, Inc. MDEG License # (if applicable): _____

Physical Address: 601 N. Congress Ave Ste 430

City: Delray Beach State: FL Zip: 33445

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (888) 557 7085 Website: nextgenmeds.com

Licensing Company Email: Info@nextgenmeds.com

Section 2: Personal Information

First: Joshua Middle: Miles Last: Silverman

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

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

Mailing Address: [redacted]

City: Delray Beach State: FL Zip: 33483

Telephone: 561 408 7000 ext 101 Email: Josh@nextgenmeds.com

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

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

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

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

School Name	From - To (MM/YY – MM/YY)
North Broward Preparatory School	2005 2009

Address	City	State	Zip
7600 Lyons Rd	Coconut Creek	FL	33073

Diploma/Degree obtained, if any: High School Diploma

School Name	From - To (MM/YY – MM/YY)
The University of Arizona	

Address	City	State	Zip
1200 E University Blvd	Tucson	AZ	85721

Diploma/Degree obtained, if any:

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any:

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any:

School Name	From - To (MM/YY – MM/YY

Address	City	State	Zip

Diploma/Degree obtained, if any:

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2020-2024	[redacted]	Boca Raton	FL	[redacted]
2025		Delray Beach	FL	
2025-CURRENT		Delray Beach	FL	
2014-2019		Delray Beach	FL	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

School Name		From - To (MM/YY – MM/YY)	
North Broward Preparatory School		2005 2009	
Address	**City**	**State**	**Zip**
7600 Lyons Rd	Coconut Creek	FL	33073
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
The University of Arizona			
Address	**City**	**State**	**Zip**
1200 E University Blvd	Tucson	AZ	85721
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted]	Boca Raton	FL	[redacted]
From - To (MM/YY – MM/YY)		Delray Beach	FL	
From - To (MM/YY – MM/YY)		Delray Beach	FL	
From - To (MM/YY – MM/YY)		Delray Beach	FL	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
NextGen Medical Supplies, Inc.			2018 present
Business Address	**City**	**State**	**Zip**
601 N. Congress Ave Ste 430	Delray Beach	FL	33445
Phone	**Title**		**Number of Employed Hours**
(888) 557-7085	President / owner		
Description of Duties			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # _____. Provide all the following *<u>where applicable</u>*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

7/24/26
Date

I, Joshua Silverman, **certify that as the MDEG Administrator for**

NextGen Medical Supplies, Inc.,

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

1. JS Have a high school diploma or its equivalent;
2. JS Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JS Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JS Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

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

Joshua Silverman
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/24/2026
Date

Board Use Only	Date Received: 8/3/26

RON DESANTIS
GOVERNOR

SHEVAUN HARRIS
SECRETARY

March 13, 2025

Email: Josh@Nextgenmeds.Com

Joshua Silverman, Administrator
Nextgen Medical Supplies Inc
601 N Congress Ave
Ste 430
Delray Beach, FL 33445-4641

File Number: 5726
License Number: 1314582
Provider Type: Home Medical Equipment Provider

RE: Facility located at 601 N Congress Ave, Ste 430, Delray Beach

Dear Administrator:

The enclosed Home Medical Equipment Provider license with license number 1314582 and certificate number 27692 is issued for the above provider effective December 16, 2024 through December 15, 2026. The license is being issued for approval of the change during licensure period application.

The Agency no longer mails hard copies of licenses. Per Section 408.804(2), Florida Statutes, providers are required to print the license and post it in a conspicuous place readily visible to clients at the entrance of your facility.

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

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

If we may be of further assistance, please contact me by phone at (850) 412-4434 or by email at Shantorria.Bowden@ahca.myflorida.com.

Sincerely,

Shantorria Bowden

Shantorria Bowden
Health Services & Facilities Consultant
Long Term Care Services Unit
Division of Health Care Policy and Oversight.

Board of Certification/Accreditation

Owings Mills, Maryland

Accredited Facility

Practice limited to DMEPOS supplier categories:
DM06, DM13, DM18, DM25, M01, M05, OR03, PD09, R01, R09
Additional Product Category 1/16/25: S04

The Board of Certification/Accreditation attests that the Facility named below complies with all requirements for facility accreditation.

NextGen Medical Supplies Inc.
601 N Congress Ave STE 430
Delray Beach, Florida 33445-4703

This accreditation is awarded for meeting the professional standards of BOC, together with all the honors, rights, privileges, and responsibilities in pursuit of our mission to assure patients, physicians, professional organizations, the public at large, and government agencies and representatives of the competence and professionalism of BOC-Accredited Facilities.
In witness whereof, we have affixed the seal of the Board and subscribed our names in acknowledgment.

Matthew Gruskin, MBA, BOCO, BOCPD, CDME, Chief Operating Officer

Judi L. Knott, MA, MBA, President & CEO

S61071
Facility Number

July 31, 2027
Accredited Through

Accredited Since: July 26, 2018

BOC is a CMS deemed accrediting organization.

This accreditation is the property of BOC — the certificate holder agrees to abide by the BOC and CMS standards.

0172

4D

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	■ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	■ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient.** The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
■ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1; 2, 3, 4, 5, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		■ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: West Coast DME & Supplies LLC dba OrthoKinetix

MDEG Physical Address: 1835 Chicago Ave, Ste. A

City: Riverside State: CA Zip: 92507

Mailing Address (if different from physical address): PO Box 5505

City: Riverside State: CA Zip: 92507

Telephone: (800) 339-9295 Website: www.orthoxpress.com

Email: credentials@orthoxpress.com

Name of MDEG Administrator (NAC 639.694): Mike Wells

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

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

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
Medicare PTAN 7049390001
Medi-Cal 7429043
The above Medicare and Medicaid provider numbers are active in California. The applicant is not currently enrolled in Nevada Medicare or Nevada Medicaid.

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

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: West Coast DME & Supplies LLC dba OrthoKinetix

Mailing Address: PO Box 5505

City: Riverside State: CA Zip: 92157-5505

Telephone: (800) 339-9295 Email: credentials@orthoxpress.com

Contact Person Name: Michael Wells

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Michael Wells

Print Name of Authorized Person Submitting Application

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

01/23/2026

Date

Board Use Only	Date Received: 5/22/26	Amount: cc $500

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/13/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER VGM Insurance Services, Inc. 1111 Van Miller Way Waterloo IA 50701	**CONTACT NAME:** Justin Dyczewski **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** justin.dyczewski@vgm.com
INSURED West Coast DME & Supplies LLC OrthoKinetix 1835 Chicago Ave, Unit A Riverside CA 92507	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A:** STATE NATIONAL INSURANCE CO — 12831 **INSURER B:** STATE NATIONAL INSURANCE CO — 12831 **INSURER C:** **INSURER D:** **INSURER E:** **INSURER F:**

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			VGM D1025 G4127-15	05/10/2026	05/10/2027	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Professional Liability						MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
B	**AUTOMOBILE LIABILITY**			VGM D1025 G4127-15	05/10/2026	05/10/2027	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A						E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$

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

Incidental Medical Professional Services Endorsement (included within GL).

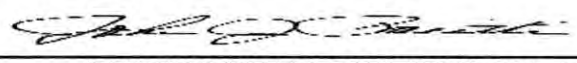
CERTIFICATE HOLDER

EVIDENCE OF INSURANCE

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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Secretary of State
Certificate of Status

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

Entity Name:	WEST COAST DME & SUPPLIES, LLC
Entity No.:	200635210290
Registration Date:	12/18/2006
Entity Type:	Limited Liability Company - CA
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

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

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

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 02, 2026.

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

Certificate No.: 465025722

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

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

HOME MEDICAL DEVICE RETAIL LICENSE

West Coast DME & Supplies, LLC
DBA: OrthoKinetix
1835 Chicago Ave, Unit - A
Riverside, CA 92507

LICENSE NUMBER: 76743
EXPIRATION DATE: 7/22/2027

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

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

0180

Printed: 6/23/2026

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: West Coast DME & Supplies, LLC

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

Physical Address: 1835 Chicago Ave. Suite A

City: Riverside State: CA Zip: 92507

Mailing Address (if different from physical address): PO Box 5505

City: Riverside State: CA Zip: 92157

Telephone: 909-477-3117 Website: www.orthokinetix.net

Licensing Company Email: credentialing@orthoxpress.com

Section 2: Personal Information

First: Kevin Middle: Timothy Last: Johnson

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

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Thousand Oaks State: CA Zip: [redacted]

Telephone: [redacted] Email: kjohnson@orthoxpress.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
San Luis Obispo HS		9/82-6/86	
Address	**City**	**State**	**Zip**
1499 San Luis Dr.	San Luis Obispo	CA	93401
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Taft College		8/86-5/88	
Address	**City**	**State**	**Zip**
29 Cougar Court	Taft	CA	93268
Diploma/Degree obtained, if any			
AA Degree			

School Name		From - To (MM/YY – MM/YY)	
Cal Poly SLO		9/90-12/93	
Address	**City**	**State**	**Zip**
1 Grand Avenue	San Luis Obispo	CA	93407
Diploma/Degree obtained, if any			
Bachelors Degree			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/04 to present	[redacted]	Thousand Oaks	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Orthoxpress Distribution Inc.			12/14 to present	
Business Address		**City**	**State**	**Zip**
1835A Chicago Avenue		Riverside	CA	92507
Phone	**Title**			
8003399295	CEO			
Description of Duties				
Responsible for executive oversight of company operations, including field sales leadership, operational performance, strategic growth initiatives, and financial oversight.				

Business Name			From - To (MM/YY – MM/YY)	
West Coast DME & Supplies, dba Orthokinetix			1/15 to present	
Business Address		**City**	**State**	**Zip**
1835A Chicago Avenue		Riverside	CA	92507
Phone	**Title**			
8003399295	CEO			
Description of Duties				
Responsible for executive oversight of company operations, including field sales leadership, operational performance, strategic growth initiatives, and financial oversight.				

Business Name			From - To (MM/YY – MM/YY)	
JR Medical			04/17 to present	
Business Address		**City**	**State**	**Zip**
18003 Sky Park Circle, Suite H		Irvine	CA	92614
Phone	**Title**			
949 955-2920	Secretary			
Description of Duties				
Responsible for corporate governance support, compliance oversight, coordination of operational reporting, and administrative leadership functions.				

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

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

Kevin Johnson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-8-26

Date

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

State of California, ss. County of Los Angeles

I, Kevin Johnson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4-8-26

Date

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

See Attached Notarial Certificate

Notary Public Signature

(Seal)

CALIFORNIA JURAT **GOVERNMENT CODE § 8202**

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

State of California

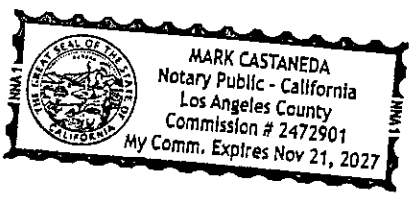
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 8 (Date) day of April (Month), 2026 (Year), by

(1) Kevin Johnson

(and (2) _____),
Name(s) of Signer(s)

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



Place Notary Seal and/or Stamp Above

Signature _____
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Personal History Application

Document Date: _____ Number of Pages: 7

Signer(s) Other Than Named Above: _____

©2019 National Notary Association

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: West Coast DME & Supplies, LLC

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

Physical Address: 1835 Chicago Ave. Suite A

City: Riverside State: CA Zip: 92507

Mailing Address (if different from physical address): PO Box 5505

City: Riverside State: CA Zip: 92157

Telephone: 909-477-3117 Website: www.orthokinetix.net

Licensing Company Email: credentialing@orthoxpress.com

Section 2: Personal Information

First: Jeffrey Middle: Scot Last: Salamon

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

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

Mailing Address: [redacted]

City: Redlands State: Ca Zip: [redacted]

Telephone: [redacted] Email: jsalamon@orthoxpress.com

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

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

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

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

School Name	From - To (MM/YY – MM/YY)
Randolph High School	09/76 - 06/80

Address	City	State	Zip
	Randolph	Ma	02368

Diploma/Degree obtained, if any

School Name	From - To (MM/YY – MM/YY)
Dean College	09/80 - 06/82

Address	City	State	Zip
	Franklin	Ma	

Diploma/Degree obtained, if any: Associates Degree

School Name	From - To (MM/YY – MM/YY)
National University	09/84 - 06/85

Address	City	State	Zip
	San Diego	Ca	

Diploma/Degree obtained, if any: Bachelor's Degree

School Name	From - To (MM/YY – MM/YY)
National University	09/85 - 06/87

Address	City	State	Zip
	San Diego	Ca	

Diploma/Degree obtained, if any: MBA

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/01-03/24	[redacted]	Riverside	Ca	[redacted]
03/24 - present	[redacted]	Redlands	Ca	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
WestCoast DME			01/15 - present
Business Address	**City**	**State**	**Zip**
1835 Chicago Ave. Suite A	Riverside	Ca	92507
Phone	**Title**		
(951) 756-8664	Chairman		

Description of Duties

Responsible for board-level governance, strategic direction, capital planning, financial oversight, budgeting, treasury management, banking relationships, financial reporting, risk management, regulatory compliance oversight, and executiv

Business Name			From - To (MM/YY – MM/YY)
Orthoxpress			01/15 - Present
Business Address	**City**	**State**	**Zip**
1835 Chicago Ave. Suite A	Riverside	CA	92507
Phone	**Title**		
(951)756-8664	Chairman		

Description of Duties

Responsible for board-level governance, strategic direction, capital planning, financial oversight, budgeting, treasury management, banking relationships, financial reporting, risk management, regulatory compliance oversight, and executiv

Business Name			From - To (MM/YY – MM/YY)
TOR			01/15 - Present
Business Address	**City**	**State**	**Zip**
24 E Redlands Blvd.	Redlands	Ca	92373
Phone	**Title**		
(951)756-8664	Chairman/CEO		

Description of Duties

Responsible for corporate governance, strategic planning, financial management, operational oversight, capital allocation, regulatory compliance oversight, and executive leadership across all business divisions.

Business Name			From - To (MM/YY – MM/YY)
FOR			06/25 - Present
Business Address	**City**	**State**	**Zip**
106 Orange St	Redlands	Ca	92373
Phone	**Title**		
(951)756-8446	Chairman/CEO		

Description of Duties

Responsible for corporate governance, strategic planning, financial management, operational oversight, capital allocation, regulatory compliance oversight, and executive leadership across all business divisions.

Business Name			From - To (MM/YY – MM/YY)
Itheraputix			01/21 – Present
Business Address	**City**	**State**	**Zip**
24 E Redlands Blvd.	Redlands	Ca	92373
Phone	**Title**		
(951)756-8664	Chairman/CEO		

Description of Duties

Responsible for corporate governance, strategic planning, financial management, operational oversight, capital allocation, regulatory compliance oversight, and executive leadership across all business divisions.

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
OXP Enterpnses			05/13- present
Business Address	City	State	Zip
30770 E Sunset S	Redlands	Ca	92373
Phone	Title		
(951)756-8664	CEO		
Description of Duties			
Responsible for corporate governance, strategic planning, financial management, operational oversight, capital allocation, regulatory compliance oversight, and executive leadership across all business divisions.			

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date 4/22/2026

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

Jeffrey SAcAmon
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/22/2026
Date

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

State of Montana, ss. County of Ravalli:

I, Jeffrey SAcAmon, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/22/2026
Date

Subscribed and Sworn to before me this 22nd day of April.

V. Buckles
Notary Public Signature

V BUCKLES
NOTARY PUBLIC for the
State of Montana
Residing at Hamilton, MT
My Commission Expires
November 12, 2029.

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: West Coast DME & Supplies, LLC

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

Physical Address: 1835 Chicago Ave. Suite A

City: Riverside State: CA Zip: 92507

Mailing Address (if different from physical address): PO Box 5505

City: Riverside State: CA Zip: 92517

Telephone: 909-477-3117 Website: www.orthokinetix.net

Licensing Company Email: credentialing@orthoxpress.com

Section 2: Personal Information

First: Michael Middle: Gregory Last: Wells

Alias(es), nicknames, name changes, etc.: Mike

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

Mailing Address: [redacted]

City: Riverside State: CA Zip: [redacted]

Telephone: [redacted] Email: mwells@orthoxpress.com

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

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

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

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

School Name	From - To (MM/YY – MM/YY)
Alta Loma High School	09/1993-06/1998
Address	**City** / **State** / **Zip**
8880 Baseline Rd	Rancho Cucamonga / CA / 91701
Diploma/Degree obtained, if any	
Diploma	

School Name	From - To (MM/YY – MM/YY)
Applied Technology Institute	10/28/2007
Address	**City** / **State** / **Zip**
N/A	N/A / N/A / N/A
Diploma/Degree obtained, if any	
Certificate of Education: Orthotic Filters and Diabetic Foot, Therapeutic Shoes	

School Name	From - To (MM/YY – MM/YY)
International School of Pedorthics	02/2012
Address	**City** / **State** / **Zip**
N/A	N/A / N/A / N/A
Diploma/Degree obtained, if any	
CPed certificate - ABC	

School Name	From - To (MM/YY – MM/YY)
Chaffey College	09/1999 - 06/2020
Address	**City** / **State** / **Zip**
5885 Haven Ave	Rancho Cucamonga / CA / 91737
Diploma/Degree obtained, if any	
N/A	

School Name	From - To (MM/YY – MM/YY)
Address	**City** / **State** / **Zip**
Diploma/Degree obtained, if any	

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2011 - present	[redacted]	Rancho Cucamonga	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name		From - To (MM/YY – MM/YY)
OrthoXpress Distribution Inc		01/2015-present
Business Address	**City** / **State** / **Zip**	
1835 Chicago Ave, Ste. A	Riverside / CA / 92507	
Phone	**Title**	
(800) 339-9295	Shareholder	
Description of Duties		
I lead company strategy and growth while ensuring full regulatory compliance and operational integrity across all divisions.		

Business Name		From - To (MM/YY – MM/YY)
West Coast DME & Supplies LLC dba OrthoKinetix		01/2007 - present
Business Address	**City** / **State** / **Zip**	
1835 Chicago Ave. Ste. A	Riverside / CA / 92507	
Phone	**Title**	
(909) 477-3117	President and Compliance Officer	
Description of Duties		
Responsible for executive leadership, strategic growth initiatives, regulatory compliance oversight, licensing and accreditation management, operational governance, financial performance monitoring, and ensuring adherence to all state and federal healthcare regulations across all divisions.		

Business Name		From - To (MM/YY – MM/YY)
J. R. Medical, Inc.		01/2018 - present
Business Address	**City** / **State** / **Zip**	
18003 Sky Park Circle, Ste H	Irvine / CA / 92614	
Phone	**Title**	
(949) 955-2920	Shareholder	
Description of Duties		
Provide ownership oversight, strategic guidance, and regulatory compliance support.		

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, Licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4/30/2021
Date

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

Michael Wells
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/30/26 MW
~~02/03/26~~
Date

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

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/30/2026
Date

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

Notary Public Signature

Please see attached Notary Certificate

(Seal)

CALIFORNIA JURAT **GOVERNMENT CODE § 8202**

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

State of California

County of SAN BERNARDINO

Subscribed and sworn to (or affirmed) before me on this 30 (Date) day of April (Month), 2026 (Year) by

(1) MICHAEL WELLS

(and (2) _____),

(Name(s) of Signer(s))

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

S. ESCOBEDO
Notary Public - California
San Bernardino County
Commission # 2347978
My Comm. Expires Mar 15, 2030

Signature S. Escobedo
(Signature of Notary Public)

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: PERSONAL HISTORY APPLICATION

Document Date: APRIL 30, 2026 Number of Pages: _____

Signer(s) Other Than Named Above: _____

©2019 National Notary Association

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: West Coast DME & Supplies, LLC MDEG License # (if applicable): _____

Physical Address: 1835 Chicago Ave Suite A

City: Riverside State: CA Zip: 92507

Mailing Address (if different from physical address): Same

City: _____ State: _____ Zip: _____

Telephone: 909-477-3117 Website: www.orthokinetix.net

Licensing Company Email: _____

Section 2: Personal Information

First: Michael Middle: _____ Last: Wells

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

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Riverside State: CA Zip: [redacted]

Telephone: [redacted] Email: mwells@orthoxpress.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Alta Loma High			
Address	**City**	**State**	**Zip**
8880 Baseline Rd	Rancho Cucamonga	CA	91701
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Applied Technical Insitute		10-28-2007	
Address	**City**	**State**	**Zip**
NA	NA	NA	NA
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
International School of Pedorthics		02-2012	
Address	**City**	**State**	**Zip**
NA	NA	NA	NA
Diploma/Degree obtained, if any			
CPed Certificate - ABC			

School Name		From - To (MM/YY – MM/YY)	
Chaffey		09-1999-06-2020	
Address	**City**	**State**	**Zip**
5885 Haven Ave	Rancho Cucamonga	CA	91737
Diploma/Degree obtained, if any			
NA			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12-2011 -current	[redacted]	Rancho Cucamonga	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
West Coast DME & Supplies, LLC			2015 - current	
Business Address		**City**	**State**	**Zip**
1835 Chicago Ave Suite A		Riverside	CA	92507
Phone	**Title**		**Number of Employed Hours**	
909-477-3117	President			
Description of Duties				
overseeing daily operations, executing the overarching strategy set by the CEO or board of directors, and managing the executive team to achieve organizational goals				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

06-02-2026
Date

I, Michael Wells, **certify that as the MDEG Administrator for**

_____,

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

1. __x__ Have a high school diploma or its equivalent;
2. __x__ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. __x__ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. __x__ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

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

Michael Wells
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06-02-2026
Date

Board Use Only	Date Received: 6/4/26

4E

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located? ☐ Nevada ☒ Out-of-State

[a]Is the business also a wholesaler? (NRS 639.016) ☐ Yes ☒ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person other than the consumer or patient. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☒ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Professional Medical Corp.

MDEG Physical Address: 12733 28th Ave NE

City: Seattle State: WA Zip: 98125

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (206) 366 9543 Website: www.professionalmedicalcorp.com

Email: fran@professionalmedicalcorp.com

Name of MDEG Administrator (NAC 639.694): Frumi Levitin Marasow

Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
☒ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	☐ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	☒ Others: Urological Supplies, Incontinence Supplies
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: Frumi Levitin Marasow
	Telephone: (206) 366 9543

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 9:00 AM-3:00P	■ Tue: 9:00 AM-3:00P	■ Wed: 9:00 AM-3:00P	■ Thurs: 9:00 AM-3:00	☐ Fri: 9:00 AM-3:00P
☐ Sat:	☐ Sun:	☐ Holidays:		

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

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

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
Medicare PTAN Number:1218520001
Washington State Medicaid: 9048653

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

Name: NA Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Washington

Parent Company (if any): _____

Corporation/Organization Name: Professional Medical Corp.

Mailing Address: 12733 28th Ave NE

City: Seattle State: WA Zip: 98125

Telephone: (206) 366 9543 Email: fran@professionalmedicalcorp.com

Contact Person Name: Frumi Levitin Marasow

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Fnmi Levitin Marasow

Print Name of Authorized Person Submitting Application

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

06/30/2026

Date

Board Use Only	Date Received: 7/7/26	Amount: $500.00

CUSTOMER NUMBER: 0007031501

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
PHARMACISTS MUTUAL INSURANCE GROUP 808 HIGHWAY 18 W PO BOX 370 ALGONA IA 50511-0370	PHONE (A/C, No, Ext): 800-247-5930	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: PHARMACISTS MUTUAL INSURANCE COMPANY	13714
INSURED PROFESSIONAL MEDICAL CORP PROFESSIONAL MEDICAL PO BOX 15112 SEATTLE WA 98115-0112	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			VST 0007988 01	10/22/2025	10/22/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ Included
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER						WATER LEGAL LIABILITY	$ Included
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB X OCCUR			UCL 0095362 18	10/22/2025	10/22/2026	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WCV 0164095 04	11/10/2024	11/10/2025	X PER STATUTE / OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTIONS OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

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

See Remarks for Location Schedule
See Individual Policy Declarations for more information

CERTIFICATE HOLDER

FOR EVIDENCE ONLY

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Michelle Chally

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CUSTOMER NUMBER: 0007031501
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
		PROFESSIONAL MEDICAL CORP PROFESSIONAL MEDICAL PO BOX 15112 SEATTLE WA 98115-0112
POLICY NUMBER VST 0007988 01		
CARRIER PHARMACISTS MUTUAL INSURANCE COMPANY	NAIC CODE 13714	EFFECTIVE DATE: 10/22/25

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: EVIDENCE OF COMMERCIAL LIABILITY INSURANCE

If the policy noted on this certificate is not in effect, this proof of coverage is not valid.

PREMISES SCHEDULE

1 - 1	PROFESSIONAL MEDICAL 12733 28TH AVE NE, SEATTLE, WA 98125-4321

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UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

PROFESSIONAL MEDICAL CORP.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 11/10/1999.

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

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

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

Issued Date: 06/29/2026
UBI Number: 601 992 374

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

Steve R. Hobbs, Secretary of State

Date Issued: 06/29/2026

Professional Medical Corp.
12733 28th Ave NE
Seattle, WA 98125
EIN: [redacted]
NPI: [redacted]
Founded: January 1, 2000
Business Type: S-Corporation

Subject: Updated Letter of Ownership and Corporate Officers

To Whom It May Concern,

This letter serves as the official statement of ownership and corporate leadership for **Professional Medical Corp.**, a Home Medical Equipment Provider organized as an S-Corporation on January 1, 2000, and operating at 12733 28th Ave NE, Seattle, WA 98125.

The ownership structure and corporate officer roles of the corporation are as follows:

1. **Frumi Levitin Marasow**
   - Primary Address: [redacted] Seattle, WA [redacted]
   - Date of Birth: [redacted]
   - Ownership Percentage: 51%
   - Citizenship Status: U.S. Citizen
   - **Corporate Role: President/ Secretary/ Treasurer**

2. **Joseph Marasow**
   - Primary Address: [redacted] Seattle, WA [redacted]
   - Date of Birth: [redacted]
   - Ownership Percentage: 49%
   - Citizenship Status: U.S. Citizen
   - **Corporate Role: Advisor**

Both individuals listed above serve as **all Directors and Officers** of Professional Medical Corp. and maintain full authority and responsibility consistent with their ownership percentages and executive roles. No additional individuals or entities hold ownership interest or serve as officers or directors of the corporation.

If further documentation or verification is required, please feel free to contact our office.

Sincerely,
Professional Medical Corp.

Frumi Levitin Marasow

Professional Medical Corp.
12733 28th Ave NE
Seattle, WA, 98125
fran@professionalmedicalcorp.com
(206) 366-9543

Subject: Clarification of DME Licensure Requirement

To Whom It May Concern,

I am writing to address the request for a Durable Medical Equipment (DME) license as part of the provider enrollment process. Per the National Supplier Clearinghouse (NSC) licensure database, Washington does not require a separate state-issued DME license for suppliers operating within its jurisdiction.

As such, we respectfully request that the application proceed without the requirement for a state DME license. Please refer to the NSC licensure database for verification. If any further clarification is needed, kindly let us know, and we will be happy to provide additional documentation.

Thank you for your time and attention to this matter. We look forward to your confirmation of receipt and processing of the application without this requirement.

Sincerely,
Frumi Levitin Marasow
Professional Medical Corp

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Professional Medical Corp.

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

Physical Address: 12733 28th Ave NE

City: Seattle State: WA Zip: 98125

Mailing Address (if different from physical address): PO Box 15112

City: Seattle State: WA Zip: 98115

Telephone: 206-366-9543 Website: www.professionalmedicalcorp.com

Licensing Company Email: fran@professionalmedicalcorp.com

Section 2: Personal Information

First: Frumi Middle: Last: Levitin (Marasow)

Alias(es, nicknames, name changes, etc.): Fran Marasow

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

Mailing Address: 12733 28th Ave NE

City: Seattle State: WA Zip: 98125

Telephone: (206) 366 9543 Email: fran@professionalmedicalcorp.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Beth Rivka Division of Higher Learning		9/88-06/90	
Address	**City**	**State**	**Zip**
310 Crown St	Brooklyn	NY	11225
Diploma/Degree obtained, if any			
Teachers Certificate			
School Name		**From - To (MM/YY – MM/YY)**	
Yeshiva Schools of Pittsburgh Girls High School		09/85-06/88	
Address	**City**	**State**	**Zip**
2100 Wightman Street	Pittsburgh	PA	15217
Diploma/Degree obtained, if any			
High School			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/98-06/26	[redacted]	Seattle	WA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name: Professional Medical Corp.			From - To (MM/YY – MM/YY): 11/94-06/26
Business Address: 12733 28th Ave NE	City: Seattle	State: WA	Zip: 98125
Phone: 206-366-9543	Title: President		
Description of Duties: Oversee growth and operations of medical supply company			

Business Name: Myku Medical LLC			From - To (MM/YY – MM/YY): 02/16-06/30
Business Address: 12733 28th Ave NE Suite 2	City: Seattle	State: WA	Zip: 98125
Phone: 877-287-2925	Title: Owner		
Description of Duties: Sales of medical supplies to the public			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

H L Marcus
Original Signature (electronic, copies or stamps not accepted)

06/30/2026
Date

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

Fnumi levitin (Manason)

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/01/2026

Date

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

State of WASHINGTON, ss. County of KING

I, Fnumi levitin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

07/01/2024

Date

Subscribed and Sworn to before me this 1st day of July 2026.

Smaranda Stoian

Notary Public Signature

SMARANDA STOIAN
Notary Public
State of Washington
Commission # 23031620
My Comm. Expires Oct 13, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Professional Medical Corp.

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

Physical Address: 12733 28th Ave NE

City: Seattle State: WA Zip: 98125

Mailing Address (if different from physical address): PO Box 15112

City: Seattle State: WA Zip: 98115

Telephone: (206) 366 9543 Website: www.professionalmedicalcorp.com

Licensing Company Email: fran@professionalmedicalcorp.com

Section 2: Personal Information

First: Joseph Middle: I Last: Marasow

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

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 12733 28th Ave NE

City: Seattle State: WA Zip: 98125

Telephone: (206) 366 9543 Email: [redacted]

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

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

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

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

School Name			From - To (MM/YY – MM/YY)	
University of Mount St. Vincent			09/25-6/30/26	
Address	City		State	Zip
Online				
Diploma/Degree obtained, if any				
In Process - BA of Science in Accounting				
School Name			From - To (MM/YY – MM/YY)	
Central Yeshiva Tomchei Tmimim			09/89-06/92	
Address	City		State	Zip
770 Eastern Pkwy	Brooklyn		NY	11213
Diploma/Degree obtained, if any				
First Rabbinic Degree/ Bachelor's Degree				
School Name			From - To (MM/YY – MM/YY)	
Oholei Torah			09/79-06/82	
Address	City		State	Zip
667 Eastern Pkwy	Brooklyn		NY	11213
Diploma/Degree obtained, if any				
High School				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address	City		State	Zip
Diploma/Degree obtained, if any				

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/98-06/26	[redacted]	Seattle	WA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Professional Medical Corp.			11/94-06/26	
Business Address	**City**		**State**	**Zip**
12733 28th Ave NE	Seattle		WA	98125
Phone	**Title**			
206-366-9543	Owner			
Description of Duties				
Advisory role to the company management				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

7/1/2026
Date

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

Joseph Mansoor

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/1/2026

Date

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

State of Washington, ss. County of Kings

I, Joseph I Mansoor, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/1/2026

Date

Subscribed and Sworn to before me this 1st day of July 2026.

Smaranda Stoian

Notary Public Signature

SMARANDA STOIAN
Notary Public
State of Washington
Commission # 23031620
My Comm. Expires Oct 13, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Professional Medical Corp. MDEG License # (if applicable): _____

Physical Address: 12733 28th Ave NE

City: Seattle State: WA Zip: 98125

Mailing Address (if different from physical address): PO Box 15112

City: Seattle State: WA Zip: 98115

Telephone: 206-366-9543 Website: www.professionalmedicalcorp.com

Licensing Company Email: fran@professionalmedicalcorp.com

Section 2: Personal Information

First: Frumi Middle: _____ Last: Levitin (Marasow)

Alias(es, nicknames, name changes, etc.): Fran Marasow

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

Mailing Address: [redacted]

City: Seattle State: WA Zip: 98115

Telephone: [redacted] Email: fran@professionalmedicalcorp.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Beth Rivka Division of Higher Learning		09/88-06/90	
Address	**City**	**State**	**Zip**
310 Crown St	Brooklyn	NY	11225
Diploma/Degree obtained, if any			
Teacher's Certificate			

School Name		From - To (MM/YY – MM/YY)	
Yeshiva Schools of Pittsburgh Girls High School		09/85-06/88	
Address	**City**	**State**	**Zip**
2100 Wightman Street	Pittsburgh	PA	15217
Diploma/Degree obtained, if any			
High School			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/98-06/26	[redacted]	Seattle	WA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name		From - To (MM/YY – MM/YY)	
Professional Medical Corp.		11/94-06/26	
Business Address	**City**	**State**	**Zip**
12733 28th Ave NE	Seattle	WA	98125
Phone	**Title**	**Number of Employed Hours**	
206-366-9543	President	40+ weekly	
Description of Duties			
Overseen growth and operations of medical supply company			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # _____. Provide all the following *<u>where applicable</u>*:

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

Provide explanation below:

H J Meraw
Original Signature (electronic, copies or stamps not accepted)

06/30/2026
Date

I, Frumi Levitin Marasow, **certify that as the MDEG Administrator for** Professional Medical Corp.,

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

1. ✓ Have a high school diploma or its equivalent;
2. ✓ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ✓ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ✓ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

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

Frumi Levitin Marasow

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/30/2020

Date

Board Use Only	Date Received: 7/17/20

4F

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	■ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	■ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient.** The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
■ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Quickfill Rx, Inc. / QuickFill Pharmacy

MDEG Physical Address: 18455 Burbank Blvd, Suite 105

City: Tarzana State: CA Zip: 91356

Mailing Address (if different from physical address): Same

City: _____ State: _____ Zip: _____

Telephone: (818) 457-4011 Website: www.quickfillrx.org

Email: vladimir@fillzone.com

Name of MDEG Administrator (NAC 639.694): Vladimir Lenchitsky

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

Check the Days the Business will be Opened and provide the Hours of Operation				
▣ Mon: 9am-5pm	▣ Tue: 9am-5pm	▣ Wed: 9am-5pm	▣ Thurs: 9am-5pm	▣ Fri: 9am-5pm
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
NPI 1174281042
PTAN 8335980001
FLU PTAN CB507780

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

Name: NA Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California

Parent Company (if any): _____

Corporation/Organization Name: Quickfill Rx, Inc. / QuickFill Pharmacy

Mailing Address: 18455 Burbank Blvd, Suite 105

City: Tarzana State: CA Zip: 91356

Telephone: (818) 457-4011 Email: vladimir@fillzone.com

Contact Person Name: Vladimir Lenchitsky

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Vladimir Lenchitsky

Print Name of Authorized Person Submitting Application

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

6/12/2026

Date

Board Use Only	Date Received: 6/17/26	Amount: $500 CK 1025

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/19/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: MARIA HERRERA
Steams and Company Insurance Services	PHONE (A/C, No, Ext): (818) 206-4225 FAX (A/C, No):
21031 Ventura Blvd.	E-MAIL ADDRESS: maria@stearnsandco.com
Suite 700	INSURER(S) AFFORDING COVERAGE / NAIC #
Woodland Hills CA 91346	INSURER A: HARTFORD UNDERWRITERS INS CO 30104
INSURED	INSURER B: HARTFORD CAS INS CO 29424
Quickfill Rx, Inc. DBA Quickfill Pharmacy	INSURER C: AMERICAN CAS CO OF READING PA 20427
18455 Burbank Blvd Ste 105	INSURER D:
	INSURER E:
Tarzana CA 91356-6916	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. *LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. *Not Applicable in WY

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			72SBABE0YH6	03/20/2026	03/20/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 1,000,000 $ 10,000 $ 2,000,000 $ 4,000,000 $ 4,000,000
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		72WECBE0YHJ	03/20/2026	03/20/2027	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
C	Errors and Omissions			0791558130	03/20/2026	03/20/2027	GC General Aggregate	1,000,000 3,000,000

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

Proof of Insurance

CERTIFICATE HOLDER

Proof Of Insurance

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Maria Herrera

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Secretary of State
Certificate of Status

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

Entity Name:	QUICKFILL RX, INC.
Entity No.:	5913994
Registration Date:	09/21/2023
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

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

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

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 08, 2026.

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

Certificate No.: 456128325

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

LIST OF OFFICERS AND DIRECTORS

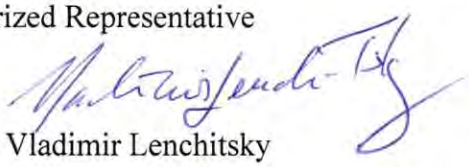
Applicant Entity: Quickfill Rx, Inc.

Owner Name	Title/ Position	Ownership Percentage	Business Address	Phone Number	Email Address
Vladimir Lenchitsky	CEO	100%	18455 Burbank Blvd, Suite 105, Tarzana, CA 91356	(310) 463-5385	vladimir@fillzone.com

Certification

I certify that the information provided above is true and complete to the best of my knowledge and identifies all individuals and entities that directly or indirectly own, control, or manage the applicant.

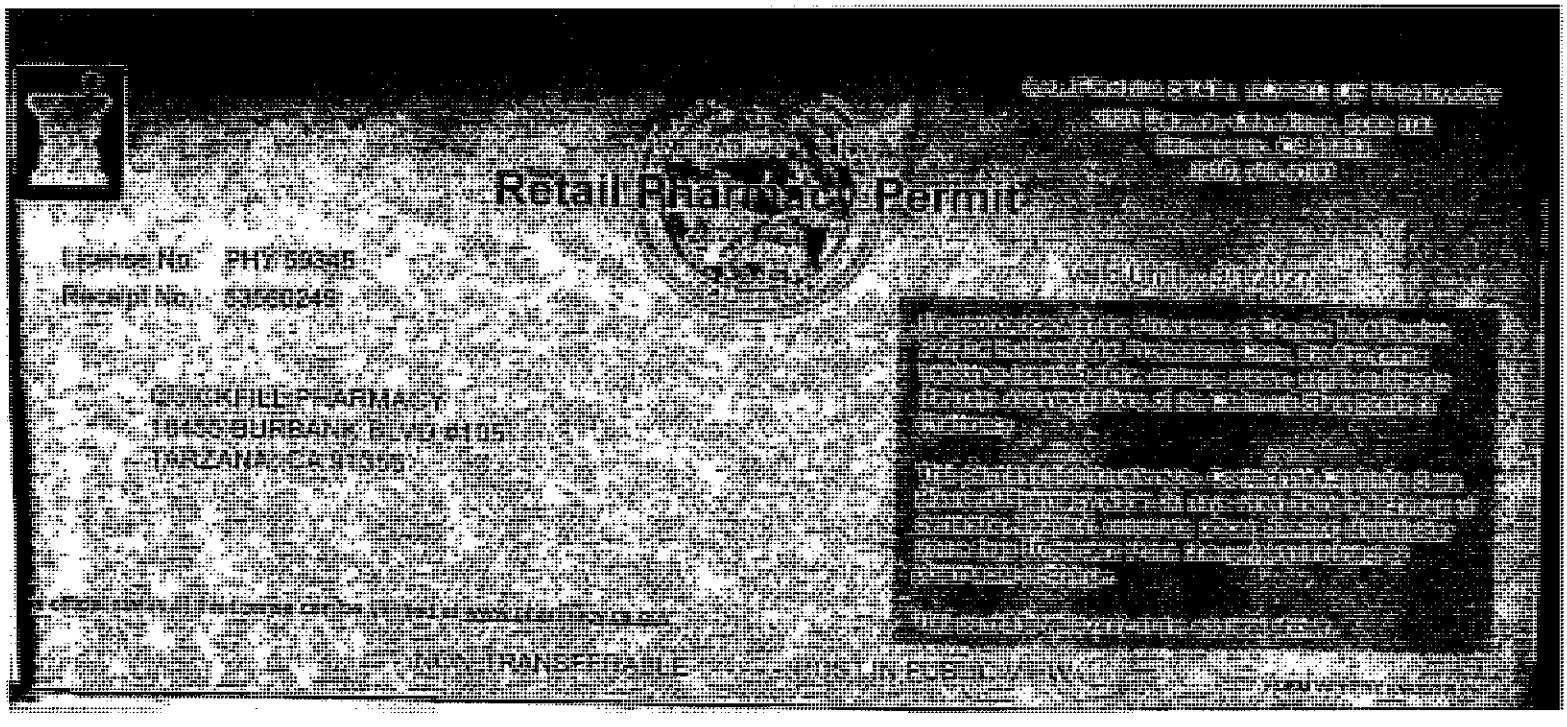
Authorized Representative



Name: Vladimir Lenchitsky

Title: CEO

Date: June 6, 2026


Retail Pharmacy Permit

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Quickfill Rx, Inc. / QuickFill Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PHY 59345

Physical Address: 18455 Burbank Blvd, Suite 105

City: Tarzana State: CA Zip: 91356

Mailing Address (if different from physical address): Same

City: State: Zip:

Telephone: (818) 457-4011 Website: www.quickfillrx.org

Licensing Company Email: vladimir@fillzone.com

Section 2: Personal Information

First: Vladimir Middle: Last: Lenchitsky

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

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

Mailing Address: 18455 Burbank Blvd, Suite 105

City: Tarzana State: CA Zip: 91356

Telephone: [redacted] Email: vladimir@fillzone.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Midwestern University, Chicago College of Pharmacy		09/1996 - 06/2000	
Address	**City**	**State**	**Zip**
555 31st St	Downers Grove	IL	60515
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Cal State LA		09/1991 - 06/1995	
Address	**City**	**State**	**Zip**
5151 State University Dr	Los Angeles	CA	90032
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2020 - Present	[redacted]	Chatsworth	CA	[redacted]
01/2013 - 12/2019		Woodland Hills	CA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Quickfill Rx, Inc. / QuickFill Pharmacy			09/2023 - Present	
Business Address	**City**	**State**	**Zip**	
18455 Burbank Blvd, Suite 105	Tarzana	CA	91356	
Phone	**Title**			
(818) 457-4011	Founder / Pharmacist-in-Charge			

Description of Duties

Founded and lead a diabetes-focused pharmacy integrating CGM, DME, and pharmacy services. Designed payer-aligned programs for Medicare, Medicare Advantage, and Medicaid populations. Built infrastructure for patient acquisition, benefits verification, prior authorizations, and adherence programs. Focused on recurring revenue through CGM enrollment, refill synchronization, and patient engagement.

Business Name			From - To (MM/YY – MM/YY)	
Synergy Staffing LLC			06/2022 - Present	
Business Address	**City**	**State**	**Zip**	
18455 Burbank Blvd, Suite 208	Tarzana	CA	91356	
Phone	**Title**			
(310) 463-5385	Owner / Pharmacist			

Description of Duties

Provide staffing solutions for home infusion and specialty pharmacies. Support operational scaling through clinical staffing deployment.

Business Name			From - To (MM/YY – MM/YY)	
Happier at Home			06/2022 - Present	
Business Address	**City**	**State**	**Zip**	
18455 Burbank Blvd, Suite 208	Tarzana	CA	91356	
Phone	**Title**			
(747) 265-6406	Owner			

Description of Duties

Operate a non-medical home care company supporting elderly and chronic care populations. Developed care coordination workflows aligned with pharmacy and clinical services. Built referral relationships with providers and community partners.

Business Name			From - To (MM/YY – MM/YY)	
AleraCare Holdings, LLC			01/2019 - 11/2022	
Business Address	**City**	**State**	**Zip**	
4045 E Bell Rd, Ste. 163	Phoenix	AZ	85032	
Phone	**Title**			
(602) 971-6950	Owner / Partner / Pharmacist			

Description of Duties

Led merger of Medico RX and Vasco RX under a unified holding structure. Oversaw operational integration and strategic growth initiatives.

Business Name			From - To (MM/YY – MM/YY)	
Unicare Pharmacy Inc. / MedicoRx Specialty Pharmacy			07/2002 - 01/2019	
Business Address	**City**	**State**	**Zip**	
7039 Valjean Ave	Van Nuys	CA	91406	
Phone	**Title**			
(818) 390-9696	Owner / Pharmacist-in-Charge			

Description of Duties

Directed full-spectrum pharmacy operations including specialty, infusion, LTC, retail, and DME. Scaled annual prescription volume from 24,000 to over 300,000. Managed 60+ employees across clinical and operational functions. Led compliance, accreditation, payer strategy, and vendor contracting.

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

6/12/2026
Date

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

Vladimir Lenchitsky

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/12/2026

Date

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

State of California, ss. County of Los Angeles

I, Vladimir Lenchitsky, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

06/12/2026

Date

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

Notary Public Signature

ENC1 IRINA MAGISTROVA COMM. # 2545686 NOTARY PUBLIC • CALIFORNIA ORANGE COUNTY My Comm. Expires January 13, 2030 ENC1

(Seal)

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

State of California
County of Los Angeles
Subscribed and sworn to (or affirmed) before me on this 12 day of June 2026 by Vladimir Lenchitsky
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.
Signature _____ (Seal)

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Quickfill Rx, Inc./ QuickFill Pharmacy MDEG License # (if applicable) _____

Physical Address 18455 Burbank Blvd, Suite 105

City Tarzana State CA Zip 91356

Mailing Address (if different from physical address) Same

City _____ State _____ Zip _____

Telephone (818) 457-4011 Website www.quickfillrx.org

Licensing Company Email vladimir@fillzone.com

Section 2: Personal Information

First Vladimir Middle _____ Last Lenchitsky

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

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 18455 Burbank Blvd, Suite 105

City Tarzana State CA Zip 91356

Telephone [redacted] Email vladimir@fillzone.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Midwestern University, Chicago College of Pharmacy		09/1996 - 06/2000	
Address	**City**	**State**	**Zip**
555 31st St	Downers Grove	IL	60515
Diploma/Degree obtained, if any			
Doctor of Pharmacy			
School Name		**From - To (MM/YY – MM/YY)**	
Cal State LA		09/1991 - 06/1995	
Address	**City**	**State**	**Zip**
5151 State University Dr	Los Angeles	CA	90032
Diploma/Degree obtained, if any			
Bachelor of Science			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2020 - Present	[redacted]	Chatsworth	CA	[redacted]
01/2013 - 12/2019		Woodland Hills	CA	

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

Business Name			From - To (MM/YY – MM/YY)	
Quickfill Rx, Inc. / QuickFill Pharmacy			09/2023 - Present	
Business Address		**City**	**State**	**Zip**
18455 Burbank Blvd, Suite 105		Tarzana	CA	91356
Phone	**Title**		**Number of Employed Hours**	
(818) 457-4011	Founder / Pharmacist-in-Charge		5,000	

Description of Duties

Founded and lead a diabetes-focused pharmacy integrating CGM, DME, and pharmacy services. Designed payer-aligned programs for Medicare, Medicare Advantage, and Medicaid populations. Built infrastructure for patient acquisition, benefits verification, prior authorizations, and adherence programs. Focused on recurring revenue through CGM enrollment, refill synchronization, and patient engagement.

Business Name			From - To (MM/YY – MM/YY)	
Synergy Staffing LLC			06/2022 - Present	
Business Address		**City**	**State**	**Zip**
18455 Burbank Blvd, Suite 208		Tarzana	CA	91356
Phone	**Title**		**Number of Employed Hours**	
(310) 463-5385	Owner / Pharmacist		8,000	

Description of Duties

Provide staffing solutions for home infusion and specialty pharmacies. Support operational scaling through clinical staffing deployment.

Business Name			From - To (MM/YY – MM/YY)	
AleraCare Holdings, LLC			01/2019 - 11/2022	
Business Address		**City**	**State**	**Zip**
4045 E Bell Rd, Ste. 163		Phoenix	AZ	85032
Phone	**Title**		**Number of Employed Hours**	
(602) 971-6950	Owner / Partner / Pharmacist		8,000	

Description of Duties

Led merger of Medico RX and Vasco RX under a unified holding structure. Oversaw operational integration and strategic growth initiatives.

Business Name			From - To (MM/YY – MM/YY)	
Unicare Pharmacy Inc. / MedicoRx Specialty Pharmacy			07/2002 - 01/2019	
Business Address		**City**	**State**	**Zip**
7039 Valjean Ave		Van Nuys	CA	91406
Phone	**Title**		**Number of Employed Hours**	
(818) 390-9696	Owner / Pharmacist-in-Charge		34,000	

Description of Duties

Directed full-spectrum pharmacy operations including specialty, infusion, LTC, retail, and DME. Scaled annual prescription volume from 24,000 to over 300,000. Managed 60+ employees across clinical and operational functions. Led compliance, accreditation, payer strategy, and vendor contracting.

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

Description of Duties

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # _____. **Provide all the following *<u>where applicable</u>*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

6/12/2026
Date

I, Vladimir Lenchitsky, **certify that as the MDEG Administrator for**

Quickfill Rx, Inc.,

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

1. VL Have a high school diploma or its equivalent;
2. VL Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. VL Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. VL Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

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

Vladimir Lenchitsky
Print Name (First, Last)

Vladimir Lenchitsky
Original Signature (electronic, copies or stamps not accepted)

6/12/2026
Date

Board Use Only	Date Received: 6/17/26

4G

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	N/A * If making a change, provide current license number: WH _____	☑ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Dyne Therapeutics, Inc.

Physical Address: 1560 Trapelo Road

City: Waltham State: MA Zip: 02451

Mailing Address (if different from physical address): 1560 Trapelo Road

City: Waltham State: MA Zip: 02451

Telephone: (781) 786-8230 Website: dyne-tx.com

Name of Designated Representative (DR): Aria Cohen

Licensing Company Email: USDistribution@dyne-tx.com DR Email: USDistribution@dyne-tx.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☐ Dangerous Drugs	☑ Manufacturer (Virtual)
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☑ Others: Prescription Drugs	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☑ Others: Specialty Pharmacies, Specialty Distributors, Specialty Infusion Partners		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

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

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year. Note: no Product has been sold, dispensed or distributed yet

Name: Patheon Manufacturing Services LLC

Address: 5900 Martin Luther King Jr. Highway City: Greenville State: NC Zip: 27834

Name: Integrated Commercialization Solutions (ICS)

Address: 420 International Blvd, Suite 500 City: Brooks State: KY Zip: 40109

Name: N/A - No additional suppliers

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

Name: _____

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

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): N/A - Public

Corporation Name: Dyne Therapeutics, Inc.

Mailing Address: 1560 Trapelo Road

City: Waltham State: MA Zip: 02451

Telephone: (781) 786-8230 Email: USDistribution@dyne-tx.com

Contact Person Name: Aria Cohen

Date of SEC Registration: 1-19-2021 | SEC Registration Number: 001-39509 | Stock Exchange Symbol: DYN

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration See Attachment A 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. N/A - Publicly traded		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment B	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** See Attachment C	✓			
• **List of all corporation shareholders and their percent ownership.** N/A		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** See Attachment D	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) See Attachment C	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment E	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment F	✓	✓	✓	✓
• [3]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A	✓	✓	✓	✓
• **If providing [3]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A	✓	✓	✓	✓
N/A **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)**				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Dyne Therapeutics, Inc.

Facility Name

Aria Cohen

Print Name of Authorized Person Submitting Application

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

7/8/26

Date

Board Use Only	Date Received: 7/13/26	Amount: $1000 CK 2005209508

Attachment A

Regarding the FDA Registration

Dyne Therapeutics, Inc. ("Dyne") has a Biologics License Application (BLA) under review with the FDA for their product. Dyne's product is indicated for the treatment of Duchenne Muscular Dystrophy (DMD) and is designed to enable the production of near full-length dystrophin in muscle and central nervous system to provide functional improvement and will be administered as an intravenous infusion.

FEI Number

3020856072

Firm Name

DYNE THERAPEUTICS

Physical Address

Line 1 Address: 1560 Trapelo Rd
Line 2 Address:
City: Waltham
State: MA - MASSACHUSETTS
Province:
Zip/Mail Code: 02451-7306
Country: US - UNITED STATES OF AMERICA

Mailing Address

Line 1 Address: 1560 Trapelo Rd
Line 2 Address:
City: Waltham
State: MA - MASSACHUSETTS
Province:
Zip/Mail Code: 02451-7306
Country: US - UNITED STATES OF AMERICA

Attachment B

Corporate Officer and Director Information

Dyne Therapeutics, Inc.
1560 Trapelo Road
Waltham, MA 02451

Corporate Officers Below:

John G. Cox
President and Chief Executive Officer

Douglas Kerr
Chief Medical Officer

Erick J. Lucera
Chief Financial Officer

Johanna Friedl-Naderer
Chief Commercial Officer

Board of Directors below:

Jason Rhodes
Chairman

John Cox
Barry Greene
Ed Hurwitz
Carlo Incerti
Vikram Karnani
Dirk Kersten
David Lubner
Brian Posner
Catherine Stehman-Breen

Attachment C

SEC Report and Top Shareholders

Top Shareholder of Dyne Therapeutics, Inc.:

SECURITY OWNERSHIP OF CERTAIN BENEFICIAL OWNERS AND MANAGEMENT

The following table sets forth information with respect to the beneficial ownership of our common stock as of April 1, 2026 by:

- each of our directors,
- each of our named executive officers;
- all of our executive officers and directors as a group; and
- each person, or group of affiliated persons, who is known by us to beneficially own more than 5% of our common stock.

The percentage of shares beneficially owned is based on a total of 165,217,854 shares of our common stock outstanding as of April 1, 2026.

Beneficial ownership is determined in accordance with the rules and regulations of the SEC and includes voting or investment power with respect to our common stock. Shares of our common stock that an individual has a right to acquire within 60 days after April 1, 2026 are considered outstanding and beneficially owned by the person holding such right for the purpose of calculating the percentage ownership of that person but not for the purpose of calculating the percentage ownership of any other person, except with respect to the percentage ownership of all directors and executive officers. Except as otherwise noted, the persons and entities in this table have sole voting and investing power with respect to all of the shares of our common stock beneficially owned by them, subject to community property laws, where applicable. Unless otherwise indicated, the address of each beneficial owner is c/o Dyne Therapeutics, Inc., 1560 Trapelo Road, Waltham, MA 02451.

Name of Beneficial Owners	Number of Shares Beneficially Owned	Percentage Beneficially Owned
5% Stockholders		
Entities affiliated with T. Rowe Price Investment Management, Inc. (1)	26,578,437	15.93%
Entities affiliated with Janus Henderson Group plc (2)	13,887,722	8.32%
Entities affiliated with Atlas Venture Fund XI, L.P. (3)	9,130,465	5.47%
Named Executive Officers and Directors		
Jason Rhodes (3) (4)	9,254,690	5.55%
Edward Hurwitz (4)	124,225	*
Carlo Incerti, M.D.(5)	107,726	*
Vikram Karnani (6)	8,287	*
Dirk Kersten (4) (7)	4,768,611	2.86%
David Lubner (8)	243,480	*
Brian S. Posner (9)	29,111	*
Catherine Stehman-Breen, M.D.(10)	279,322	*
John G. Cox (11)	845,767	*
Erick Lucera (12)	75,049	*
Johanna Friedl-Naderer (13)	125,010	*
Douglas Kerr (14)	114,909	*
Richard Scalzo(15)	24,243	*
Oxana Beskrovnaya(16)	532,553	*
All current executive officers and directors as a group (12 persons) (17)	15,776,187	9.46%

* Less than 1%

Attachment D

Delaware Certificate of Good Standing

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DYNE THERAPEUTICS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF APRIL, A.D. 2026.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DYNE THERAPEUTICS, INC." WAS INCORPORATED ON THE FIRST DAY OF DECEMBER, A.D. 2017.

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

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6641330 8300

SR# 20261924829

Authentication: 203699412

Date: 04-21-26

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

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM

Massachusetts Controlled Substance Registration

In accordance with the provision of Massachusetts General Laws, Chapter 94C, issues the registration of Virtual Drug Manufacturer or Virtual Drug Distributor Controlled Substance Registration to:

Dyne Therapeutics, Inc.
1560 Trapelo Road
Waltham, MA 02451

Robert Goldstein, MD, PhD
Commissioner - Department of Public Health

Registration Number: VIR200151

Type: Virtual Manufacturer

Issue Date: 02/10/2026

Expiration Date: 02/10/2027

Attachment E

List of Employees

Aria Cohen

Cole Burton
Monika Kloppenburg
Jasmine Liu

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2025

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**
FOR THE TRANSITION PERIOD FROM TO

Commission File Number: 001-39509

Dyne Therapeutics, Inc.

(Exact name of Registrant as specified in its Charter)

Delaware	**36-4883909**
(State or other jurisdiction of incorporation or organization)	**(I.R.S. Employer Identification No.)**
1560 Trapelo Road Waltham, Massachusetts	**02451**
(Address of principal executive offices)	**(Zip Code)**

Registrant's telephone number, including area code: (781) 786-8230

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, $0.0001 par value per share	DYN	Nasdaq Global Select Market

Securities registered pursuant to Section 12(g) of the Act: **None**

Indicate by check mark if the Registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. YES ☒ NO ☐

Indicate by check mark if the Registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act. YES ☐ NO ☒

Indicate by check mark whether the Registrant: (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the Registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. YES ☒ NO ☐

Indicate by check mark whether the Registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the Registrant was required to submit such files). YES ☒ NO ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☒	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark whether the Registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). YES ☐ NO ☒

The aggregate market value of Common Stock held by non-affiliates of the registrant computed by reference to the price of the registrant's Common Stock as of June 30, 2025, the last business day of the registrant's most recently completed second fiscal quarter, was approximately $948 million (based on the last reported sale price on the Nasdaq Global Select Market as of such date). For this computation, the registrant has excluded the market value of all shares of Common Stock reported as beneficially owned by its executive officer and directors; such exclusion shall not be deemed to constitute an admission that any such person is an affiliate of the registrant.

The number of shares of Registrant's Common Stock outstanding as of February 27, 2026 was 165,027,119.

DOCUMENTS INCORPORATED BY REFERENCE

The Registrant intends to file a definitive proxy statement pursuant to Regulation 14A relating to the 2026 Annual Meeting of Stockholders within 120 days of the end of the Registrant's fiscal year ended December 31, 2025. Portions of such definitive proxy statement are incorporated by reference into Part III of this Annual Report on Form 10-K to the extent stated herein.

Table of Contents

		Page
PART I		
Item 1.	Business	2
Item 1A.	Risk Factors	54
Item 1B.	Unresolved Staff Comments	127
Item 1C.	Cybersecurity	127
Item 2.	Properties	130
Item 3.	Legal Proceedings	130
Item 4.	Mine Safety Disclosures	130
PART II		
Item 5.	Market for Registrant's Common Equity, Related Stockholder Matters and Issuer Purchases of Equity Securities	131
Item 6.	[Reserved]	132
Item 7.	Management's Discussion and Analysis of Financial Condition and Results of Operations	133
Item 7A.	Quantitative and Qualitative Disclosures About Market Risk	146
Item 8.	Financial Statements and Supplementary Data	146
Item 9.	Changes in and Disagreements With Accountants on Accounting and Financial Disclosure	146
Item 9A.	Controls and Procedures	146
Item 9B.	Other Information	149
Item 9C.	Disclosure Regarding Foreign Jurisdictions that Prevent Inspection	149
PART III		
Item 10.	Directors, Executive Officers and Corporate Governance	150
Item 11.	Executive Compensation	150
Item 12.	Security Ownership of Certain Beneficial Owners and Management and Related Stockholder Matters	150
Item 13.	Certain Relationships and Related Transactions, and Director Independence	150
Item 14.	Principal Accounting Fees and Services	150
PART IV		
Item 15.	Exhibits and Financial Statement Schedules	151
Item 16	Form 10-K Summary	154

Cautionary Note Regarding Forward-Looking Statements and Industry Data

This Annual Report on Form 10-K, or this Annual Report, contains forward-looking statements within the meaning of the U.S. Private Securities Litigation Reform Act and Section 21E of the Securities Exchange Act of 1934, as amended, that involve substantial risk and uncertainties. All statements other than statements of historical fact, contained in this Annual Report, including statements regarding our strategy, future operations, future financial position, future revenue, projected costs, prospects, plans and objectives of management, are forward-looking statements. The words "anticipate," "believe," "continue," "could," "estimate," "expect," "intend," "may," "might," "plan," "potential," "predict," "project," "should," "target," "will," "would," or the negative of these words or other similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words.

The forward-looking statements in this Annual Report include, among other things, statements about:

- the initiation, timing, design, progress and results of our research and development programs, preclinical studies and clinical trials;
- the anticipated timing of the submission and clearance of investigational new drug applications, or INDs, and comparable foreign applications for any product candidates we may develop;
- the timing of and our ability to submit applications for, obtain and maintain regulatory approvals for any product candidates we may develop;
- our estimates regarding expenses, future revenue, capital requirements, need for additional financing and the period over which we believe our cash, cash equivalents and marketable securities will be sufficient to fund our operating expenses, debt service obligations and capital expenditure requirements;
- our ability to comply with restrictive covenants under our loan agreement, or the Loan Agreement, with Hercules Capital, Inc., or Hercules;
- our ability to satisfy interest and principal payments under the Loan Agreement;
- our plans to develop and, if approved, subsequently commercialize any product candidates we may develop;
- the potential advantages of our FORCE platform;
- our commercialization, marketing and manufacturing capabilities and strategy;
- our intellectual property position and our expectations regarding our ability to obtain and maintain intellectual property protection;
- our ability to identify additional products, product candidates or technologies with significant commercial potential that are consistent with our commercial objectives;
- the impact of government laws and regulations;
- our competitive position and expectations regarding developments and projections relating to our competitors and any competing therapies that are or become available; and
- our ability to establish and maintain collaborations or obtain additional funding.

We may not actually achieve the plans, intentions or expectations disclosed in our forward-looking statements, and you should not place undue reliance on our forward-looking statements. Actual results or events could differ materially from the plans, intentions and expectations disclosed in the forward-looking statements we make. We have included important factors in this Annual Report, particularly in Item 1A. "Risk Factors" in this Annual Report, that we believe could cause actual results or events to differ materially from the forward-looking statements that we make. Moreover, we operate in a competitive and rapidly changing environment. New risk factors and uncertainties may emerge from time to time, and it is not possible for management to predict all risk factors and uncertainties, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statements we may make. Our

forward-looking statements do not reflect the potential impact of any future acquisitions, mergers, dispositions, collaborations, joint ventures or investments we may make or enter into.

You should read this Annual Report and the documents that we have filed or incorporated by reference as exhibits to this Annual Report with the understanding that our actual future results may be materially different from what we expect. The forward-looking statements contained in this Annual Report are made as of the date of this Annual Report, and we do not assume any obligation to update any forward-looking statements, whether as a result of new information, future events or otherwise, except as required by applicable law.

This Annual Report includes statistical and other industry and market data that we obtained from independent industry publications and research, surveys and studies conducted by independent third parties as well as our own estimates of the prevalence of certain diseases and conditions. The market data used in this Annual Report involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such data. Industry publications and third-party research, surveys and studies generally indicate that their information has been obtained from sources believed to be reliable, although they do not guarantee the accuracy or completeness of such information. Our estimates of the patient population with the potential to benefit from treatment with any of our product candidates includes several key assumptions based on our industry knowledge, industry publications, third-party research and other surveys, which may be based on a small sample size and may fail to accurately reflect the addressable patient population. While we believe that our internal assumptions are reasonable, no independent source has verified such assumptions.

This Annual Report contains references to our trademarks and service marks and to those belonging to other entities. Solely for convenience, trademarks and trade names referred to in this Annual Report, including logos, artwork and other visual displays, may appear without the ® or ™ symbols, but such references are not intended to indicate in any way that we will not assert, to the fullest extent under applicable law, our rights or the rights of the applicable licensor to these trademarks and trade names. We do not intend our use or display of other entities' trade names, trademarks or service marks to imply a relationship with, or endorsement or sponsorship of us by, any other entity.

Risk Factor Summary

Our business is subject to a number of risks that, if realized, could materially affect our business, prospects, operating results and financial condition. These risks are discussed more fully in the "Risk Factors" section of this Annual Report. These risks include, but are not limited to, the following:

- we will need substantial additional funding. If we are unable to raise capital when needed, we could be forced to delay, reduce or eliminate our product development programs or commercialization efforts;
- our product candidates are in varying stages of preclinical and clinical development, and we have not completed clinical development of any product candidate. We do not expect to have a product candidate ready for commercialization at least until 2027, if ever. If we are unable to advance product candidates through preclinical studies and clinical trials, obtain marketing approval and ultimately commercialize them, or experience significant delays in doing so, our business will be materially harmed;
- we may encounter substantial delays in commencement, enrollment or completion of our clinical trials and the data from the clinical trials of our product candidates may fail to demonstrate sufficient safety and efficacy to warrant further development or satisfy the applicable regulatory authorities, which could prevent us from commercializing any product candidates we determine to develop on a timely basis, if at all;
- our approach to the discovery and development of product candidates based on our FORCE platform is unproven, and we may not be successful in our efforts to develop our product candidates;
- the outcome of preclinical studies and initial data from earlier-stage clinical trials may not be predictive of final results of clinical trials or future clinical trials and data from trials in one indication may not be predictive of results of clinical trials in other indications;
- if our product candidates cause undesirable side effects or have other unexpected adverse properties, such side effects or properties could delay or prevent us from conducting clinical trials or seeking or obtaining regulatory approval, limit the commercial potential of our product candidates or result in significant negative consequences to the extent such effects or adverse properties are observed following any marketing approval;
- our Loan Agreement contains restrictive and financial covenants that may limit our operating flexibility and our failure to comply with the covenants or other terms of the Loan Agreement, including as a result of events beyond our control, could result in a default under the Loan Agreement that could materially and adversely affect our business;
- we rely, and expect to continue to rely, on third parties to conduct some or all aspects of our product manufacturing, research, preclinical and clinical testing, and these third parties may not perform satisfactorily;
- we face substantial competition, which may result in others discovering, developing or commercializing products before us or more successfully than we do;
- our rights to develop and commercialize certain of our product candidates are subject or may in the future be subject, in part, to the terms and conditions of licenses granted to us by third parties. If we fail to comply with our obligations under current or future intellectual property license agreements or otherwise experience disruptions to our business relationships with our current or any future licensors, we could lose intellectual property rights that are important to our business; and
- if we or our licensors are unable to obtain, maintain and defend patent and other intellectual property protection for any product candidates or technology, or if the scope of the patent or other intellectual property protection obtained is not sufficiently broad, our competitors could develop and commercialize products and technology similar or identical to ours, and our ability to successfully develop and commercialize our product candidates or our technology may be adversely affected due to such competition.

PART I

Item 1. Business.

Overview

We are a clinical-stage company focused on delivering functional improvement for people living with genetically driven neuromuscular diseases. Our proprietary FORCE platform is designed to leverage the transferrin receptor 1, or TfR1, to deliver targeted therapeutics to muscle tissue and the central nervous system, or CNS. The FORCE platform utilizes an antigen-binding fragment antibody, or Fab, targeting TfR1 conjugated to a payload that we rationally design to target the genetic basis of the disease we are seeking to treat. With our FORCE platform, we have the flexibility to deploy different classes of payloads (such as oligonucleotides and enzymes) with specific mechanisms of action that modify target functions. We currently leverage this modularity to focus on neuromuscular diseases with high unmet need, with etiologic targets and with clear translational potential from preclinical disease models to well-defined clinical development and regulatory pathways.

Using our FORCE platform, we are assembling a broad portfolio of product candidates, including product candidates being developed for Duchenne muscular dystrophy, or DMD, myotonic dystrophy type 1, or DM1, facioscapulohumeral dystrophy, or FSHD, and Pompe disease. In addition, we plan to expand our portfolio through development efforts focused on diseases involving the CNS, rare skeletal muscle diseases, and cardiac and metabolic muscle diseases, including some with larger patient populations. We have identified product candidates for each of our DMD (amenable to skipping exons 51, 53, 45, 44, and 55), DM1, FSHD and Pompe programs that are in varying stages of preclinical and clinical development.

The following table summarizes our portfolio:



Our product candidate zeleciment rostudirsen, or z-rostudirsen (also known as DYNE-251), is currently being evaluated in the DELIVER trial, a global Phase 1/2 clinical trial in patients with DMD amenable to exon 51 skipping, which is designed to be registrational. We plan to submit a biologics license application, or BLA, to the U.S. Food and Drug Administration, or FDA, for U.S. Accelerated Approval of z-rostudirsen for DMD patients who have mutations amenable to exon 51 skipping in the second quarter of 2026 based on dystrophin as a surrogate endpoint. We continue to expect a potential U.S. launch of z-rostudirsen in the first quarter of 2027, assuming the FDA grants priority review and FDA approval is received on the anticipated timeline. Further, we plan to initiate a global confirmatory Phase 3 clinical trial of z-rostudirsen in the second quarter of 2026, and we have aligned with the FDA on the Phase 3 trial design and protocol. We continue to pursue approval pathways outside of the United States for z-rostudirsen.

Our product candidate zeleciment basivarsen, or z-basivarsen (also known as DYNE-101) is being evaluated in the ACHIEVE trial, a global Phase 1/2 clinical trial in patients with DM1, which is designed to be registrational. We plan to submit a BLA to the FDA for U.S. Accelerated Approval of z-basivarsen for DM1 patients early in the third quarter of 2027. We anticipate a potential U.S. launch of z-basivarsen in the first quarter of 2028, assuming we receive favorable data from the ACHIEVE trial, priority review is granted, and FDA approval is received on the anticipated timeline. We plan to initiate a global confirmatory Phase 3 clinical trial of z-basivarsen in March 2026, and we have aligned with the FDA on the Phase 3 trial design and protocol. We continue to pursue approval pathways outside of the United States for z-basivarsen.

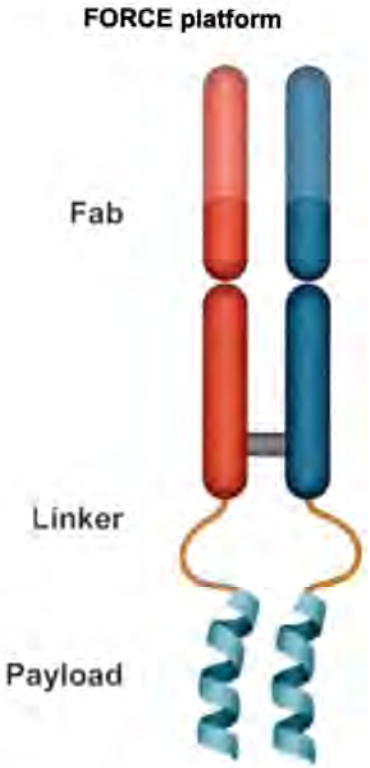
Our approach

We have designed our proprietary FORCE platform using our deep knowledge of muscle biology. Our therapeutics consist of three essential components: a proprietary Fab, a linker and a payload that we attach to our Fab using the linker. We engineered our proprietary Fab to bind to TfR1 to enable targeted delivery to skeletal, cardiac and smooth muscle, and TfR1 binding may also enable delivery to the CNS. We connect the proprietary Fab to the therapeutic payload with a linker. We selected the linker for our DMD, DM1, and FSHD product candidates based on its clinically validated safety and efficacy in approved products, its serum stability and its ability to release the therapeutic payload within the muscle cell. For our Pompe product candidate, we selected a linker that effectively connects to the GAA enzyme payload. We attach the Fab and linker to a therapeutic payload that can be a phosphorodiamidate morpholino oligomer, or PMO, an antisense oligonucleotide, or ASO, a small interfering RNA, or siRNA, a small molecule, or a large molecule such as an enzyme, that we rationally select to target the genetic basis of disease to potentially stop or reverse disease progression. We use the same Fab for our product candidates which enables modularity of the platform.

While some therapeutics have been approved for the treatment of neuromuscular diseases, the development of these therapeutics has been limited by challenges in the delivery of the payload to the tissue or area of the CNS that requires therapy. To overcome these limitations, our FORCE platform utilizes the importance of TfR1, which is highly expressed on the surface of muscle cells, as the foundation of our novel approach of linking therapeutic payloads to our TfR1-binding Fab to deliver targeted therapeutics for muscle diseases. The mechanism of FORCE delivery is designed to utilize the natural biology of TfR1. We do not use membrane destabilizing agents to enter the cell or to escape the endosome. As a result, FORCE displays a distinct pharmacokinetic and pharmacodynamic profile, with the potential for a wide therapeutic index.

We have demonstrated proof-of-concept of our FORCE platform in our DELIVER and ACHIEVE clinical trials as well as in multiple *in vitro* and *in vivo* studies. In murine and non-human primate, or NHP, studies, we have delivered PMOs and ASOs to genetic targets within muscle tissue and observed durable, disease-modifying, functional benefit in preclinical models of disease. In DELIVER, z-rostudirsen has demonstrated best-in-class levels of dystrophin expression, exon skipping and percent dystrophin positive fibers while also showing improvement across multiple clinical measures including strength and time function tests. In ACHIEVE, z-basivarsen has demonstrated robust splicing correction and *DMPK* knockdown while also showing improvement across multiple clinical measures including myotonia, strength, timed function tests, and patient reported outcomes including measurements of the CNS manifestations of DM1.

The following graphic illustrates the three components of our therapeutics:



Proprietary antibody (Fab)

Our proprietary Fab is engineered to bind to TfR1 to enable targeted delivery of nucleic acids and other molecules to skeletal, cardiac and smooth muscle. A Fab is the region of an antibody that binds to antigens. We selected a Fab antibody over monoclonal antibodies, or mAbs, due to its potential significant advantages when targeting TfR1 to enable muscle delivery, including enhanced tissue penetration, increased tolerability due to lower protein load and reduced risk of immune system activation due to the lack of the Fc domain, the portion of an antibody that interacts with the immune system, on the Fab. To identify the proprietary Fab we use in our product candidates, we generated and screened proprietary antibodies for selectivity to TfR1 in order to enhance muscle specificity and for binding to TfR1 without interfering with the receptor's function of transporting iron into cells. Binding to TfR1 may also enable delivery to the CNS.

Linker

The role of the linker is to connect, or conjugate, the Fab and the therapeutic payload, such as oligonucleotide or enzyme. As a result, it is critical that the linker maintain stability in serum and provide release kinetics that favor sufficient payload accumulation in the targeted muscle cell. For our DMD, DM1 and FSHD product candidates, we have selected the Val-Cit linker based on its clinically validated safety and efficacy in approved products, its serum stability and its endosomal release attributes. We believe that serum stability is necessary to enable systemic intravenous administration, stability of the conjugated oligonucleotide in the bloodstream, delivery to muscle tissue and internalization of the therapeutic payload in the muscle cells. In preclinical studies, our Val-Cit linker facilitated precise conjugation of multiple types of payloads to our proprietary Fabs, including PMOs, ASOs and siRNAs. For our Pompe product candidate, we selected a linker that effectively connects to the GAA enzyme payload. This broad flexibility enables us to rationally select the appropriate type of payload to address the genetic basis of each muscle disease. Additionally, our linker and conjugation chemistry allow us to optimize the ratio of

payload molecules attached to each Fab for each type of payload. We believe that our linker and conjugation chemistry will enable us to rapidly design, produce and screen molecules to enable new muscle disease programs.

Optimized payload

With our FORCE platform, we have the flexibility to deploy different types of therapeutic payloads with specific mechanisms of action that modify target functions. Using this modularity, we rationally select the therapeutic payload for each program to match the biology of the target, with the aim of addressing the genetic basis of disease and stopping or reversing disease progression. For instance, in our DM1 program, where the genetic driver of DM1 is mutant *DMPK* pre-mRNA located in the nucleus, we have determined to use an ASO because ASOs have advantages in degrading RNA in the nucleus when compared to siRNAs. In the case of our DMD program, we are utilizing an exon skipping PMO payload with the goal of enhancing dystrophin expression. For our FSHD program, we are utilizing a siRNA payload designed to reduce DUX4 expression. For our Pompe program, we are utilizing enzyme replacement therapy to address the deficiency of the lysosomal enzyme, acid alpha glucosidase, or GAA, the genetic basis of Pompe.

Advantages of our FORCE platform

Our FORCE platform is designed to deliver disease-modifying therapeutics for a broad portfolio of serious muscle diseases. We believe that our FORCE platform may provide the following potential advantages:

- Targeted delivery to muscle tissue and the CNS;
- Potent targeting of the genetic basis of disease to stop or reverse disease progression;
- Enhanced tolerability;
- Extended durability;
- Redosable administration;
- Well-established and scalable manufacturing; and
- Accelerated and efficient development enabled by use of a single Fab across multiple product candidates and programs.

Our strategy

Our goal is to become the leading neuromuscular disease company by advancing innovative life-transforming therapeutics for people living with genetically driven neuromuscular diseases. To accomplish this, we intend to continue building a team that shares our commitment to patients, to continue to enhance our platform and to advance our pipeline. The key elements of our strategy are to:

- Advance our co-lead product candidates for DMD and DM1 through development and to commercialization to offer meaningful benefit to patients;
- Progress our FSHD program to the clinic with the goal of ultimately offering a therapeutic for a disease with no approved treatments;
- Progress our Pompe program to the clinic with the goal of ultimately offering a therapeutic to provide meaningful benefit to patients;
- Establish a DMD franchise by expanding our DMD program to reach additional DMD patient populations;
- Expand our pipeline to additional product candidates and indications to fully exploit the potential of our proprietary FORCE platform;

- Selectively enter into strategic collaborations to maximize the value of our pipeline and our proprietary FORCE platform; and
- Build a sustainable leadership position in neuromuscular diseases with a deep connection to patients, caregivers, the research community and physicians.

Our culture and team

We have established a patient-focused culture that drives our shared mission of developing life-transforming therapeutics for people living with serious neuromuscular diseases. Our shared definition of success is simple: we do what we say we are going to do. We keep our commitments to patients, employees and other Dyne stakeholders. We endeavor to act with integrity and transparency.

Our management team is led by John Cox, our President and Chief Executive Officer, who brings over 30 years of leadership experience with life sciences companies; Erick Lucera, our Chief Financial Officer, who has more than 30 years of financial, operational and investment experience in the life science industry; Johanna Friedl-Naderer, our Chief Commercial Officer, who has more than 20 years of biopharmaceutical experience leading global commercialization and product launches in rare diseases; and Doug Kerr, M.D., our Chief Medical Officer, who has more than 25 years of expertise in early- and late-stage clinical development, with deep experience in neurology. Our organization is comprised of over 250 talented individuals with significant experience across discovery, preclinical research, manufacturing, clinical development, and commercial operations. We have also established scientific and clinical advisory boards comprised of leading experts in the fields of muscle disease drug discovery and development and nucleic acid therapeutics, who share our mission of delivering disease-modifying therapeutics for patients with neuromuscular diseases.

Our portfolio

We are creating a pipeline of product candidates and programs to address diseases with high unmet need with etiologic targets. Our initial focus is on DMD, DM1, FSHD and Pompe with potential pipeline expansion opportunities in additional diseases involving the CNS and rare skeletal muscle diseases, as well as cardiac and metabolic muscle diseases. In selecting diseases to target with our FORCE platform, we seek diseases with clear translational potential from preclinical disease models to well-defined clinical development and regulatory pathways, and where we believe that we would be able to commercialize any products that we develop and are approved with an efficient, targeted sales force. We have global commercial rights to all of our programs.

Duchenne muscular dystrophy (DMD)

Overview

We are developing product candidates under our DMD program to address the genetic basis of DMD by delivering a PMO to muscle tissue to promote the skipping of specific DMD exons in the nucleus, allowing muscle cells to create a more complete, functional dystrophin protein and to potentially stop or reverse disease progression. We believe that PMOs, with their preferential targeting of nuclear mechanisms, are the best payload to address nuclear exon skipping. In *in vitro* and *in vivo* preclinical studies, our PMOs when conjugated to a Fab targeting TfR1 have shown increased exon skipping, increased dystrophin expression, reduced muscle damage and increased muscle function. We are seeking to build a global DMD franchise by initially focusing on the development of our product candidate z-rostudirsen for patients with mutations amenable to skipping exon 51. Additionally, we are advancing four development candidates (DYNE-253, DYNE-245, DYNE-244 and DYNE-255) for the treatment of DMD amenable to skipping of exons 53, 45, 44 and 55, respectively, into IND-enabling studies. These programs are designed to enable the production of near full-length dystrophin in patients with DMD amenable to skipping of exons 53, 45, 44, or 55 by utilizing the same FORCE platform (Fab, linker, and payload chemistry) as z-rostudirsen.

Z-rostudirsen is currently being evaluated in the DELIVER trial, a Phase 1/2 global clinical trial in males with mutations amenable to skipping exon 51. The DELIVER trial began with a 24-week

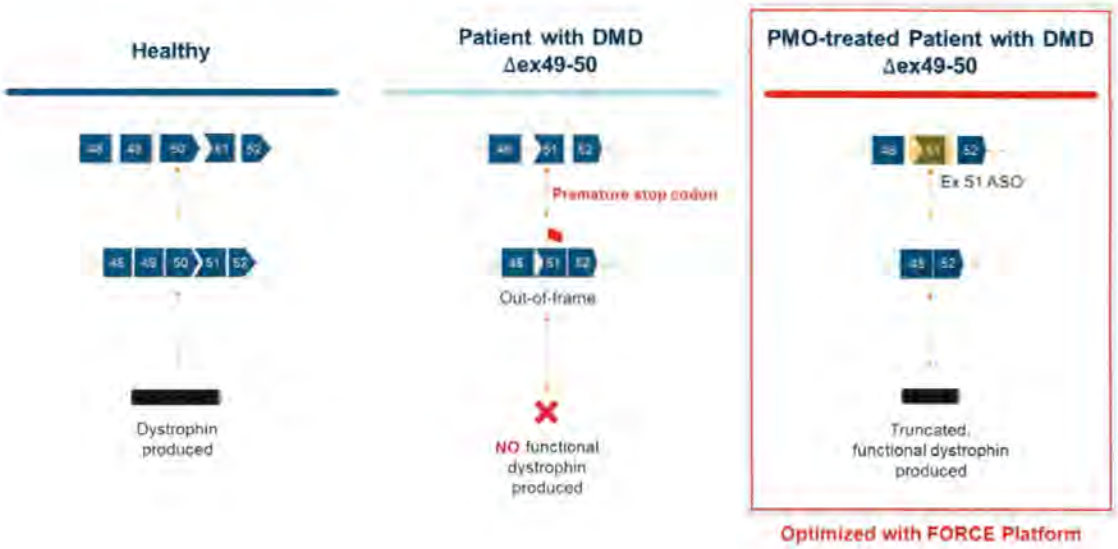
placebo-controlled multiple ascending dose, or MAD, portion, followed by a 24-week open-label extension, a 192-week long-term extension, and a registrational expansion cohort, or REC, designed to support Accelerated Approval in the United States. In September 2024, we announced the completion of the MAD portion of the trial, and in December 2025, we announced positive topline data from the REC portion of the trial.

Disease overview and prevalence

DMD is a monogenic, X-linked, disease caused by mutations in the gene that encodes for the dystrophin protein. Dystrophin protein is essential to maintain the structural integrity and normal function of muscle cells for walking, breathing and cardiac function. In patients with DMD, mutations in the dystrophin gene lead to certain exons being misread, resulting in the loss of function of the dystrophin protein. The reduction or absence of dystrophin leads to damage to muscle cell membranes, resulting in muscle cell death and progressive loss of muscle function.

DMD symptoms typically begin to manifest with weakness and progressive loss of muscle function beginning in the first few years of life. Young boys experience progressive muscle wasting and have difficulty standing up, climbing stairs, running, breathing and performing daily functions. As the disease progresses the severity of damage to skeletal and cardiac muscles results in patients experiencing total loss of ambulation in the pre-teenage or early teenage years. Progressive loss of upper extremity function is often observed in the mid-to-late teens followed by respiratory and/or cardiac failure, resulting in death before the age of 30. The below graphic highlights the mechanism of exon skipping and resulting dystrophin expression in healthy individuals and in DMD patients and how our DMD program is designed to address the genetic basis of DMD.

Targeting the Genetic Basis of DMD



We estimate that DMD occurs in approximately one in every 3,500 to 5,000 live male births and that approximately 12,000 patients in the United States, and approximately 16,000 patients in Europe, have DMD. Approximately 80% of patients with DMD have DMD mutations amenable to exon skipping in the nucleus. Exons 51, 53, 45 and 44 represent nearly half of the total mutations observed in DMD that are amenable to exon skipping, as illustrated in the figure below.

Overview of DMD exons amenable to skipping



Current approaches and limitations

Currently, patients with DMD are treated with corticosteroids to manage the inflammatory component of the disease. There are four FDA-approved naked PMO-based oligonucleotide therapies, each addressing a specific mutation: EXONDYS 51 (eteplirsen), which is approved for the treatment of DMD patients amenable to exon 51 skipping, VYONDYS 53 (golodirsen), which is approved for the treatment of DMD patients amenable to exon 53 skipping, VILTEPSO (vitolarsen), which is approved for the treatment of DMD patients amenable to exon 53 skipping and AMONDYS 45 (casimersen), which is approved for the treatment of DMD patients amenable to exon 45 skipping. Additionally, there is one FDA-approved gene therapy for use in ambulatory patients with a confirmed mutation in the dystrophin gene, ELEVIDYS (delandistrogene moxeparvovec-rokl). Each of the four naked PMO-based oligonucleotide therapies requires weekly intravenous infusions and ELEVIDYS requires a one-time intravenous infusion. Eteplirsen, golodirsen and casimersen have demonstrated a less than 1% mean increase in dystrophin in clinical trials and vitolarsen has demonstrated an approximately 5% increase in dystrophin in clinical trials. The FDA-approved labels for all four drugs state that a clinical benefit has not yet been established and that continued approval may be contingent upon the verification of such clinical benefit in confirmatory clinical trials. In Europe, the EMA has rejected an application for approval of eteplirsen citing insufficient evidence of clinical benefit. In addition, a fourth drug, TRANSLARNA (ataluren), has only been conditionally approved in the European Union, or EU, Iceland and South Korea for non-sense mutations in DMD in ambulatory patients aged five years and older. However, the European Commission issued a decision to not renew the conditional marketing authorization for TRANSLARNA in March 2025, following a negative opinion by the Committee for Medicinal Products for Human Use, or CHMP. In addition, two recent pivotal Phase 3 trials of other PMO therapies in development for treatment of DMD failed to meet their primary endpoint in function (viltolarsen Phase 3 and golodirsen/casimersen Phase 3). Each of these approved PMO products seeks to address DMD through the exon skipping approach we are pursuing, but we believe their limited efficacy is due to poor muscle uptake and biodistribution. There are a number of product candidates in development, including product candidates in late-stage clinical development,

which seek to address DMD through the exon skipping approach we are pursuing, including naked oligonucleotides, targeted oligonucleotides and PMOs conjugated to charged peptides, as well as product candidates that seek to address DMD through gene editing and gene replacement with viral gene therapies and with other approaches. We believe that each of these approaches currently have significant limitations, and that there continues to be a high unmet medical need for new disease-modifying therapies.

Our approach

Our DMD program is designed to address the genetic basis of DMD by promoting the skipping of specific DMD exons in the nucleus, allowing muscle cells to create more complete, functional dystrophin protein. Under our DMD program, we are developing product candidates that incorporate our proprietary Fab targeting TfR1 conjugated to a PMO designed to promote the skipping of specific DMD exons in the nucleus. Existing clinical data generated by others supports the benefits of utilizing a single stranded ASO or PMO to skip the faulty exon in the nucleus of DMD patient cells. We believe our Fab targeting TfR1 allows for more efficient delivery of a PMO to skeletal, cardiac and smooth muscle cells, creating an opportunity to increase dystrophin expression, enable less frequent dosing and provide greater clinical benefit compared to current therapeutic approaches. We plan to develop our program candidates for DMD with a PMO, initially for exon 51 and in the future for other exon mutations including exons 53, 45 and 44.

Z-Rostudirsen

We are evaluating z-rostudirsen in the global Phase 1/2 DELIVER clinical trial for people living with DMD who are amenable to exon 51 skipping. Z-rostudirsen consists of a PMO conjugated to a Fab that binds to TfR1. Z-rostudirsen has been awarded Breakthrough Therapy, Fast Track, and Rare Pediatric Disease designations by the FDA as well as Orphan Drug designation from the FDA, the EMA and the Japanese Ministry of Health, Labour and Welfare for the treatment of DMD mutations amenable to exon 51 skipping.

Preclinical data

We have conducted multiple *in vitro* and *in vivo* preclinical studies of our FORCE platform in DMD that have shown increased exon skipping, increased dystrophin expression, reduced muscle damage and increased muscle function. We believe these data support the potential for z-rostudirsen to be a disease-modifying therapy for patients with DMD amenable to skipping exon 51.

In studies in the mdx mouse DMD model, a validated and widely accepted mouse model in DMD which has a mutation in exon 23, we observed that single intravenous doses of an exon 23-targeting PMO conjugated to a Fab targeting TfR1 which we refer to as FORCE-M23D, achieved robust, durable exon skipping in cardiac and skeletal muscles after a single dose. In NHPs, z-rostudirsen demonstrated a favorable safety profile and achieved robust exon skipping, especially in the heart and diaphragm muscles which weaken over time leading to mortality in people living with DMD.

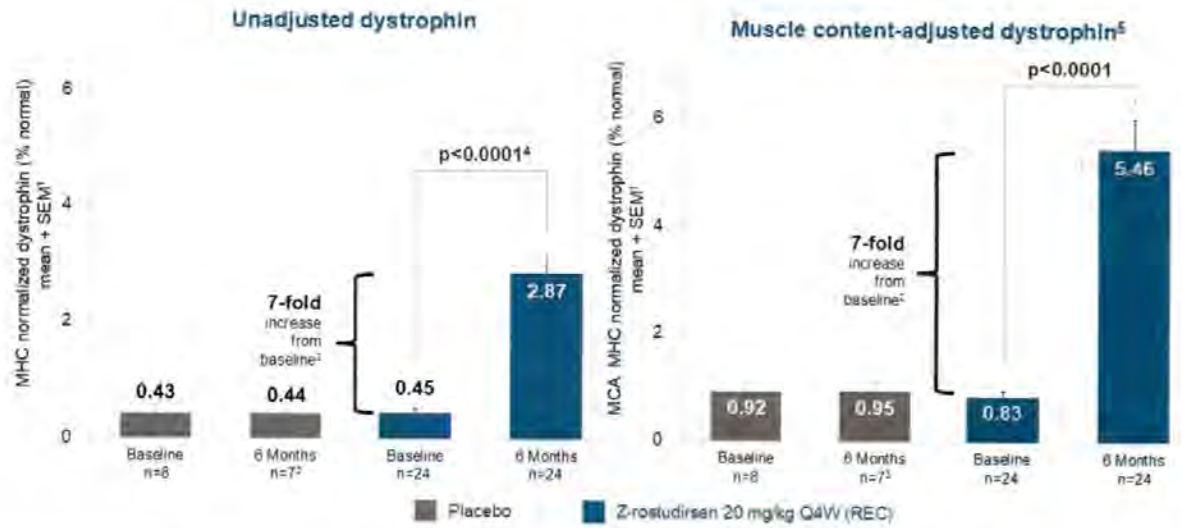
Phase 1/2 DELIVER Clinical Trial of Z-Rostudirsen in DMD

Z-rostudirsen is currently being evaluated in the DELIVER trial, a Phase 1/2 global clinical trial for DMD amenable to exon 51 skipping, which is designed to be registrational. DELIVER enrolled ambulant and non-ambulant males with DMD who are ages 4 to 16 and have mutations amenable to exon 51 skipping. The primary endpoints are safety, tolerability and change from baseline in dystrophin levels as measured by Western blot. Additional endpoints include pharmacokinetics and change from baseline in exon 51 skipping levels, muscle tissue percent dystrophin positive fibers, multiple assessments of muscle function, including rise from floor velocity, or RFF velocity, North Star Ambulatory Assessment, or NSAA, score, Stride Velocity 95th Centile and certain timed functional tests.

DELIVER began with a 24-week placebo-controlled MAD portion wherein participants were randomized to receive z-rostudirsen in doses ranging from 0.7 mg/kg to 40 mg/kg (approximate PMO dose) every four or eight weeks intravenously. Following the placebo-controlled period, MAD participants transitioned to

z-rostudirsen treatment in the 24-week open-label portion of the trial and the 192-week long-term extension. In September 2024, we announced the completion of the MAD portion of the trial, and in November 2024, we announced the initiation of the 20 mg/kg administered once every four weeks, or Q4W (approximate PMO dose) REC to support submission for Accelerated Approval in the United States.

We completed enrollment of 32 participants in the REC, of whom 24 were randomized to receive z-rostudirsen 20 mg/kg Q4W (approximate PMO dose) and eight were randomized to placebo, in March 2025. In December 2025, we reported that the REC met its primary endpoint of demonstrating a statistically significant increase in muscle content-adjusted dystrophin relative to baseline at six months ($p<0.0001$) with a mean absolute expression of 5.46% of normal, as shown in the image below:



1. Biopsies taken approximately 28 days after most recent dose.
2. Based on geometric mean.
3. One REC placebo participant sample could not be analyzed at week 25.
4. Prespecified nominal p-value with no adjustment for multiplicity.
5. Muscle content-adjusted dystrophin is equal to MHC normalized dystrophin divided by a percentage of muscle content. 6 months corresponds to week 25 for DELIVER.
In the image above, REC means registrational expansion cohort; MCA means muscle content-adjusted; MHC means myosin heavy chain; Q4W means every 4 weeks; and SEM means standard error of the mean.

In addition, in the REC, functional improvement was observed across multiple clinical endpoints, and lung function (as measured by forced vital capacity percent predicted, or FVC%p) remained stable with clear separation from placebo. Two of these endpoints, RFF Velocity and 10-Meter Walk/Run Velocity, both improved relative to placebo at six months with a nominal $p<0.05$, even though the study was not powered to demonstrate statistical significance in any of the functional measures (post-hoc analysis; the prespecified statistical analysis plan did not include formal hypothesis testing for any functional endpoint). Importantly, lung function, the loss of which is a leading cause of mortality in DMD, as measured by Forced Vital Capacity Percent Predicted was preserved at six months compared to a decline in placebo. In December 2025, we also reported long-term results from the MAD cohorts, including 24-month functional data from six participants that were randomized to the 10 mg/kg Q4W cohort and escalated to 20 mg/kg Q4W after six months, 18-month functional data from the six participants that were randomized to the 20 mg/kg Q4W cohort, and pooled 18-month functional data from both cohorts, showing sustained functional improvement across multiple functional endpoints out to 24 months.

In December 2025, we reported safety and tolerability data from the DELIVER trial based on 86 total participants in the DELIVER trial and followed for up to 36 months, including participants initially enrolled

in the MAD cohorts and the REC and who have transitioned to the longer-term extension portions of the trial. As of August 19, 2025, z-rostudirsen continued to demonstrate a favorable safety profile, and most related treatment emergent adverse events, or TEAEs, were mild or moderate. The most commonly reported related TEAEs were pyrexia (fever) and headache. No related serious TEAEs were observed in the REC.

We plan to submit a BLA to the FDA for U.S. Accelerated Approval in the second quarter of 2026 based on dystrophin as a surrogate endpoint. We continue to expect a potential U.S. launch of z-rostudirsen in the first quarter of 2027, assuming the FDA grants priority review and approval is received on the anticipated timeline. Further, we plan to initiate a global confirmatory Phase 3 clinical trial of z-rostudirsen in the second quarter of 2026, and we have aligned with the FDA on the Phase 3 trial design and protocol. We continue to pursue approval pathways outside of the United States for z-rostudirsen.

Myotonic dystrophy type 1 (DM1)

Overview

We are developing our product candidate, z-basivarsen, to address the genetic basis of DM1 by targeting the toxic nuclear *DMPK* RNA that causes the disease. Z-basivarsen consists of our proprietary Fab conjugated with a clinically-validated linker to an ASO and is designed to reduce the accumulation of *DMPK* pre-mRNA in the nucleus, release splicing proteins and potentially stop or reverse disease progression. In *in vitro* and *in vivo* preclinical studies supporting our DM1 program, we have observed a reduction in nuclear foci and toxic nuclear *DMPK* RNA, correction of splicing changes, reversal of myotonia, which is a neuromuscular condition in which the relaxation of a muscle is impaired, and enhanced muscle distribution. Z-basivarsen is currently being evaluated in the ACHIEVE trial, a Phase 1/2 global clinical trial of adult patients with DM1. ACHIEVE, which is designed to be a registrational trial, consists of a 24-week MAD randomized, placebo-controlled period, a 24-week OLE, a 96-week long-term extension and a registrational expansion cohort.

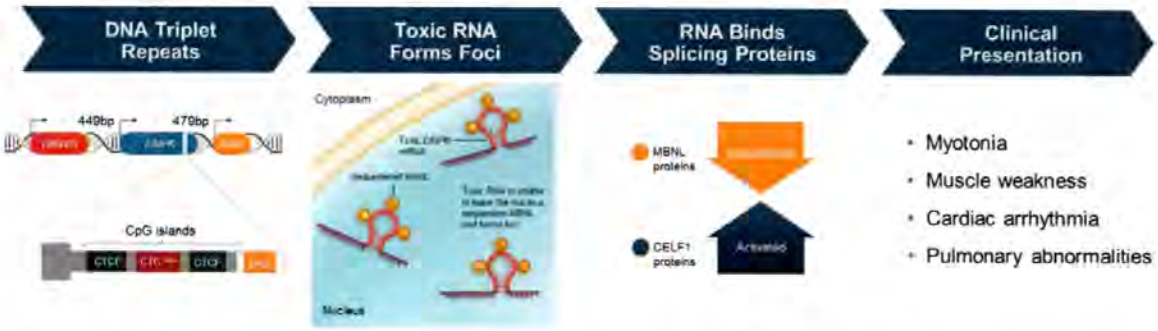
In January 2025, we announced the completion of the MAD portion of the trial and announced significant splicing correction at three months compared to baseline and observed functional improvement across multiple clinical endpoints at the registration dose of 6.8 mg/kg administered once every eight weeks, or Q8W. In June and October 2025, we reported positive long-term efficacy and safety data from adult DM1 patients enrolled in the MAD portion of the ACHIEVE trial including data from the 6.8 mg/kg Q8W cohort (n=6) at up to 12 months, showing robust and sustained improvement in myotonia as measured by video hand-opening time, or vHOT.

Disease overview and prevalence

DM1 is a monogenic, autosomal dominant, progressive disease that primarily affects skeletal, cardiac and smooth muscles. DM1 patients can suffer from various manifestations of the disease including myotonia, muscle weakness, CNS manifestations including fatigue, cognition and sleep complications, gastrointestinal, or GI, complications, cardiac arrhythmias, and respiratory problems.

DM1 is caused by an abnormal expansion in a region of the *DMPK* gene. Specifically, DM1 is caused by an increase in the number of CTG triplet repeats found in the 3' non-coding region of the *DMPK* gene. The number of repeats ranges from up to approximately 35 in healthy individuals to many thousands in DM1 patients. The higher-than-normal number of triplet repeats form large hairpin loops that entrap the *DMPK* pre-mRNA in the nucleus and impart toxic activity, referred to as a toxic gain-of-function mutation. The mutant *DMPK* pre-mRNA sequesters in the nucleus, forming nuclear foci that bind splicing proteins. This inhibits the ability of splicing proteins to perform their normal function in the nucleus of guiding pre-mRNA processing of gene transcripts from many other genes. As a result, multiple pre-mRNAs that encode key proteins are mis-spliced. This mis-splicing in the nucleus results in the translation of atypical proteins which ultimately cause the clinical presentation of DM1. When nuclear *DMPK* levels are reduced, the nuclear foci that bind splicing proteins are diminished, releasing splicing proteins, allowing normal mRNA processing and translation of normal proteins, and potentially stopping or reversing disease progression. This disease process is illustrated below:

DM1: Genetic basis and clinical presentation



DM1 is estimated to have a genetic prevalence of 1 in 2,500 to 1 in 8,000 people in the United States and Europe, affecting approximately 40,000 people in the United States and over 55,000 people in the European Union. However, we believe that the patient population is currently underdiagnosed due to lack of available therapies as is observed for other rare diseases. DM1 is highly variable with respect to disease severity, presentation and age of onset.

We are advancing our own efforts to better characterize the actual DM1 patient population through a natural history study that we are sponsoring. We believe that the introduction of new therapies for DM1 will cause the diagnosis rate to improve, resulting in an increase in the overall prevalence estimates for the disease. Based on age of onset and severity of symptoms, DM1 is typically categorized into four overlapping phenotypes: late-onset; classical (adult-onset); childhood; and congenital (cDM1):

Overview of DM1 phenotypes

Phenotype	Clinical presentation	Estimated % of DM1 patients	Age of onset
Late-onset	• Myotonia • Muscle weakness • Cataracts	10%	40 - 70 years
Classical (Adult-onset)	• Muscle weakness and wasting • Myotonia • Cardiac conduction abnormalities • Respiratory insufficiency • Fatigue/Excessive daytime sleepiness • GI disturbance • Cataracts	65%	Early teens - 50 years
Childhood	• Psychological problems • Low IQ • Incontinence	15%	1 - 10 years
Congenital (cDM1)	• Infantile hypotonia • Severe generalized weakness • Respiratory deficits • Intellectual disability • Classic signs present in adults	10%	Birth

All DM1 phenotypes, except the late-onset form, are associated with high levels of disease burden and premature mortality. The clinical course of DM1 is progressive, and may become extremely disabling, especially when more generalized limb weakness and respiratory muscle involvement develops. Systemic manifestations such as fatigue, GI complications, cataracts and excessive daytime sleepiness greatly impact a patient's quality of life. As a result, DM1 leads to physical impairment, activity limitations and

decreased participation in social activities and work. Excluding congenital DM1 deaths, life expectancy ranges from 45 years to 60 years. Approximately 80% of early mortality is caused by cardiorespiratory complications. Respiratory failure due to muscle weakness (especially diaphragmatic weakness) causes at least 50% of early mortality, and cardiac abnormalities, including sudden death, account for approximately 30% of early mortality.

Current approaches and limitations

There are currently no disease-modifying therapies to treat DM1 that are approved and treatment is focused largely on symptom management or palliative therapies. There are a number of product candidates in development, including product candidates in late-stage clinical development, that also are focused on symptom management or palliative therapies and do not target toxic nuclear *DMPK* RNA, which is the genetic basis of the disease. In addition, delpacibart etedesiran is an antibody linked siRNA that targets the genetic basis of DM1 and is currently being evaluated in a Phase 3 clinical trial. There remains a high unmet medical need for new disease-modifying therapies.

Our approach - Z-Basivarsen

Our program is designed to address the genetic basis of DM1 by targeting the toxic nuclear *DMPK* RNA that is the cause of the disease. Our product candidate, z-basivarsen, consists of our proprietary Fab targeting TfR1 conjugated to an ASO to reduce the levels of mutant *DMPK* RNA in the nucleus, thereby releasing splicing proteins, allowing normal mRNA processing and translation of normal proteins, and potentially stopping or reversing disease progression. The ASO is a gapmer oligonucleotide that is designed to translocate to the nucleus, bind its complementary sequence on the *DMPK* RNA, recruit RNAseH1 to degrade *DMPK* RNA and thus reduce toxic nuclear *DMPK* RNA. We have chosen to develop our product candidate with an ASO because single-stranded ASOs preferentially target nuclear RNAs, which is essential for degradation of toxic nuclear *DMPK* RNA. Z-basivarsen has been awarded orphan drug designation for the treatment of DM1 by both the FDA and the European Medicines Agency, or EMA. The FDA has granted Fast Track and Breakthrough designations for z-basivarsen for the treatment of DM1.

Preclinical data

We have conducted extensive preclinical studies supporting the development of z-basivarsen in multiple preclinical disease models. In *in vitro* and *in vivo* preclinical studies, we observed a reduction of nuclear foci, correction of splicing and reversal of myotonia in disease models, as well as reduction of toxic human nuclear *DMPK* in a hTfR1/DMSXL DM1 mouse model developed by us. In NHPs, z-basivarsen demonstrated a favorable safety profile and achieved enhanced muscle distribution as evidenced by a reduction in wild-type *DMPK* RNA.

Phase 1/2 ACHIEVE Clinical Trial of Z-Basivarsen in DM1

Z-basivarsen is currently being evaluated in the ACHIEVE trial, a global Phase 1/2 clinical trial consisting of a 24-week MAD, randomized, placebo-controlled period, a 24-week OLE, a 96-week long-term extension, and a registrational expansion cohort. The primary endpoints of the MAD portion of the trial were safety and tolerability; with secondary endpoints of pharmacokinetics and pharmacodynamics, including change from baseline in splicing as measured by the composite alternative splicing index, or CASI-22, myotonia, as measured by vHOT, as well as multiple measures of muscle strength and function and patient-reported outcomes, including the Myotonic Dystrophy Health Index, or MDHI. In the MAD portion of the ACHIEVE trial, patients were randomized to receive z-basivarsen or placebo intravenously every four weeks or every eight weeks for 24 weeks, depending on cohort. Patient cohorts were dosed from 1.8 mg/kg to 6.8 mg/kg (approximate ASO dose). Following the MAD placebo-controlled period, patients transitioned to z-basivarsen treatment in the OLE portion of the trial and in the long-term extension.

In January 2025, we announced the completion of the MAD portion of the ACHIEVE trial in adults with DM1 and reported efficacy and safety data, including data from the 6.8 mg/kg Q8W cohort (n=8) at up to 6 months. At the 6.8 mg/kg Q8W dose, z-basivarsen resulted in significant splicing correction at 3 months

compared to baseline, early and robust improvement in myotonia at six months, improvement in multiple functional endpoints, beginning at 3 months and continuing at 6 months, and improvement in patient reported outcomes, including scales assessing CNS disease manifestations, at 6 months.

In June and October 2025, we reported positive long-term efficacy and safety data from adult DM1 patients enrolled in the MAD portion of the ACHIEVE trial, including data from the 6.8 mg/kg Q8W cohort (n=6) at up to 12 months. At the 6.8 mg/kg Q8W dose, z-basivarsen demonstrated robust and sustained improvement in myotonia as measured by vHOT as well as sustained improvements across multiple other endpoints. Treatment with z-basivarsen led to an improvement in vHOT of 3.3 seconds as compared to placebo at 6 months, and data demonstrated that mean improvements at 6 months were sustained at 12 months for vHOT, 10-Meter Walk/Run Test, or 10MWR, 5 Times Sit to Stand Test, or 5xSTS, MDHI, and Qualitative Muscle Testing, or QMT, which demonstrated a 10% improvement in strength at 6 months, increasing to 20% at 12 months relative to baseline. Improvements from baseline were also observed in the 9-Hole Peg Test, a measure of upper limb function focused on manual dexterity and coordination; QMT scores across both upper and lower extremities showing robust and sustained improvement; MDHI subscales of mobility, ability to do activities and upper extremity function showing robust and sustained improvement; and the Patient Global Impression of Change, and Clinician Global Impression of Change, scales showing improvement in overall disease burden.

In June 2025, we also reported updated safety and tolerability data from the 56 patients enrolled through the MAD and OLE portions of the ACHIEVE trial. As of the data cutoff date of April 23, 2025, z-basivarsen demonstrated a favorable safety profile. Additionally, the majority of treatment-emergent adverse events were mild or moderate, and no related serious treatment-emergent adverse events were identified.

The ACHIEVE trial also includes a REC, which is currently ongoing. The primary endpoint in the REC is the change from baseline in middle finger myotonia as measured by vHOT at 6 months compared to placebo, which is intended to serve as an intermediate clinical endpoint for U.S. Accelerated Approval. Secondary endpoints include change from baseline in splicing as measured by CASI-22, muscle strength as assessed by QMT, performance on both the 10MWR and 5xSTS, as well as the MDHI, all at 6 months compared to placebo. We intend that the data from the REC portion and ongoing long-term extension portions of the ACHIEVE trial will support a potential submission for U.S. Accelerated Approval.

The ACHIEVE REC is expected to enroll 60 patients at the 6.8 mg/kg Q8W. We expect to complete enrollment in the REC in the second quarter of 2026, with data from this cohort planned for the first quarter of 2027 and potential submission for U.S. Accelerated Approval planned for early in the third quarter of 2027.

We plan to initiate a global confirmatory Phase 3 clinical trial of z-basivarsen in March 2026, and we have aligned with the FDA on the Phase 3 trial design and protocol. We continue to pursue approval pathways for z-basivarsen outside of the United States. We anticipate a potential launch of z-basivarsen in the first quarter of 2028, assuming we receive favorable data, priority review is granted, and FDA approval is received on the anticipated timeline.

Facioscapulohumeral Dystrophy (FSHD)

Overview

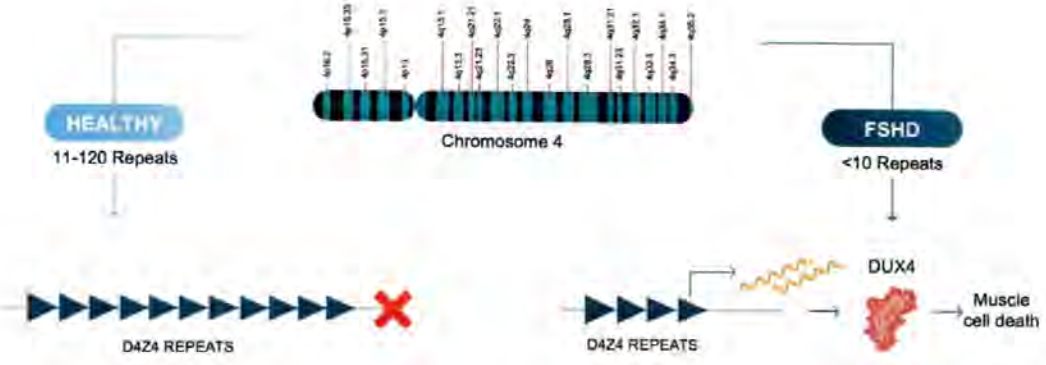
We are developing DYNE-302 to address the genetic basis of FSHD by reducing DUX4 expression in muscle tissue. In June 2024 and June 2025, we announced new preclinical data for DYNE-302, our product candidate for FSHD, that demonstrated robust and durable DUX4 suppression and functional benefit in a mouse model. We generated these data using an innovative hTfR1/iFLExD mouse model we developed that expresses TfR1 and enables tunable DUX4 induction in skeletal muscle. In hTfR1/iFLExD mice, a single intravenous dose of DYNE-302 resulted in dose-dependent and robust reduction of the DUX4 transcriptome that lasted up to three months, with benefit on muscle structure and function. DYNE-302 also demonstrated high in vitro potency in FSHD patient-derived myotubes. We are progressing DYNE-302 toward clinical development.

Disease overview and prevalence

FSHD is one of the most common muscular dystrophies and affects both sexes equally, with onset typically in teens and young adults. FSHD is characterized by progressive skeletal muscle loss that initially causes weakness in muscles in the face, shoulders, arms and trunk and progresses to weakness in muscles in lower extremities and the pelvic girdle. Skeletal muscle weakness results in significant physical limitations, including progressive loss of facial muscles that can cause an inability to smile or communicate, difficulty using arms for activities of daily living and difficulty getting out of bed, with many patients ultimately becoming dependent upon the use of a wheelchair for daily mobility activities. We estimate that the patient population is between 15,000 and 40,000 in the United States and approximately 20,000 to 50,000 in the European Union. We believe that there may be additional patients who are not formally diagnosed due to a perceived difficulty of obtaining a diagnosis and the fact that there are no approved treatments. Approximately two-thirds of cases are familial-inherited in an autosomal dominant fashion and one-third of cases occur randomly or as a result of environmental factors. FSHD affects all ethnic groups with similar incidence and prevalence.

FSHD is caused by aberrant expression of the DUX4 gene in muscle resulting in inappropriate presence of the DUX4 protein, a transcription factor causing the expression of other genes. Normally, DUX4-driven gene expression is limited to early embryonic development, after which time the DUX4 gene is silenced. In patients with FSHD, a genetic mutation causes expression of DUX4 protein to continue after embryonic development. The DUX4 protein regulates the expression of multiple genes encoding other proteins, some of which are toxic to muscle. Evidence of aberrant expression of DUX4 and the genes it activates, including ZSCAN4, MBD3L2, and TRIM43, is a major molecular signature that distinguishes muscles affected by FSHD from healthy muscle. The aberrant expression of DUX4 in FSHD results in muscle death and replacement by fat, which leads to the progressive muscle weakness and disability which characterize the disease, as shown in the figure below.

FSHD: genetic basis and disease process



Current approaches and limitations

There are currently no approved therapies for FSHD, and patients are treated with pain management and physical therapy. There are a number of product candidates in clinical development, including delpacibart braxlosiran, an antibody oligonucleotide conjugate which targets *DUX4* being evaluated in a Phase 3 clinical trial. To aid in the development of therapies for FSHD, we are sponsoring an ongoing natural history study seeking to validate new clinical outcome assessments and evaluate physiological biomarkers to support the design and implementation of future clinical trials.

Pompe Disease

4H

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) See Attachment D ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Apellis Pharmaceuticals, Inc.

Physical Address: 100 Fifth Avenue

City: Waltham State: MA Zip: 02451

Mailing Address (if different from physical address): same as physical address

City: _____ State: _____ Zip: _____

Telephone: 617- 977-5700 Website: www.apellis.com

Name of Designated Representative (DR): Michael Bauer

Licensing Company Email: michael.bauer@apellis.com DR Email: michael.bauer@apellis.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☑ Pharmacies	☑ Dangerous Drugs	☑ Manufacturer (virtual)
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

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

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

June 15, 2026
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attachment A

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

Name: _____

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

Name: _____

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

Name: _____

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

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company See Attachment D

State of Incorporation/Organization: Delaware

Parent Company (if any): Biogen MA Inc.

Corporation/Organization Name: Apellis Pharmaceuticals, Inc.

Mailing Address: 100 Fifth Avenue

City: Waltham State: MA Zip: 02451

Telephone: 617- 977-5700 Email: michael.bauer@apellis.com

Contact Person Name: Michael Bauer

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration See Attachment B 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. N/A - See Attachment D		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment C	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** Biogen MA Inc. 100%	✓			
• **List of all corporation shareholders and their percent ownership.** N/A		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** See Attachment E	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - See Attachment D		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) See Attachment D	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment F	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment G	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. N/A		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. N/A		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Apellis Pharmaceuticals, Inc.

Facility Name

Michael Bauer

Print Name of Authorized Person Submitting Application

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

June 15, 2026

Date

Board Use Only	Date Received: 6/24/26	Amount: $1000-Ch207 60

Attachment A

Nature of Business

Apellis Pharmaceuticals, Inc. (Apellis) is a virtual manufacturer of prescription drugs. Apellis uses third parties to manufacture and ship its product. Below is the contact information for the contract manufacturers and third party logistics provider.

Contract Manufacturers:

Bora Injectables Pharmaceuticals Inc.
1111 South Paca Street
Baltimore, MD 21230
FDA Registration #: 1000512361

Lifecore Biomedical
3515 Lyman Blvd.
Chaska, MN 55318
FDA Registration #: 1000115753

Cenexi HSC
2 Rue Louis Pasteur
14200 Hérouville-Saint-Clair
France
FDA Registration #: 3013257850

Third Party Logistics Provider:

Cardinal Health 105 Inc. d/b/a Specialty Pharmaceuticals Services
15 Ingram Blvd.
La Vergne, TN 37086-3630

/ NDC (Index.cfm)

National Drug Code Directory

Current through June 03, 2026

You have searched Finished drug products

Search Results: *'Apellis'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
Empaveli	73606-010-01	1080 mg/20mL	INJECTION, SOLUTION	SUBCUTANEOUS	NDA215014	Apellis Pharmaceuticals, Inc.	73606-010	Pegcetacoplan	PEGCETACOPLAN	HUMAN PRESCRIPTION DRUG	05/14/2021	N/A	NDA	1 VIAL in 1 CARTON (73606-010-01) / 20 mL in 1 VIAL
Syfovre	73606-020-01	15 mg/.1mL	INJECTION, SOLUTION	INTRAVITREAL	NDA217171	Apellis Pharmaceuticals, Inc.	73606-020	Pegcetacoplan	PEGCETACOPLAN	HUMAN PRESCRIPTION DRUG	02/17/2023	N/A	NDA	1 VIAL, GLASS in 1 CARTON (73606-020-01) / 3 mL in 1 VIAL, GLASS
Syfovre	73606-020-11	15 mg/.1mL	INJECTION, SOLUTION	INTRAVITREAL	NDA217171	Apellis Pharmaceuticals, Inc.	73606-020	Pegcetacoplan	PEGCETACOPLAN	HUMAN PRESCRIPTION DRUG	02/17/2023	N/A	NDA	1 VIAL, GLASS in 1 CARTON (73606-020-11) / 3 mL in 1 VIAL, GLASS
Syfovre	73606-020-02	15 mg/.1mL	INJECTION, SOLUTION	INTRAVITREAL	NDA217171	Apellis Pharmaceuticals, Inc.	73606-020	Pegcetacoplan	PEGCETACOPLAN	HUMAN PRESCRIPTION DRUG	11/07/2025	N/A	NDA	1 VIAL, GLASS in 1 CARTON (73606-020-02) / 3 mL in 1 VIAL, GLASS
Syfovre	73606-020-12	15 mg/.1mL	INJECTION, SOLUTION	INTRAVITREAL	NDA217171	Apellis Pharmaceuticals, Inc.	73606-020	Pegcetacoplan	PEGCETACOPLAN	HUMAN PRESCRIPTION DRUG	11/07/2025	N/A	NDA	1 VIAL, GLASS in 1 CARTON (73606-020-12) / 3 mL in 1 VIAL, GLASS

Showing 1 to 5 of 5 entries Previous 1 Next

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

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Attachment C

Corporate Officer and Director Information

Apellis Pharmaceuticals, Inc.

Corporate Officer:

Sean Godbout
President

Directors:

Gerald Chan, SD
Mikael Dolsten, MD, PhD
Sinclair Dunlop, MBA
Stephanie Monaghan O'Brien, JD
Paul Fonteyne, MS, MBA
Cedric Francois, MD, PhD
Alec Machiels, JD, MBA
Keli Walbert
Craig Wheeler

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "APELLIS PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF JUNE, A.D. 2026.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "APELLIS PHARMACEUTICALS, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2009.

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

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

4735405 8300

SR# 20263507701

Authentication: 204329031

Date: 06-24-26

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

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

March 20, 2026

To Whom It May Concern:

I hereby certify that the records of this office show that

APELLIS PHARMACEUTICALS, INC.

a corporation organized under the laws of **Delaware** on **September 25, 2009** was qualified to do business in this Commonwealth on **March 30, 2015** under the provisions of the General Laws, and I further certify that said corporation is still qualified to do business in this Commonwealth.

I also certify that said corporation is not delinquent in the filing of any annual reports required to date.

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Processed by: TAA

QC by: G

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM

Massachusetts Controlled Substance Registration

In accordance with the provision of Massachusetts General Laws, Chapter 94C, issues the registration of Virtual Drug Manufacturer or Virtual Drug Distributor Controlled Substance Registration to:

APELLIS PHARMACEUTICALS INC.
100 FIFTH AVENUE
WALTHAM, MA 02451

Robert Goldstein, MD, PhD
Commissioner - Department of Public Health

Registration Number: MA0000644

Type: Virtual Manufacturer

Issue Date: 02/16/2026

Expiration Date: 04/28/2027

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

Worker	Worker Category	Business Title	Location Description
Joanna Mikhail	Full time	Director, Medical Affairs	US - Waltham
Jane Shaw	Full time	Associate Director, Data Management	US - Waltham
Jeff Russo	Full time	Exec Dir, Information Technology	US - Waltham
Sonia Haleem	Full time	Clinical Systems Manager	US - Waltham
Derek Wachtel	Full time	Senior Director, DMPK/BA	US - Waltham
Vahe Ghahraman	Full time	Executive Director, Global Regulatory Operations & Intelligence	US - Waltham
Leila Skorput	Full time	Senior Manager, Data Management	US - Waltham
Wyatt Gilmore	Full time	Associate Director, Clinical Operations	US - Waltham
Kaitlyn Flaherty	Full time	Senior Clinical Trial Manager	US - Waltham
Rocco Diorio	Full time	Senior Analyst, IT Infrastructure & Security	US - Waltham
Karen Zullo	Full time	Legal Systems Manager	US - Waltham
Tim Mansfield	Full time	Director, Clinical Supply Chain Management & Systems	US - Waltham
Sangeeta Krishnan	Full time	VP, Commercial Strategy and Operations	US - Waltham
Michael Dovey	Full time	Executive Director, Corporate Development	US - Waltham
Erin Johnson	Full time	Manager, Legal Operations	US - Waltham
Susan Palmer	Full time	Executive Assistant	US - Waltham
Antoinette Scorey	Full time	ED Strategic Sourcing, Procurement	US - Waltham
Laura DesRochers	Full time	Associate Director, Clinical Supply Chain	US - Waltham
Jillian Tripolsky	Full time	Clinical Trial Manager	US - Waltham
Theresa Gallagher	Full time	Sr Purchasing Specialist	US - Waltham
Ty Curran	Full time	Senior Executive Assistant	US - Waltham
Tracy Vineis	Full time	VP, Public Affairs & Corp Comm	US - Waltham
Lynn Leber	Full time	VP, Sales & Marketing, US	US - Waltham
Steven Milley	Full time	Assoc. Dir., Lab and Facilities Management	US - Waltham

Megan Moffett	Full time	Director, Medical Strategy Operations	US - Waltham
Ginny Collins	Full time	Senior Director, Regulatory Affairs	US - Waltham
David Eyerman	Full time	VP, Research and Non-Clinical Development	US - Waltham
Jessica Ide	Full time	Senior, Executive Assistant	US - Waltham
Petro Dragoumanos	Full time	Senior Manager, IT Support	US - Waltham
Angela Chun-Soyer	Full time	Clinical Trial Manager	US - Waltham
Patty Paulete	Full time	Director, Business Systems R&D	US - Waltham
Elizabeth Sweitzer	Full time	Senior Manager, Accounts Payable	US - Waltham
Esther Langer	Full time	Vice President, SYFOVRE Strategy Lead	US - Waltham
Theresa Ajalat	Full time	Senior Specialist, Accounts Payable	US - Waltham
Tarush Somani	Full time	SVP, Finance	US - Waltham
Sumit Pancholi	Full time	Assoc. Director, Reg Information Management	US - Waltham
Dahna Walsh	Full time	Manager, People Operations	US - Waltham
Daniel Jones	Full time	Vice President, Medical Affairs Strategy	US - Waltham
Susan Ferrante	Full time	Senior Manager, Purchasing Operations	US - Waltham
Matt Ferenc	Full time	Senior Director, Medical Communications	US - Waltham
Paula McHale	Full time	Senior Director, Data Management	US - Waltham
Kristen Kafka	Full time	Assoc Dir, People Experience and Operations	US - Waltham
Susanne Wasserboehr	Full time	Associate Director, G&A IT Business Systems	US - Waltham
Michelle Cerruti	Full time	Senior Director, Government Pricing and Contract Ops	US - Waltham
Kristin Melaugh	Full time	Commercial Chief of Staff	US - Waltham
Steph Tattrie	Full time	Senior Manager, IT Collaboration Solutions and Analytics	US - Waltham
Anu Gokhale	Full time	Senior Director, Systemic Commercial Counsel	US - Waltham
Jonathan Cowan	Full time	Senior Manager, Talent Management	US - Waltham
Paul Song	Full time	VP, Tax	US - Waltham
Kavita Mareddy	Full time	Associate Director, Data Management	US - Waltham
Lisa McCammon	Full time	Director, Business Systems Strategy	US - Waltham

Zach Williams	Full time	Executive Director, Program Management Office and Corporate Analytics	US - Waltham
Xiaoyong Zhao	Full time	Associate Director, Process Development, Drug Substance, Chemistry, Manufacturing & Controls	US - Waltham
Alison Canelli	Full time	Senior Manager, Revenue Planning & Accounting	US - Waltham
William Fitzsimmons	Full time	US-Senior Specialist, Accounts Payable	US - Waltham
Corinne Luedemann	Full time	Director, Program Management & PMO Operations	US - Waltham
Shannon Mason	Full time	Associate Director, Compliance Operations	US - Waltham
Stephanie Ponton	Full time	Senior Director, Commercial Supply Chain	US - Waltham
Syed Ghani	Full time	Associate Director, Ethics & Compliance	US - Waltham
Kira Tsivkin	Full time	Sr. Manager Patient Services Business Systems	US - Waltham
Homan Leung	Full time	Director, US Commercial Finance	US - Waltham
Derek Gordon	Full time	Manager, Clinical Supply Chain	US - Waltham
David Spotts	Full time	Executive Director, Head of Value, Access & Policy	US - Waltham
Shehab Youssef	Full time	Associate Director, Regulatory Affairs	US - Waltham
Kathy Fell	Full time	Executive Assistant	US - Waltham
Magda Nascimento	Full time	Senior Manager, Consolidations & SEC Reporting	US - Waltham
Dana Korkuch	Full time	Sr. Director, Quality Engineering	US - Waltham
Jackie Stabile	Full time	Executive Director, Ophthalmology Commercial Counsel, North America	US - Waltham
Ajay Kumar Kota	Full time	IT Business Systems, BI Platforms and Data Architect Analyst	US - Waltham
Yiwei Zhang	Full time	Executive Director, Biostatistics	US - Waltham
Jim Chopas	Full time	VP, Accounting & Controller	US - Waltham
Nick Pietrowski	Full time	Associate Director, QMS Process Operations	US - Waltham
Savanna Brewer	Full time	Associate Director, FP&A	US - Waltham
Pamella DaSilva	Full time	Associate Clinical Trial Manager	US - Waltham
Ashley Cafasso	Full time	Assoc Dir, GxP Audits & Supplier Management	US - Waltham
Corrinne Lauze	Full time	Senior Director, Clinical Operations	US - Waltham

Nicole Alexander	Full time	Director, Global Commercial Learning	US - Waltham
Mike Bauer	Full time	SVP, Global Quality	US - Waltham
Filipa Cabral	Full time	Director, Global Submission Operations	US - Waltham
Alex Shaughnessy	Full time	Sr. Mgr, Patient Advocacy	US - Waltham
Eve Gao	Full time	Associate Director, Benefits & Executive Compensation	US - Waltham
Katie Hefez	Full time	Manager, Talent Management	US - Waltham
Caitlin Kennedy	Full time	Director, Business Intelligence – Ophthalmology	US - Waltham
Jenna Bott	Full time	Associate Director, Payer Marketing & Access Strategy	US - Waltham
Shital Bhammar	Full time	Director, Global Artwork & Labeling	US - Waltham
Hussein Syed	Full time	SM, Regulatory System Business Support	US - Waltham
Amanda Warrens	Full time	Director, Payer and Reimbursement Marketing Strategy	US - Waltham
Christina Chen	Full time	Controller	US - Waltham
Nageswara Kollu	Full time	Senior Director, Gene Therapy	US - Waltham
Jenn Phan	Full time	Senior Manager, Patient Services Ophthalmology	US - Waltham
Redi Kasollja	Full time	Senior Director, U.S. Value, Access & Policy Counsel	US - Waltham
Keisha Pierre (On Leave)	Full time	Associate Director, People Technology	US - Waltham
Lauren Belinsky	Full time	Assoc. Director, Pharmacovigilance Operations	US - Waltham
Max Mulcahy	Full time	Senior Director, Patient Advocacy	US - Waltham
Robin Gibbs	Full time	Senior Manager, Contracts	US - Waltham
Deepa Godhiya	Full time	Manager, Regulatory Systems Business Support	US - Waltham
Madhura Srinivasan	Full time	Director, Clinical Operations	US - Waltham
Jeff Smith	Full time	Senior Manager, Contracts	US - Waltham
Andy Crowe	Full time	Senior Manager, IT Business Systems	US - Waltham
Sean Erb	Full time	Manager, Commercial Supply Chain	US - Waltham
Meg Cavanaugh	Full time	Associate Director, Corporate Tax	US - Waltham
Lisa Bozkurtian	Full time	Executive Assistant	US - Waltham
Junhong Zhang	Full time	Director, Pharmaceutical Development	US - Waltham

Fay Touti	Full time	Senior Director, New Asset Discovery	US - Waltham
Aj Thakkar	Full time	Senior Manager, Regulatory CMC	US - Waltham
Chirayu Mehta	Full time	Senior Manager, Regulatory Affairs	US - Waltham
Caroline DeCenzo	Full time	Associate Director, Ethics & Compliance	US - Waltham
Chris Bencale	Full time	IT Support Specialist 1	US - Waltham
Deepayan Kar	Full time	Senior Scientist, Translational Medicine	US - Waltham
Mike Synott	Full time	People Operations Specialist	US - Waltham
Stephen Poor	Full time	Exec Dir, Translational Development	US - Waltham
Song Yu	Full time	Associate Director, Biostatistics	US - Waltham
Denise Chan	Full time	Senior Manager, Marketing Operations	US - Waltham
Kate Griffith	Full time	Office Manager	US - Waltham
Mingyi Huang	Full time	Director, HEOR	US - Waltham
Sara Hanlan	Full time	Director, Human Resources Business Partner	US - Waltham
Kelly Huang	Full time	Quality Systems Manager	US - Waltham
Jessica Revelus	Full time	Sr Specialist, Quality Systems	US - Waltham
Meg Gaj	Full time	Senior Manager, Global Submission Operations	US - Waltham
Alyssa Paolini	Full time	Chief of Staff, R&D and Medical Affairs	US - Waltham
Kim Jonsson	Full time	Manager, Commercial & Medical IT/BSS	US - Waltham
Courtney Brown	Full time	Dir, Technical Accounting and Controls	US - Waltham
Jess Lamberg	Full time	Mgr, Accounting	US - Waltham
Tracy Deats	Full time	Director, Toxicology	US - Waltham
Eli Khankin	Full time	Exec Medical Dir, Nephrology	US - Waltham
Tiffany Williams	Full time	Associate Dir, Legal	US - Waltham
Amana Mahamoon	Full time	Clinical Supply Chain Associate Manager	US - Waltham
Nick Robertson	Full time	Executive Director, Clinical Operations	US - Waltham
Eric Liu	Full time	Sr Analyst, Revenue Planning & Accounting	US - Waltham
Haley Knight	Full time	Senior Manager, Program Management	US - Waltham

Rachel Go	Full time	Senior Manager, Medical Affairs	US - Waltham
Michael Pepi	Full time	Senior Manager, Program Management	US - Waltham
Mary Jan	Full time	Manager, IT Business Systems	US - Waltham
Celia Craft	Full time	People Operations Specialist	US - Waltham
Cris Riella	Full time	Associate Medical Director	US - Waltham
Matthew Borrowman	Full time	Associate Director, Quality Control	US - Waltham
Natalya Gromyko	Full time	Director, New Product Commercialization	US - Waltham
Eva Stroynowski	Full time	Executive Director, Investor Relations	US - Waltham
Elise Meyer	Full time	Sr Dir, Corporate Communications	US - Waltham
Megha Katti	Full time	Head, Business Intelligence & Analytics, Rare Portfolio	US - Waltham
Ishwari Poudel	Full time	Manager, IT Business Systems	US - Waltham
Ulrike Martin	Full time	Director, Pharmacovigilance Operations	US - Waltham
Michael Tran	Full time	Sr Mgr, Pricing and Contracting Strategy	US - Waltham
Nick Buono	Full time	Sr. Analyst, FP&A	US - Waltham
Rebecca Stacy	Full time	Exec Medical Dir, Ophthalmology	US - Waltham
Abby O'Keefe	Full time	Sr. Director, Head of Global Talent Acquisition	US - Waltham
Zhuoyu Wen	Full time	Senior Scientist	US - Waltham
Paige Waechter	Full time	Senior Manager, Device Development	US - Waltham
Philip Yin	Full time	VP, Clinical Development	US - Waltham
Courtney O'Leary	Full time	Associate Director, Investor Relations	US - Waltham
Darlene Busa	Full time	Executive Assistant	US - Waltham
Richard DeTuccio	Full time	Senior Director, HR Business Partner	US - Waltham
Robyn Hamel	Full time	Sr. Executive Assistant	US - Waltham
Rachelle Pond	Full time	Senior Manager, Pharmacovigilance Operations	US - Waltham
Katie Hooker	Full time	Senior Manager, Internal Communications	US - Waltham
Maura Smith	Full time	Director, Operational Excellence	US - Waltham
Shraddha Agrawal	Full time	Senior IT Business Systems Analyst	US - Waltham

Todd Delehant	Full time	Senior Director, Regulatory CMC	US - Waltham
Paul Grous	Full time	Director, IT Operations & Security	US - Waltham
Ruth Walker	Full time	Exec Dir, People Experience Partnership and G&A HRBP	US - Waltham
Carla Hidalgo	Full time	Mgr, Marketing Operations	US - Waltham
Ted Hilaire	Full time	IT Support Specialist 1	US - Waltham
Jeremy Xu	Full time	Senior Manager, Market Access Marketing	US - Waltham
Brendan Lloyd	Full time	Associate Director, Tech Ops FP&A	US - Waltham
Savannah Renz	Full time	Assoc Dir, Congresses and HCP Education Lead	US - Waltham
Erin Jones	Full time	Manager, Global Medical Affairs Operations	US - Waltham
David Lichter	Full time	Exec Dir, Clinical Science	US - Waltham
Sonia Ashraf	Full time	Senior, Executive Assistant	US - Waltham
Allyson Martin	Full time	Mgr, People Partner	US - Waltham
Alyssa Reis	Full time	Product Mgr, Professional Education	US - Waltham

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM

Massachusetts Controlled Substance Registration

In accordance with the provision of Massachusetts General Laws, Chapter 94C, issues the registration of Virtual Drug Manufacturer or Virtual Drug Distributor Controlled Substance Registration to:

APELLIS PHARMACEUTICALS INC.
100 FIFTH AVENUE
WALTHAM, MA 02451

Robert Goldstein, MD, PhD
Commissioner - Department of Public Health

Registration Number: MA0000644

Type: Virtual Manufacturer

Issue Date: 02/16/2026

Expiration Date: 04/28/2027

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

Attachment D

Ownership

Apellis Pharmaceuticals, Inc. is owned by Biogen MA Inc. Biogen MA Inc. is owned by a publicly traded company, Biogen Inc. Enclosed please find the first 15 pages from Biogen, Inc.'s latest SEC 10K filing. As such, a surety bond / means of security and Designated Representative Form are not required.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Form 10-K

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2025

or

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

Commission file number: 0-19311

Biogen

BIOGEN INC.

(Exact name of registrant as specified in its charter)

Delaware	33-0112644
(State or other jurisdiction of incorporation or organization)	*(I.R.S. Employer Identification No.)*

225 Binney Street, Cambridge, MA 02142
(617) 679-2000

(Address, including zip code, and telephone number, including area code, of Registrant's principal executive offices)

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class	Trading Symbol(s)	Name of Each Exchange on Which Registered
Common Stock, $0.0005 par value	BIIB	The Nasdaq Global Select Market

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☒	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒

The aggregate market value of the registrant's common stock held by non-affiliates of the registrant (without admitting that any person whose shares are not included in such calculation is an affiliate) computed by reference to the price at which the common stock was last sold as of the last business day of the registrant's most recently completed second fiscal quarter was $18,378,285,308.

As of February 4, 2026, the registrant had 146,758,528 shares of common stock, $0.0005 par value, outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the definitive proxy statement for our 2026 Annual Meeting of Stockholders are incorporated by reference into Part III of this report.

BIOGEN INC.
ANNUAL REPORT ON FORM 10-K
For the Year Ended December 31, 2025
TABLE OF CONTENTS

		Page
	PART I	
Item 1.	Business	1
Item 1A.	Risk Factors	39
Item 1B.	Unresolved Staff Comments	54
Item 1C.	Cybersecurity	54
Item 2.	Properties	55
Item 3.	Legal Proceedings	56
Item 4.	Mine Safety Disclosures	56
	PART II	
Item 5.	Market for Registrant's Common Equity, Related Stockholder Matters and Issuer Purchases of Equity Securities	57
Item 6.	Reserved	58
Item 7.	Management's Discussion and Analysis of Financial Condition and Results of Operations	59
Item 7A.	Quantitative and Qualitative Disclosures About Market Risk	93
Item 8.	Financial Statements and Supplementary Data	94
Item 9.	Changes in and Disagreements with Accountants on Accounting and Financial Disclosure	94
Item 9A.	Controls and Procedures	94
Item 9B.	Other Information	95
Item 9C.	Disclosure Regarding Foreign Jurisdictions that Prevent Inspections	95
	PART III	
Item 10.	Directors, Executive Officers and Corporate Governance	96
Item 11.	Executive Compensation	96
Item 12.	Security Ownership of Certain Beneficial Owners and Management and Related Stockholder Matters	96
Item 13.	Certain Relationships and Related Transactions, and Director Independence	96
Item 14.	Principal Accountant Fees and Services	96
	PART IV	
Item 15.	Exhibits and Financial Statement Schedules	97
Item 16.	Form 10-K Summary	97
Signatures		100
Consolidated Financial Statements		F-1

NOTE REGARDING FORWARD-LOOKING STATEMENTS

This report contains forward-looking statements that are being made pursuant to the provisions of the Private Securities Litigation Reform Act of 1995 (the PSLRA) with the intention of obtaining the benefits of the "Safe Harbor" provisions of the PSLRA. These forward-looking statements may be accompanied by such words as "aim," "anticipate," "assume," "believe," "contemplate," "continue," "could," "estimate," "expect," "forecast," "goal," "guidance," "hope," "intend," "may," "objective," "outlook," "plan," "possible," "potential," "predict," "project," "should," "target," "will," "would" or the negative of these words or other words and terms of similar meaning. Given their forward-looking nature, these statements involve substantial risks and uncertainties and may be based on inaccurate assumptions. This report includes, among others, forward-looking statements regarding:

- our expected financial and operating performance;
- our long-term strategy and supporting business plans, including our product pipeline;
- our expectations about growth through acquisitions and key collaborative relationships and funding arrangements;
- our belief that our long-term competitive position depends upon our success in discovering and developing innovative, cost-effective products that serve unmet medical needs, along with our ability to manufacture products efficiently and to launch and market them effectively in a highly competitive environment;
- our ability to obtain and maintain adequate coverage, pricing and reimbursement from third-party payors and governments;
- our expectations regarding certain legal and regulatory proceedings and investigations; and
- our belief that our existing funds, when combined with cash generated from operations and our access to additional financing resources, if needed, are sufficient to satisfy our operating, working capital, strategic alliance, milestone payment, capital expenditure and debt service requirements for the foreseeable future.

These forward-looking statements are based on management's current beliefs and assumptions and on information currently available to management. Given their nature, we cannot assure that any outcome expressed in these forward-looking statements will be realized in whole or in part. We caution that these statements are subject to risks and uncertainties, many of which are outside of our control and could cause future events or results to be materially different from those stated or implied in this document, including, among others, factors relating to:

- our substantial dependence on the anticipated amount, timing and accounting of revenue from our products, including from the successful development of new products and approval of additional indications for our existing products, including but not limited to LEQEMBI and SKYCLARYS;
- the anticipated amount, timing and accounting of contingent, milestone, royalty and other payments under licensing, collaboration, acquisition or divestiture agreements; tax positions and contingencies; collectability of receivables; pre-approval inventory; cost of sales; research and development costs; compensation and other selling, general and administrative expense; amortization of intangible assets; foreign currency exchange risk; estimated fair value of assets and liabilities; and impairment assessments, including for goodwill balances;
- expectations, plans, prospects and the timing of actions relating to product approvals, approvals of additional indications for our existing products, sales, pricing, growth, reimbursement and launch of our marketed and pipeline products all of which is subject to governmental and regulatory oversight, and therefore subject to risks and uncertainties, including but not limited to those related to approvals, unfavorable or delayed reimbursements and coverage determinations, and changes in reimbursement policies or practices of payors and other third parties;
- the potential impact of increased product competition in the biopharmaceutical and healthcare industry, as well as any other markets in which we compete, including increased competition from new originator therapies, generics, prodrugs and biosimilars of existing products and products approved under abbreviated regulatory pathways, including generic, prodrugs or biosimilar versions of our marketed products or competing products, including but not limited to, increased competition from TECFIDERA generic entrants and a biosimilar entrant of TYSABRI;
- patent terms, patent term extensions, patent office actions and expected availability and periods of regulatory exclusivities, as well as our ability to adequately enforce existing patents;

- our ability to effectively implement our corporate strategy which includes significant investment in product and pipeline candidates, including but not limited to felzartamab, litifilimab and salanersen;
- the successful execution of our strategic and growth initiatives, including acquisitions, and our ability to realize the anticipated benefits from our acquisitions of Reata, HI-Bio and Alcyone, including future performance of the SKYCLARYS product, further development of the felzartamab product and future development of drug delivery solutions;
- the drivers for growing our business, including our plans and intention to commit resources relating to discovery, research and development programs and business development opportunities, including collaboration agreements, as well as the potential benefits and results of, and the anticipated completion of, certain business development transactions, reorganizations and cost-reduction measures, including our Fit for Growth program;
- the expectations, development plans and anticipated timelines, including costs and timing of potential clinical trials, regulatory filing approvals and/or discontinuation, of our products, drug candidates and pipeline programs, including collaborations with third parties including but not limited to Eisai and Supernus, as well as the potential therapeutic scope of the development and commercialization of our and our collaborators' products;
- the impacts of disruptions, turnover or changes in strategy, priorities or capabilities at our collaborators resulting from, for example, a change in control, and the related impacts on the commercialization or manufacturing of our shared products;
- the timing, outcome and impact of administrative, regulatory, legal and other proceedings, including those related to our patents and other proprietary and intellectual property rights, tax audits, assessments and settlements, pricing matters, sales and promotional practices, product liability, investigations and other matters;
- our ability to commercialize biosimilars, which is subject to risks such as our reliance on third parties, competitive challenges, regulatory compliance, adequate supply, intellectual property and regulatory challenges and failure to gain market and patient acceptance;
- our ability to finance our present and future operations and business initiatives and obtain funding for such activities on favorable terms;
- our ability to attract, retain and motivate qualified individuals for management and other employee positions in a highly competitive environment, including potential difficulty in retaining talent following acquisitions or following the discontinuation or underperformance of one or more marketed, preclinical or clinical programs;
- adverse safety events involving our marketed or pipeline products, generic, prodrugs or biosimilar versions of our marketed products or any other products from the same class as one of our products;
- the current and potential impacts of geopolitical tensions, acts of war and other large-scale crises, including impacts to our operations, sales and the possible disruptions or delay in our plans to conduct clinical trial activities in areas of geopolitical tension, including tensions between the U.S., and China and other countries, regions affected by Russia's invasion of Ukraine and the military conflict in the Middle East;
- the impact of new laws, regulatory actions, judicial decisions, accounting standards and tariffs or trade restrictions, including any newly imposed U.S. tariffs and any responsive non-U.S. tariffs applicable to our products or operations, as well as the potential global macroeconomic effect of tariffs or trade restrictions;
- the direct and indirect impact of global health outbreaks or adverse weather events on our business and operations, including sales, expense, reserves and allowances, the supply chain, manufacturing, research and development costs, clinical trials and employees;
- our use of information technology systems and data and the potential impacts of any breakdowns, interruptions, invasions, corruptions, data breaches, destructions and/or other cybersecurity incidents of such systems or those of our business partners;
- our incorporation of technologies using AI into some of our processes;
- the potential impact of healthcare reform in the U.S., including the IRA (or other legislative or executive acts that may modify or replace the IRA, such as the OBBBA) and the impact of the IRA Medicare Part D redesign, and measures being taken worldwide designed to reduce healthcare costs and limit the overall level of

government expenditures, including the impact of pricing actions and reduced reimbursement for our products, as well as the potential impact of legislative and regulatory changes and priorities, including actions related to MFN drug pricing;

- our manufacturing capacity, including our ability to effectively manufacture biosimilars, reliance on third-party contract manufacturing organizations, plans and timing relating to changes in our manufacturing capabilities, our ability to adequately address global bulk supply risks, our ability to fully utilize our manufacturing facilities, including our Solothurn and RTP facilities;
- the impact of the continued uncertainty of the credit and economic conditions in certain countries and our ability to collect accounts receivable in such countries;
- the impact of the increased volatility in the financial markets on our ability to obtain financing;
- lease commitments, purchase obligations and the timing and satisfaction of other contractual obligations; and
- changes in our effective tax rate and obligations in various jurisdictions in which we are subject to taxation.

These forward-looking statements involve risks and uncertainties, including those that are described in *Item 1A. Risk Factors* and *Item 7. Management's Discussion and Analysis of Financial Condition and Results of Operations* included in this report and elsewhere in this report, that could cause actual results to differ materially from those reflected in such statements. The factors identified above should not be construed as an exhaustive list of factors that could affect our future results and should be read in conjunction with the other cautionary statements that are included in this Annual Report on Form 10-K. Because some of these risks and uncertainties cannot be predicted or quantified and some are beyond our control, you should not rely on our forward-looking statements as predictions of future events and you should not place undue reliance on these statements. Moreover, we operate in a very competitive and rapidly changing environment. new risks and uncertainties may emerge from time to time and it is not possible for us to predict all risks nor identify all uncertainties. Forward-looking statements speak only as of the date of this report and are based on information and estimates available to us at this time. Except as required by law, we do not undertake any obligation to publicly update any forward-looking statements, whether as a result of new information, future developments or otherwise. You should read this report with the understanding that our actual future results, performance, events and circumstances might be materially different from what we expect.

NOTE REGARDING COMPANY AND PRODUCT REFERENCES

References in this report to:

- "Biogen," the "company," "we," "us" and "our" refer to Biogen Inc. and its consolidated subsidiaries; and
- "RITUXAN" refers to both RITUXAN (the trade name for rituximab in the U.S., Canada and Japan) and MabThera (the trade name for rituximab outside the U.S., Canada and Japan).

NOTE REGARDING TRADEMARKS

ADUHELM®, AVONEX®, PLEGRIDY®, QALSODY®, RITUXAN®, RITUXAN HYCELA®, SKYCLARYS®, SPINRAZA®, TECFIDERA®, THECAFLEX DRX®, TYSABRI® and VUMERITY® are registered trademarks of Biogen.

BENEPALI™, FLIXABI™, FUMADERM™ and IMRALDI™ are trademarks of Biogen.

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DEFINED TERMS

2024 Form 10-K	Annual Report on Form 10-K for the year ended December 31, 2024
2020 Share Repurchase Program	Board of Directors authorized program to repurchase up to $5.0 billion of our common stock
2024 Omnibus Equity Plan	Biogen Inc. 2024 Omnibus Equity Plan
2017 Omnibus Equity Plan	Biogen Inc. 2017 Omnibus Equity Plan
2024 ESPP	Biogen Inc. 2024 Employee Stock Purchase Plan
2015 ESPP	Biogen Inc. 2015 Employee Stock Purchase Plan
2023 Term Loan	$1.5 billion term loan credit agreement
AAIC	Alzheimer's Association International Conference
AbbVie	AbbVie Inc.
Acorda	Acorda Therapeutics, Inc.
AI	Artificial Intelligence
Alcyone	Alcyone Therapeutics, Inc.
Alkermes	Alkermes plc
ALS	Amyotrophic Lateral Sclerosis
AMP	Average Manufacturer Price
AMR	Antibody-Mediated Rejection
AOCI	Accumulated Other Comprehensive Income (Loss)
ASO	Antisense Oligonucleotide
ASU	Accounting Standards Update
BLA	Biologics License Application
Blackstone	Blackstone Life Sciences
CCPA	California Consumer Privacy Act
CEO	Chief Executive Officer
CHMP	Committee for Medicinal Products for Human Use
CISO	Chief Information Security Officer
CLE	Cutaneous Lupus Erythematosus
CLL	Chronic Lymphocytic Leukemia
CMS	Centers for Medicare & Medicaid Services
CNS	Central Nervous System
CODM	Chief Operating Decision Maker
Convergence	Convergence Pharmaceuticals Ltd.
CRL	Complete Response Letter
CROs	Contract Research Organizations
CTAD	Clinical Trials on Alzheimer's Disease
Dayra	Dayra Therapeutics, Inc.
Denali	Denali Therapeutics Inc.
Directors Plan	Biogen Inc. 2015 Non-Employee Directors Equity Plan
District Court	U.S. District Court for the District of Massachusetts
DOJ	U.S. Department of Justice
DPN	Diabetic Painful Neuropathy
EC	European Commission
EHS	Environment, Health and Safety
Eisai	Eisai Co., Ltd.
EMA	European Medicines Agency
EPO	European Patent Office
ERG	Employee Resource Group
ERM	Enterprise Risk Management
E.U.	European Union
FA	Friedreich Ataxia
FASB	Financial Accounting Standards Board
FCPA	Foreign Corrupt Practices Act
FDA	U.S. Food and Drug Administration

DEFINED TERMS (continued)

Fit for Growth	Cost saving program initiated in 2023
FSS	Federal Supply Schedule
GCP	Good Clinical Practices
GDPR	General Data Protection Regulation
Genentech	Genentech, Inc.
GILTI	Global Intangible Low-Taxed Income
GloBE	Global Anti-Base Erosion
GMP	Good Manufacturing Practices
HHS	U.S. Department of Health and Human Services
HI-Bio	Human Immunology Biosciences, Inc.
Humana	Humana Inc.
IgAN	Immunoglobulin A Nephropathy
IND	Investigational New Drug
Ionis	Ionis Pharmaceuticals Inc.
IPR&D	In-process Research and Development
IRA	Inflation Reduction Act of 2022
IT	Information Technology
IV	Intravenous
LEQEMBI Collaboration Agreement	Amended and Restated Collaboration Agreement entered into by Biogen MA Inc. and Eisai Co., Ltd. on October 22, 2017, as amended on March 13, 2022
LRRK2	Leucine-Rich Repeat Kinase 2
LTI	Long-term Incentive
MAA	Marketing Authorization Application
MFN	Most-Favored-Nation
MHRA	Medicines and Healthcare products Regulatory Agency
MorphoSys	MorphoSys AG
MS	Multiple Sclerosis
MVI	Microvascular Inflammation in Kidney Transplant Patients
NDA	New Drug Application
NDS	New Drug Submission
Neurimmune	Neurimmune SubOne AG
NIST	National Institute of Standards and Technology
NMPA	National Medical Products Administration
OBBBA	One Big Beautiful Bill Act
ODD	Orphan Drug Designation
OECD	Organization for Economic Co-operation and Development
OIE	Other (Income) Expense, Net
Organon	Organon LLC
PDUFA	Prescription Drug User Fee Act
PFAS	Per- and Polyfluoroalkyl Substances
PHS	Public Health Service
PMN	Primary Membranous Nephropathy
Polpharma	Polpharma Biologics S.A.
PPACA	Patient Protection and Affordable Care Act
PPD	Postpartum Depression
PPMS	Primary Progressive MS
PRV	Priority Review Voucher
R&D	Research and Development
Reata	Reata Pharmaceuticals, Inc.
REMS	Risk Evaluation and Mitigation Strategies
RMS	Relapsing MS
RNAi	RNA Interference

DEFINED TERMS (continued)

RRMS	Relapsing-Remitting MS
RTP	Research Triangle Park, North Carolina
Sage	Sage Therapeutics, Inc.
Samsung Bioepis	Samsung Bioepis Co., Ltd.
Samsung BioLogics	Samsung BioLogics Co., Ltd.
Sangamo	Sangamo Therapeutics, Inc.
SEC	U.S. Securities and Exchange Commission
SG&A	Selling, General and Administrative
SLE	Systemic Lupus Erythematosus
SMA	Spinal Muscular Atrophy
SMN	Survival Motor Neuron
SOD1	Superoxide Dismutase 1
SPC	Supplementary Protection Certificate
SSP	Supplemental Savings Plan
Supernus	Supernus Pharmaceuticals, Inc.
SWISSMEDIC	Swiss Agency for Therapeutic Products
TNF	Anti-tumor Necrosis Factor
Transition Toll Tax	A one-time mandatory deemed repatriation tax on accumulated foreign subsidiaries' previously untaxed foreign earnings
U.K.	United Kingdom
U.S.	United States
U.S. GAAP	Accounting Principles Generally Accepted in the U.S.
VA	U.S. Department of Veterans Affairs
Vanqua	Vanqua Bio, Inc.
VAT	Value-added Tax

PART I

ITEM 1. BUSINESS

OVERVIEW

Biogen is a global biopharmaceutical company focused on discovering, developing and delivering innovative therapies for people living with serious and complex diseases. We have a broad portfolio of medicines to treat MS, have introduced the first approved treatment for SMA, co-developed treatments to address a defining pathology of Alzheimer's disease and launched the first approved treatment to target a genetic cause of ALS. We market the first and only drug approved in the U.S., the E.U. and certain international markets for the treatment of FA in adults and adolescents aged 16 years and older. We are focused on advancing our pipeline in neurology, specialized immunology and rare diseases. We support our drug discovery and development efforts through internal research and development programs, external collaborations and acquisitions.

Our marketed products include VUMERITY, TYSABRI, TECFIDERA, AVONEX and PLEGRIDY for the treatment of MS; SPINRAZA for the treatment of SMA; SKYCLARYS for the treatment of FA; and QALSODY for the treatment of ALS.

We also have collaborations with Eisai on the commercialization of LEQEMBI for the treatment of Alzheimer's disease and Supernus on the commercialization of ZURZUVAE for the treatment of PPD. We have certain business and financial rights with respect to RITUXAN for the treatment of non-Hodgkin's lymphoma, CLL and other conditions; RITUXAN HYCELA for the treatment of non-Hodgkin's lymphoma and CLL; GAZYVA for the treatment of CLL, follicular lymphoma and, following its approval in October 2025, lupus nephritis; OCREVUS for the treatment of PPMS and RMS; LUNSUMIO for the treatment of relapsed or refractory follicular lymphoma; COLUMVI, a bispecific antibody for the treatment of non-Hodgkin's lymphoma; and have the option to add other potential anti-CD20 therapies, pursuant to our collaboration arrangements with Genentech, a wholly owned member of the Roche Group.

We commercialize a portfolio of biosimilars of advanced biologics including: BENEPALI, an etanercept biosimilar referencing ENBREL; IMRALDI, an adalimumab biosimilar referencing HUMIRA; and FLIXABI, an infliximab biosimilar referencing REMICADE.

For additional information on our collaboration arrangements, please read *Note 19, Collaborative and Other Relationships*, to our consolidated financial statements included in this report.

KEY BUSINESS DEVELOPMENTS

The following is a summary of key developments affecting our business since the beginning of 2025.

ACQUISITIONS

ALCYONE THERAPEUTICS, INC.

In November 2025 we completed the acquisition of all of the issued and outstanding shares of Alcyone Therapeutics, Inc., a clinical-stage biotechnology company focused on pediatric care through precision CNS therapeutics and dosing platforms. Alcyone's lead asset is ThecaFlex DRx, an implantable subcutaneous port and catheter device being investigated for the intrathecal delivery of ASOs, including SPINRAZA, which is designed to provide an alternative to repeat lumbar punctures in chronic intrathecal administration of medicines.

Total consideration for this transaction, which was recorded in acquired in-process research and development, upfront and milestone expense in our consolidated statements of income for the year ended December 31, 2025, was approximately $85.0 million, comprising a $50.0 million payment made upon closing and a $35.0 million payment that was considered probable as of December 31, 2025, and made upon FDA approval of a supplemental application in January 2026.

We may pay additional development and regulatory milestone payments to the former shareholders of Alcyone of up to a total of $75.0 million if approval is received for ThecaFlex DRx administration of SPINRAZA or other additional pipeline products.

We accounted for this transaction as an asset acquisition as the value being acquired primarily relates to a single asset. Under the terms of this acquisition, we will oversee the end-to-end development, manufacturing and commercialization of ThecaFlex DRx.

For additional information on our acquisition of Alcyone, please read *Note 2, Acquisitions,* to our consolidated financial statements included in this report.

COLLABORATIVE AND OTHER RELATIONSHIPS

DAYRA THERAPEUTICS, INC. COLLABORATION

In October 2025 we entered into a research collaboration with Dayra to discover and develop oral macrocyclic peptides for priority targets in immunological conditions.

Under the terms of this agreement, both companies will collaborate to identify, validate and optimize oral macrocycle candidates for high-priority immunological targets, with our company advancing the molecules through further development and potential commercialization, including manufacturing.

In connection with the closing of this transaction we made an upfront payment of $50.0 million to Dayra, which was recognized in acquired in-process research and development, upfront and milestone expense within our consolidated statements of income for the year ended December 31, 2025.

This agreement also provides us with the option to acquire the development candidates from Dayra, subject to additional payments per program. Dayra will also be eligible to receive potential preclinical and clinical development milestone payments per program.

For additional information on our research arrangement with Dayra, please read *Note 19, Collaborative and Other Relationships,* to our consolidated financial statements included in this report.

VANQUA BIO, INC. COLLABORATION

In October 2025 we entered into a license agreement with Vanqua granting us exclusive worldwide rights to further develop, manufacture and commercialize Vanqua's preclinical oral C5aR1 antagonist compound.

In connection with the closing of this transaction we made an upfront payment of $70.0 million to Vanqua, which was recognized in acquired in-process research and development, upfront and milestone expense within our consolidated statements of income for the year ended December 31, 2025.

We may pay Vanqua potential development, regulatory or commercial, and sales milestone payments of up to $135.0 million, $295.0 million and $560.0 million, respectively, if all the specified milestones set forth in this collaboration are achieved. In addition, we may pay Vanqua tiered royalties on potential net sales of any licensed product under this collaboration in the mid-single digit to low-double digit percentages.

For additional information on our license agreement with Vanqua, please read *Note 19, Collaborative and Other Relationships,* to our consolidated financial statements included in this report.

CITY THERAPEUTICS, INC. COLLABORATION

In May 2025 we entered into a strategic research arrangement with City Therapeutics to develop select novel RNAi therapies. Through this arrangement, City Therapeutics will leverage its next-generation RNAi engineering technologies to develop an RNAi trigger molecule (or molecules) combined with our proprietary drug delivery technology. The collaboration will initially focus on a single target that mediates key CNS diseases, utilizing tissue enhanced delivery technologies with the aim of allowing for systemic administration of medicines. We will be responsible for IND-enabling studies and global clinical development along with any regulatory submissions and all activities related to commercialization, including manufacturing.

In connection with the closing of this transaction we made an upfront payment of $16.0 million to City Therapeutics, which was recognized in acquired in-process research and development, upfront and milestone expense within our consolidated statements of income for the year ended December 31, 2025, and invested $30.0 million in exchange for a City Therapeutics convertible note, representing a minority equity interest in City Therapeutics, if converted. This convertible note was recorded as a component of investments and other assets within our consolidated balance sheets as of December 31, 2025.

For additional information on our strategic research arrangement with City Therapeutics, please read *Note 19, Collaborative and Other Relationships,* to our consolidated financial statements included in this report.

STOKE THERAPEUTICS, INC. COLLABORATION

In February 2025 we entered into a collaboration and license agreement with Stoke to co-develop and commercialize zorevunersen, an investigational ASO that targets the SCN1A gene for the potential treatment of Dravet syndrome, a rare form of genetic epilepsy associated with refractory seizures and neurodevelopmental impairments. Zorevunersen dosed its first patient in August 2025, advancing zorevunersen to a global Phase 3 trial.

Under the terms of this agreement, Stoke will continue to lead global development and retain exclusive development and commercialization rights for zorevunersen in the U.S., Canada and Mexico and we will have exclusive rights to commercialize zorevunersen in the rest of the world.

In connection with the closing of this transaction we made an upfront payment of $165.0 million to Stoke, which was recognized in acquired in-process research and development, upfront and milestone expense within our consolidated statements of income for the year ended December 31, 2025.

We also have an exclusive option to license certain future follow-on ASO products targeting the SCN1A gene in all territories worldwide other than the U.S., Canada and Mexico, in exchange for separate milestone, cost sharing and royalty considerations.

For additional information on our collaboration arrangement with Stoke, please read *Note 19, Collaborative and Other Relationships*, to our consolidated financial statements included in this report.

ROYALTY PHARMA FUNDING ARRANGEMENT

In February 2025 we entered into a funding agreement with Royalty Pharma under which we received $200.0 million in 2025 and will receive up to $50.0 million in 2026 to co-fund our development costs for the litifilimab program. As there is a substantive transfer of risk to the financial partner for the amount invested, the development funding will be recognized by us as an obligation to perform contractual services. This funding is being recognized as a reduction to research and development expense within our consolidated statements of income, proportionate to the related expense. For the year ended December 31, 2025, we recorded a reduction to research and development expense of $200.0 million within our consolidated statements of income.

If the litifilimab clinical trials are successful for the indications based on the applicable clinical trials, upon regulatory approval in the U.S. or certain major markets in the world, Royalty Pharma will be eligible to receive approval-based fixed milestone payments of up to $250.0 million. The milestone payments due upon approval will be recorded as a component of other (income) expense, net within our consolidated statements of income, when incurred.

If litifilimab receives regulatory approval, Royalty Pharma will be eligible to receive royalties of a mid-single digit percentage of the applicable net sales. Royalties on net sales will be recorded as cost of sales within our consolidated statements of income.

For additional information on our funding arrangement with Royalty Pharma, please read *Note 19, Collaborative and Other Relationships*, to our consolidated financial statements included in this report.

DEVELOPMENTS IN KEY COLLABORATIVE RELATIONSHIPS

LEQEMBI (lecanemab)

United States

Key developments related to LEQEMBI in the U.S. consisted of the following:

- In January 2026 the FDA accepted for review the supplemental BLA for LEQEMBI subcutaneous autoinjector, LEQEMBI IQLIK, for weekly starting dose, with a PDUFA action date of May 24, 2026.
- In August 2025 the FDA approved the BLA for LEQEMBI subcutaneous autoinjector, LEQEMBI IQLIK, for weekly maintenance dosing.
- In January 2025 the FDA approved LEQEMBI monthly IV maintenance dosing for the treatment of early Alzheimer's disease.

Rest of World

Key developments related to LEQEMBI (lecanemab) in rest of world markets consisted of the following:

- In January 2026 the BLA for LEQEMBI subcutaneous autoinjector was accepted for review by the NMPA in China.

- In November 2025 Eisai filed an NDA for LEQEMBI in Japan seeking approval for a subcutaneous autoinjector as a new route of administration to Japan's Pharmaceuticals and Medical Devices Agency.
- In November 2025 the MHRA in the UK approved LEQEMBI monthly IV maintenance dosing for the treatment of early Alzheimer's disease.
- In October 2025 Health Canada issued a Notice of Compliance with Conditions for LEQEMBI for the treatment of adult patients with a clinical diagnosis of mild cognitive impairment or mild dementia due to Alzheimer's disease who are either apolipoprotein E ε4 non-carriers or heterozygotes and who have confirmed amyloid pathology.
- In September 2025 the National Medical Products Administration in China approved LEQEMBI monthly IV maintenance dosing for the treatment of early Alzheimer's disease.
- In September 2025 the Therapeutic Goods Administration of Australia approved LEQEMBI for adults who are either apolipoprotein E ε4 non-carriers or heterozygous carriers.
- In June 2025 we filed a request for arbitration in the International Court of Arbitration of the International Chamber of Commerce seeking adoption of a budget and commercialization plan for the European Territory that allocates commercialization activities to Biogen and Eisai in an equitable fashion taking into account our respective capabilities and provides a meaningful role for each party.
- In April 2025 the EC approved LEQEMBI in the E.U. for the treatment of adult patients with a clinical diagnosis of mild cognitive impairment and mild dementia due to Alzheimer's disease who are apolipoprotein E ε4 non-carriers or heterozygotes with confirmed amyloid pathology.

ZURZUVAE (zuranolone)

- In September 2025 the EC approved ZURZUVAE in the E.U. for the treatment of PPD in adults following childbirth, offering the first and only treatment indicated for PPD in the E.U.
- In August 2025 the Medicines and Healthcare products Regulatory Agency in the U.K. granted marketing authorization for ZURZUVAE for moderate to severe PPD in the U.K.

OTHER KEY DEVELOPMENTS

FELZARTAMAB

- In June 2025 we announced the initiation of dosing in the global Phase 3 PREVAIL study. This study will evaluate the efficacy and safety of the investigational drug felzartamab compared to placebo on proteinuria and preservation of kidney function in adults diagnosed with IgAN. In connection with the initiation of this dosing we paid a $30.0 million milestone payment to MorphoSys in July 2025. Additionally, in June 2025 we announced the initiation of dosing in the global Phase 3 PROMINENT study. This study will evaluate the efficacy and safety of the investigational drug felzartamab compared to tacrolimus in adults diagnosed with PMN.
- In March 2025 we announced the initiation of dosing in the global Phase 3 TRANSCEND study. This study will evaluate the efficacy and safety of the investigational drug felzartamab compared to placebo in adult kidney transplant recipients diagnosed with AMR. In connection with the initiation of this dosing we paid a $35.0 million milestone payment to MorphoSys in April 2025.

SPINRAZA (nusinersen)

- In January 2026 the EC granted marketing authorization for a high dose regimen of SPINRAZA in the E.U. for the treatment of 5q SMA, which is the most common form of the disease and represents approximately 95% of all SMA cases. The high dose regimen is comprised of 50 mg/5 mL and 28 mg/5 mL doses and individuals transitioning from the 12 mg dose will receive one 50 mg dose in place of their next 12 mg dose, followed by 28 mg maintenance doses every four months thereafter.
- In September 2025 the high dose regimen of SPINRAZA was approved by the Ministry of Health, Labour and Welfare in Japan.
- In September 2025 the FDA issued a CRL for the supplemental NDA for a higher dose regimen of nusinersen for the treatment of SMA. The CRL requested an update to the technical information to be included in the Chemistry Manufacturing and Controls module of the supplemental NDA and did not cite any deficiencies in the clinical data of the high dose regimen. We resubmitted the supplemental NDA to the FDA, which has been accepted for review with a PDUFA action date of April 3, 2026.

SKYCLARYS (omaveloxolone)

- In April 2025 SKYCLARYS was approved by the Medicines and Healthcare products Regulatory Agency in the U.K. and in Brazil. In March 2025 SKYCLARYS was approved by Health Canada.

QALSODY (tofersen)

- In July 2025 the Medicines and Healthcare products Regulatory Agency in the U.K. approved QALSODY for the treatment of ALS in adults who have a mutation in the SOD1 gene.
- In March 2025 Health Canada issued marketing authorization with conditions for QALSODY for the treatment of ALS in adults who have a mutation in the SOD1 gene. The authorization is conditional, pending the results of trials to verify its clinical benefit.

BIIB080

- In April 2025 the FDA granted Fast Track designation to BIIB080, an investigational ASO therapy targeting tau for the potential treatment of Alzheimer's disease.

CORPORATE MATTERS

2025 SENIOR NOTES

On May 12, 2025, we issued senior unsecured notes for an aggregate principal amount of $1.75 billion. In June 2025 we used the net proceeds from the sale of our 2025 Senior Notes to redeem our 4.050% Senior Notes due September 15, 2025, prior to maturity.

For additional information relating to our 2025 Senior Notes, please read *Note 13, Indebtedness*, to our consolidated financial statements included in this report.

NEW CORPORATE HEADQUARTERS LEASE

In March 2025 we entered into a lease agreement with MIT Investment Management Company and BioMed Realty for the lease of approximately 580,000 square feet of office and research and development space located at 75 Broadway, Cambridge, Massachusetts, which will be used as our new global corporate headquarters, as well as integrating our research and development and technical operations teams alongside our North American commercial organization. As part of a multi-year real estate consolidation plan that is expected to result in a reduction of approximately 40% of our real estate footprint in Massachusetts, this new lease is intended to replace two existing leases, both in Cambridge, Massachusetts, including our current corporate headquarters. We expect the initial lease term of approximately 15.5 years to commence on May 31, 2028.

For additional information on our lease agreement, please read *Note 12, Leases*, to our consolidated financial statements included in this report.

MANAGEMENT CHANGES

- In March 2025 Robin C. Kramer became Executive Vice President and Chief Financial Officer.
- In March 2025 Sean Godbout became Vice President, Chief Accounting Officer and Global Corporate Controller.

For additional information on our executive officers, please read the subsection entitled "Information about our Executive Officers" included in this report.

PRODUCT AND PIPELINE DEVELOPMENTS

NEUROLOGY

LEQEMBI (lecanemab)

- In December 2025 we and Eisai announced that LEQEMBI has been included in the "Commercial Insurance Innovative Drug List" recently introduced by the National Healthcare Security Administration of China. The Commercial Insurance Innovative Drug List is based on new policies of the Chinese government to support the development and access of innovative medicines.

- In December 2025 Eisai presented Phase 3 clinical data confirming pharmacological effect of LEQEMBI at the 2025 CTAD conference. The findings represent the results from a large-scale clinical study demonstrating, for the first time, that binding of lecanemab to protofibrils can be measured in cerebrospinal fluid, enabling further understanding of how lecanemab slows Alzheimer's disease progression.
- In July 2025 Eisai announced the interim results of a two-year real-world study of LEQEMBI in the U.S. at the 2025 AAIC conference. The study was conducted to investigate the actual state of real-world clinical treatment with LEQEMBI at 15 medical centers in the U.S., with a final report scheduled for late in the third quarter of Eisai's fiscal year ending March 31, 2026. In this interim study, 83.6% of patients either remained at the same clinical stage or improved from mild dementia to MCI (stable: 76.9%, improvement: 6.7%). Additionally, at time of interim data cut, 86.7% of patients who had received 40 or more doses over 18 months remained stable or showed clinical improvement (stable: 66.7%, improvement: 20%).

RARE DISEASE

ZOREVUNERSEN

- In December 2025 we and Stoke announced new data that further support the potential of zorevunersen, an investigational ASO, as a disease-modifying medicine for Dravet syndrome, at the 2025 American Epilepsy Society Annual Meeting in Atlanta, Georgia. Long-term results from the ongoing Phase 1/2a and OLE studies demonstrated durable seizure reductions, including increases in seizure-free days, in addition to improvements in cognition, behavior and quality of life in patients treated with zorevunersen on top of care anti-seizure medicines.
- In November 2025 we and Stoke announced the publication of final data from the BUTTERFLY study, a prospective, two-year natural history study in people with Dravet syndrome, a severe developmental and epileptic encephalopathy characterized by recurrent seizures and significant and behavioral impairments. The BUTTERFLY study evaluated the impact of Dravet syndrome on adaptive functioning and neurodevelopment over two years in children and adolescents ages 2 to 18 years old. Results showed neurodevelopment plateaued at the developmental age of approximately two years old. Over the two-year study, patients experienced minimal changes in cognitive and behavior, including communication, motor skills and personal skills, compared to typical neurodevelopment expected for children of the same age, and major motor seizure frequency increased by 10.6% over two years.
- In September 2025 we and Stoke announced data from Phase 1/2a and open-label extension studies of zorevunersen that support the potential for zorevunersen to be the first disease-modifying medicine for Dravet syndrome at the 36th International Epilepsy Congress in Lisbon, Portugal. The study showed durable reductions in seizures and continuing improvements in cognition and behavior through three years in patients who continued to receive zorevunersen in the OLE studies. The study also showed substantial increase in seizure-free days and continuous improvement in quality of life demonstrated in patients already taking standard of care anti-seizure medicines.
- In August 2025 we and Stoke announced the first patient dosed in the Phase 3 EMPEROR study of zorevunersen, a potential disease-modifying treatment for Dravet syndrome.
- In July 2025 we and Stoke announced the presentation of data from an analysis that informed the design of the Phase 3 EMPEROR study and evaluated the potential effects of the Phase 3 zorevunersen dosing regimen. The data are complementary to previously reported data from a broader cohort of patients treated with zorevunersen in the Phase 1/2a and OLE studies that showed improvements within the first 9 months and continuing improvements through an additional two years.

SPINRAZA (nusinersen)

- In June 2025 we announced new data that reinforce the clinical impact of nusinersen across a broad spectrum of individuals affected by SMA. These latest findings from Part C of the DEVOTE trial evaluating a higher dose regimen of nusinersen and the NURTURE trial which evaluated the approved 12 mg regimen of SPINRAZA in clinically presymptomatic SMA was presented at the SMA Research & Clinical Care Meeting hosted by Cure SMA. The study showed improvements observed with higher dose regimen of nusinersen in previously treated patient population.

SALANERSEN (BIIB115)

- In June 2025 we announced positive interim topline results from the Phase 1b study of salanersen, an ASO being developed for the treatment of SMA. Interim Phase 1b data shows children with SMA previously treated with gene therapy experienced a substantial slowing of neurodegeneration and clinically meaningful improvements in motor function following initiation of salanersen. Our Phase 3 registrational study of salanersen is expected to begin in 2026.

SKYCLARYS (OMAVELOXOLONE)

- In June 2025 we announced the initiation of dosing in the global Phase 3 BRAVE study of omaveloxolone in children with FA between the ages of two to sixteen. The BRAVE study will evaluate the efficacy, safety, pharmacokinetics and pharmacodynamics of omaveloxolone in approximately 255 children living with FA.

QALSODY

- In December 2025 the Journal of the American Medical Association Neurology published final results from the completed Phase 3 VALOR study and its OLE study evaluating QALSODY for the treatment of SOD1 ALS with over 3.5 years of follow-up. These results show that early initiation of QALSODY was associated with numerically slower decline in measures of clinical function, breathing and strength, as well as reduction in the risk of death or permanent ventilation. Sustained reductions in neurofilament, a marker of neurodegeneration, further validate the clinical results and demonstrate QALSODY's impact on the underlying biology of SOD1 ALS.

DISCONTINUED PROGRAMS AND STUDIES

SALE OF TOFIDENCE

In March 2025 we completed the sale of our regulatory and commercial rights in the U.S. for TOFIDENCE, a tocilizumab biosimilar referencing ACTEMRA, to Organon. Under the terms of this transaction, we received a payment of approximately $51.0 million in July 2025 and recognized a de minimis loss within our consolidated statements of income for the year ended December 31, 2025.

For additional information on our sale of TOFIDENCE, please read *Note 3, Dispositions*, to our consolidated financial statements included in this report.

SALE OF BYOOVIZ AND OPUVIZ RIGHTS

In October 2025 we completed the sale of our remaining commercial rights to two ophthalmology assets in Europe: BYOOVIZ, a ranibizumab biosimilar referencing LUCENTIS, and OPUVIZ, an aflibercept biosimilar referencing EYLEA. Samsung Bioepis will have full responsibility for commercialization of BYOOVIZ upon the transfer of commercial rights from Biogen back to Samsung Bioepis, which became effective as of January 2026. Under the terms of this transaction, we received a payment of $28.0 million in November 2025 and recognized a minimal gain on disposal within our consolidated statements of income for the year ended December 31, 2025.

BIIB143 (cemdomespib)

In early 2025 we discontinued further development of BIIB143 (cemdomespib) for the treatment of DPN, as part of our ongoing pipeline prioritization efforts.

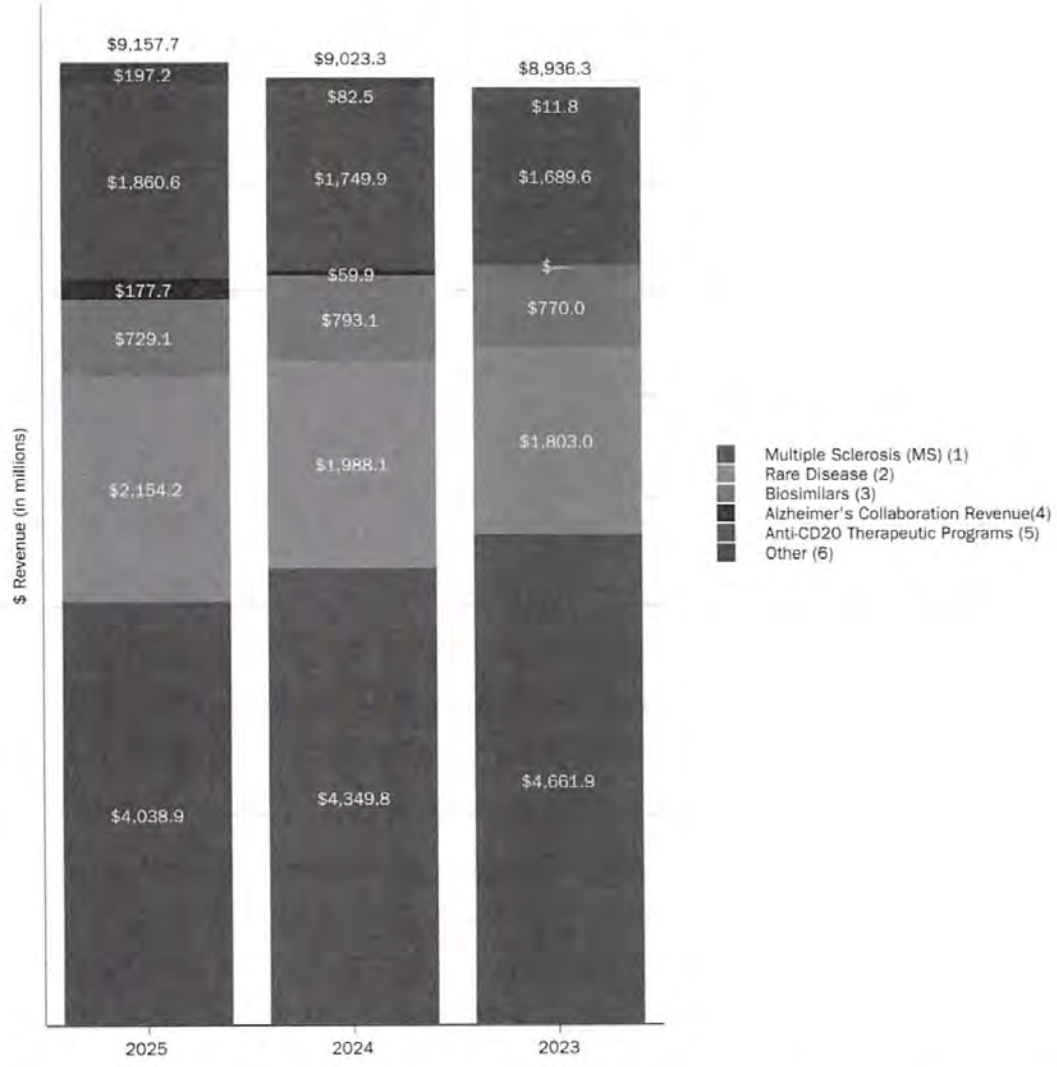
FELZARTAMAB - LUPUS NEPHRITIS

In November 2025 we discontinued the open label Phase 1b study of felzartamab for the treatment of lupus nephritis.

MARKETED PRODUCTS

The following graph shows our product revenue, revenue from anti-CD20 therapeutic programs and Alzheimer's collaboration revenue for the years ended December 31, 2025, 2024 and 2023.

Product, Anti-CD20 Therapeutic Programs and Alzheimer's Collaboration Revenue



(1) MS includes TECFIDERA, VUMERITY, AVONEX, PLEGRIDY, TYSABRI and FAMPYRA. Effective January 1, 2025, our collaboration and license agreement for FAMPYRA global commercialization rights was terminated.

(2) Rare disease includes SPINRAZA, QALSODY, which became commercially available in the E.U. during the second quarter of 2024, and SKYCLARYS which became commercially available in the E.U. during the first quarter of 2024.

(3) Biosimilars includes BENEPALI, IMRALDI, FLIXABI, BYOOVIZ and TOFIDENCE. In 2025 we completed the sale of our rights to TOFIDENCE and BYOOVIZ. For additional information on our arrangements with Samsung Bioepis, please read *Note 19, Collaborative and Other Relationships*, to our consolidated financial statements included in this report.

(4) Alzheimer's collaboration revenue consists of our 50.0% share of LEQEMBI product revenue, net and cost of sales, including royalties.

(5) Anti-CD20 therapeutic programs include RITUXAN, RITUXAN HYCELA, GAZYVA, OCREVUS and LUNSUMIO.

(6) Other includes FUMADERM, ADUHELM and ZURZUVAE.

Product sales for TYSABRI and SPINRAZA each accounted for more than 10.0% of our total revenue for the years ended December 31, 2025, 2024 and 2023. For additional financial information about our product and other revenue and geographic areas where we operate, please read *Note 5, Revenue* and *Note 25, Segment Information*, to our consolidated financial statements included in this report and *Item 7. Management's Discussion and Analysis of Financial Condition and Results of Operations* included in this report. A discussion of the risks attendant to our operations is set forth in *Item 1A. Risk Factors* included in this report.

NEUROLOGY

MULTIPLE SCLEROSIS

We develop, manufacture and market a number of products designed to treat patients with MS. MS is a progressive disease in which the body loses the ability to transmit messages along nerve cells, leading to a loss of muscle control, paralysis and, in some cases, death. Patients with active RMS experience an uneven pattern of disease progression characterized by periods of stability that are interrupted by flare-ups of the disease after which the patient may return to a lower baseline of functioning.

The MS products we market and our major markets are as follows:

Product	Indication	Collaborator	Major Markets
TYSABRI (natalizumab)	RMS RRMS in the E.U. Crohn's disease in the U.S.	None	U.S. Brazil France Germany Italy U.K.
VUMERITY (diroximel fumarate)	RMS in the U.S. RRMS in the E.U.	None	U.S. France Germany Spain Switzerland U.K.
Tecfidera (dimethyl fumarate)	RMS in the U.S. RRMS in the E.U.	None	U.S. France Germany Italy Japan Poland
AVONEX (interferon beta-1a)	RMS	None	U.S. Canada France Germany Italy Spain
plegridy (peginterferon beta-1a)	RMS in the U.S. RRMS in the E.U.	None	U.S. France Germany Italy Russia Spain U.K.

ALZHEIMER'S DISEASE

Alzheimer's disease includes LEQEMBI for the treatment of early Alzheimer's disease. Alzheimer's disease, the most common form of dementia, is a progressive neurological illness that causes a gradual decline in cognitive abilities, usually during a span of seven to ten years. Nearly all brain functions, including memory, movement, language, judgement, behavior and abstract thinking, are eventually affected. In the U.S., Alzheimer's disease is the seventh-leading cause of death, accounting for over 120,000 deaths each year.

Alzheimer's disease is characterized by two abnormalities in the brain: amyloid plaques and neurofibrillary tangles. Amyloid plaques, which are found in the tissue between the nerve cells, are unusual clumps of a protein called beta amyloid along with degenerating bits of neurons and other cells. Neurofibrillary tangles are bundles of twisted filaments found within neurons. These tangles are largely made up of a protein called tau.

Our Alzheimer's disease products and major markets are as follows:

Product	Indication	Collaborator	Major Market
LEQEMBI™ (lecanemab-irmb)	Alzheimer's disease	Eisai	U.S. China Japan South Korea

For additional information on our collaboration arrangements with Eisai, please read *Note 19, Collaborative and Other Relationships,* to our consolidated financial statements included in this report.

NEUROPSYCHIATRY

Neuropsychiatry includes ZURZUVAE for PPD. PPD symptoms are estimated to affect approximately one in eight women who have given birth in the U.S. According to the Centers for Disease Control and Prevention, mental health conditions are the leading cause of maternal mortality with PPD among the most common complications during and after pregnancy.

Product	Indication	Collaborator	Major Markets
ZURZUVAE™ (zuranolone) capsules Ⓒ 20 mg • 25 mg • 30 mg	PPD in adults	Supernus	U.S.

For additional information on our collaboration arrangements with Supernus, please read *Note 19, Collaborative and Other Relationships,* to our consolidated financial statements included in this report.

RARE DISEASE

Rare disease includes SPINRAZA for SMA, QALSODY for ALS, which became commercially available in the E.U. during the second quarter of 2024, and SKYCLARYS for FA, which became commercially available in the E.U. during the first quarter of 2024.

SMA is characterized by loss of motor neurons in the spinal cord and lower brain stem, resulting in severe and progressive muscular atrophy and weakness. Ultimately, individuals with the most severe type of SMA can become paralyzed and have difficulty performing the basic functions of life, like breathing and swallowing. Due to a deletion or mutations in the SMN1 gene, people with SMA do not produce enough SMN protein, which is critical to the survival of the neurons that control muscles. The severity of SMA correlates with the amount of SMN protein. People with Type 1 SMA, the most severe life-threatening form, produce very little SMN protein and do not achieve the ability to sit without support, and typically do not live beyond two years of age without respiratory support and nutritional interventions. People with Type 2 and Type 3 SMA produce greater amounts of SMN protein and have less severe, but still life-altering, forms of SMA.

FA is an inherited, debilitating and degenerative neuromuscular disorder that is typically diagnosed during adolescence and can ultimately lead to premature death. Patients with FA experience progressive loss of coordination, muscle weakness and fatigue, which commonly progresses to motor incapacitation, wheelchair reliance and eventually death.

ALS is a rare, progressive and fatal neurodegenerative disease that results in the loss of motor neurons in the brain and the spinal cord that are responsible for controlling voluntary muscle movement. People with ALS experience muscle weakness and atrophy, causing them to lose independence as they steadily lose the ability to move, speak, eat and eventually breathe. Average life expectancy for people with ALS is three to five years from time of symptom onset. Multiple genes have been implicated in ALS. Genetic testing helps determine if a person's ALS is associated with a genetic mutation, even in individuals without a known family history of the disease. SOD1-ALS is a mutation in the SOD1 gene, and this form of ALS is diagnosed in approximately two percent of all ALS cases.

Our Rare disease products and major markets are as follows:

Product	Indication	Collaborator	Major Markets
SPINRAZA (nusinersen)	SMA	Ionis	U.S. Brazil France Germany Italy Poland
SKYCLARYS (omaveloxolone) 50 mg	FA in adults and adolescents aged 16 years and older	None	U.S. France Germany Greece Italy Turkey
QALSODY (tofersen)	ALS in adults with mutation in SOD1 gene	Ionis	U.S. China Germany Japan Spain

For additional information on our collaboration arrangements with Ionis, please read *Note 19, Collaborative and Other Relationships*, to our consolidated financial statements included in this report.

BIOSIMILARS

Biosimilars are a group of biologic medicines that are highly similar to currently available biologic therapies developed by companies known as "originators". We commercialize a portfolio of biosimilars of advanced biologics including: BENEPALI, an etanercept biosimilar referencing ENBREL; IMRALDI, an adalimumab biosimilar referencing HUMIRA; and FLIXABI, an infliximab biosimilar referencing REMICADE.

Our current biosimilar products and major markets are as follows:

Product	Indication	Collaborator	Major Markets
Benepali™ Etanercept	Rheumatoid arthritis Juvenile idiopathic arthritis Psoriatic arthritis Axial spondyloarthritis Plaque psoriasis Paediatric plaque psoriasis	Samsung Bioepis	France Germany Italy Spain Sweden U.K.
Imraldi™ Adalimumab	Rheumatoid arthritis Juvenile idiopathic arthritis Axial spondyloarthritis Psoriatic arthritis Psoriasis Paediatric plaque psoriasis Hidradenitis suppurativa Adolescent hidradenitis suppurativa Crohn's disease Paediatric Crohn's disease Ulcerative colitis Uveitis Paediatric Uveitis	Samsung Bioepis	France Germany Ireland Spain Sweden U.K.
Flixabi™ Infliximab	Rheumatoid arthritis Crohn's disease Paediatric Crohn's disease Ulcerative colitis Paediatric ulcerative colitis Ankylosing spondylitis Psoriatic arthritis Psoriasis	Samsung Bioepis	Austria Germany Italy Norway Spain U.K.

For additional information on our collaboration arrangements with Samsung Bioepis, please read *Note 19, Collaborative and Other Relationships*, to our consolidated financial statements included in this report.

GENENTECH RELATIONSHIPS

We have agreements with Genentech that entitle us to certain business and financial rights with respect to RITUXAN, RITUXAN HYCELA, GAZYVA, OCREVUS, LUNSUMIO and COLUMVI, as well as the option to add other potential anti-CD20 therapies.

Our current anti-CD20 therapeutic programs and major markets are as follows:

Product	Indication	Major Markets
Rituxan Rituximab	Non-Hodgkin's lymphoma CLL Rheumatoid arthritis Two forms of ANCA-associated vasculitis Pemphigus vulgaris	U.S.
RituxanHYCELA rituximab/hyaluronidase human	Non-Hodgkin's lymphoma CLL	U.S.
GAZYVA obinutuzumab	In combination with chlorambucil for previously untreated CLL follicular lymphoma In combination with chemotherapy followed by GAZYVA alone for previously untreated follicular lymphoma For the treatment of adult patients with active lupus nephritis who are receiving standard therapy	U.S.
OCREVUS ocrelizumab	RMS PPMS	U.S.
Lunsumio	Relapsed or refractory follicular lymphoma	U.S.
COLUMVI glofitamab-gxbm	Relapsed or refractory diffuse large B-cell lymphoma Large B-cell lymphoma arising from follicular lymphoma	U.S.

For additional information on our collaboration arrangements with Genentech, please read *Note 19, Collaborative and Other Relationships,* to our consolidated financial statements included in this report.

PATIENT SUPPORT AND ACCESS

We interact with patients, advocacy organizations and healthcare societies in order to gain insights into unmet needs. The insights gained from these engagements help us support patients with services, programs and applications that are designed to help transform patients' lives. Among other things, we provide customer service and other related programs for our products, such as disease and product specific websites, insurance research services, financial assistance programs and the facilitation of the procurement of our marketed products.

We are dedicated to helping patients obtain access to our therapies. Our patient support representatives have access to a comprehensive suite of financial assistance tools. With those tools, we help patients understand their insurance coverage and, if needed, help patients compare insurance options and programs. In the U.S., we have established programs that provide co-pay assistance for qualified commercially insured patients and free product for qualified uninsured or underinsured patients, based on specific eligibility criteria.

We believe all healthcare stakeholders have a shared responsibility to ensure patients have equitable access to new, innovative medicines. We regularly review our pricing strategy and prioritize patient access to our therapies. We have a value-based contracting program designed to align the price of our therapies to the value our therapies deliver

to patients. We also work with regulators, clinical researchers, ethicists, physicians and patient advocacy groups and communities, among others, to determine how best to address requests for access to our investigational therapies in ways that are consistent with our patient-focused values and compliant with regulatory standards and protocols. In appropriate situations, patients may have access to investigational therapies through clinical trials, early access programs, post-trial access programs or compassionate use based on humanitarian grounds.

MARKETING AND DISTRIBUTION

SALES FORCE AND MARKETING

We promote our marketed products worldwide, including in the U.S., Europe, Asia, the Middle East and Latin America, primarily through our own sales forces and marketing groups. In some countries, particularly in areas where we continue to expand into new geographic areas, we partner with third parties.

RITUXAN, RITUXAN HYCELA, GAZYVA, OCREVUS, LUNSUMIO and COLUMVI are marketed by the Roche Group and its sublicensees.

We commercialize BENEPALI, IMRALDI and FLIXABI pursuant to our agreement with Samsung Bioepis in certain international markets.

We focus our sales and marketing efforts on health care providers in private practice or at major medical centers. We use customary industry practices to market our products and to educate physicians. This includes our sales representatives calling on individual health care providers (in-person and virtually), advertisements, professional symposia, direct mail, digital marketing, point of care marketing, public relations and other methods.

DISTRIBUTION ARRANGEMENTS

We distribute our products in the U.S. principally through wholesale and specialty distributors of pharmaceutical products and specialty pharmacies. In other countries, the distribution of our products varies from country to country, including through wholesale distributors of pharmaceutical products and third-party distribution partners who are responsible for most marketing and distribution activities.

RITUXAN, RITUXAN HYCELA, GAZYVA, OCREVUS, LUNSUMIO and COLUMVI are distributed by the Roche Group and its sublicensees.

We distribute BENEPALI, IMRALDI and FLIXABI in certain countries in Europe and have an option to acquire exclusive rights to distribute these products in China.

Our product sales to two wholesale distributors each accounted for more than 10.0% of our total revenue for the years ended December 31, 2025, 2024 and 2023, and on a combined basis, accounted for approximately 43.9%, 39.3% and 36.9%, respectively, of our gross product revenue. For additional information, please read *Note 5, Revenue*, to our consolidated financial statements included in this report.

PATENTS AND OTHER PROPRIETARY RIGHTS

Patents are important for obtaining and protecting exclusive rights in our products and product candidates. We regularly seek patent protection in the U.S., the E.U., Asia, the Middle East and Latin America for inventions originating from our research and development efforts and those we license or acquire. In addition, we license rights to various patents and patent applications.

U.S. patents, as well as most foreign patents, are generally effective for 20 years from the date the earliest application was filed; however, U.S. patents on applications filed before June 8, 1995, may be effective until 17 years from the issue date, if that is later than the 20-year date. In some cases, the patent term may be extended to recapture a portion of the term lost during regulatory review of the claimed therapeutic or, in the case of the U.S., additional patent term may be awarded due to U.S. Patent and Trademark Office delays in prosecuting the application. In the U.S., under the Drug Price Competition and Patent Term Restoration Act of 1984, commonly known as the Hatch-Waxman Act, a patent that covers a drug approved by the FDA may be eligible for patent term extension (for up to 5 years, but not beyond a total of 14 years from the date of product approval) as compensation for patent term lost during the FDA regulatory review process. The duration and extension of the term of foreign patents vary, in accordance with local law. For example, in a number of European countries, SPCs can be granted to a product to compensate in part for delays in obtaining marketing approval.

Regulatory exclusivity, which may consist of regulatory data protection and market protection, can also provide meaningful protection for our products. Regulatory data protection provides to the holder of a drug or biologic

marketing authorization, for a set period of time, the exclusive use of the proprietary preclinical and clinical data that it created at significant cost and submitted to the applicable regulatory authority to obtain approval of its product. After the period of exclusive use, third parties are permitted to reference such data in abbreviated applications for approval and to market (subject to any applicable market protection) their generic drugs and biosimilars. Market protection provides the holder of a drug or biologic marketing authorization the exclusive right to commercialize its product for a period of time, thereby preventing the commercialization of another product containing the same active ingredient(s) during that period. Although the World Trade Organization's agreement on trade-related aspects of intellectual property rights requires signatory countries to provide regulatory exclusivity to innovative pharmaceutical products, implementation and enforcement varies widely from country to country.

We also rely upon other forms of unpatented confidential information to remain competitive. We protect such information principally through refraining from public disclosure and utilizing confidentiality agreements with our employees, consultants, outside scientific collaborators, scientists whose research we sponsor and other advisers. In the case of our employees, these agreements also provide, in compliance with relevant law, that inventions and other intellectual property conceived by such employees during their employment are our exclusive property.

Our trademarks are important to us and are generally covered by trademark applications or registrations in the U.S. Patent and Trademark Office and the patent or trademark offices of other countries. We also use trademarks licensed from third parties. Trademark protection varies in accordance with local law, and continues in some countries as long as the trademark is used and in other countries as long as the trademark is registered. Trademark registrations generally are for fixed but renewable terms.

OUR PATENT PORTFOLIO

The following table describes certain patents in the U.S. and Europe that we currently consider of primary importance to our marketed products, including the territory, patent number, general subject matter and expected expiration dates. Except as otherwise noted, the expected expiration dates include any granted patent term extensions and issued SPCs. In some instances, there may be additional later-expiring patents relating to our products directed to, among other things, particular forms or compositions, methods of manufacturing or use of the drug in the treatment of particular diseases or conditions. We also continue to pursue additional patents and patent term extensions in the U.S. and other territories covering various aspects of our products that may, if issued, extend exclusivity beyond the expiration of the patents listed in the table.

Product	Territory	Patent No.	General Subject Matter	Patent Expiration[1]
PLEGRIDY	U.S.	8,017,733	Polymer conjugates of interferon beta-1a	2027
	Europe	1,476,181	Polymer conjugates of interferon-beta-1a and uses thereof	2023[2]
TYSABRI	U.S.	8,124,350	Methods of treatment	2027
	U.S.	8,871,449	Methods of treatment	2026
	U.S.	9,316,641	Safety-related assay	2032
	U.S.	9,493,567	Methods of treatment	2027
	U.S.	9,709,575	Methods of treatment	2026
	U.S.	10,119,976	Methods of evaluating patient risk	2034
	U.S.	10,233,245	Methods of treatment	2027
	U.S.	10,444,234	Safety-related assay	2031
	U.S.	10,677,803	Methods of treatment	2034
	U.S.	10,705,095	Methods of treatment	2026
	U.S.	11,280,794	Methods of treatment	2034
	U.S.	11,287,423	Safety-related assay	2031
	U.S.	11,292,845	Methods of treatment	2027
	U.S.	12,066,442	Methods of treatment	2032
	Europe	1,872,136	Method of treatment	2026
	Europe	2,170,390	Formulation	2028
	Europe	2,645,106	Method of treatment	2026
	Europe	3,264,094	Method of treatment	2026
	Europe	3,339,865	Safety-related assay	2031
	Europe	3,575,792	Safety-related assay	2032
	Europe	4,152,004	Safety-related assay	2031
VUMERITY	U.S.	8,669,281	Compounds and pharmaceutical compositions	2033
	U.S.	9,090,558	Methods of treatment	2033
	U.S.	10,080,733	Crystalline forms, pharmaceutical compositions and methods of treatment	2033
	Europe	2,970,101	Crystalline forms, pharmaceutical compositions and methods of treatment Prodrugs of fumarates and their use in treating various diseases	2034
	Europe	3,253,377	Formulation	2035
SPINRAZA	U.S.	7,838,657	SMA treatment via targeting of SMN2 splice site inhibitory sequences	2027
	U.S.	8,361,977	Compositions and methods for modulation of SMN2 splicing	2030
	U.S.	8,980,853	Compositions and methods for modulation of SMN2 splicing	2030
	U.S.	9,717,750	Compositions and methods for modulation of SMN2 splicing	2030
	U.S.	9,926,559	Compositions and methods for modulation of SMN2 splicing	2034
	U.S.	10,436,802	Methods for Treating Spinal Muscular Atrophy	2035
	U.S.	12,013,403	Methods for Treating Spinal Muscular Atrophy	2036
	Europe	1,910,395	Compositions and methods for modulation of SMN2 splicing	2026[3]
	Europe	2,548,560	Compositions and methods for modulation of SMN2 splicing	2026[4]
	Europe	3,305,302	Compositions and methods for modulation of SMN2 splicing	2030
	Europe	3,308,788	Compositions and methods for modulation of SMN2 splicing	2026
	Europe	3,449,926	Compositions and methods for modulation of SMN2 splicing	2030[6]
	Europe	3,999,643	Methods of Treating or Preventing Spinal Muscular Atrophy	2040
LEQEMBI	U.S.	8,025,878	Protofibril selective antibodies and the use thereof	2027[1][5]
	Europe	2,004,688	Improved protofibril selective antibodies and the use thereof	2027[1][9]

41

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10)

Section 1: General Information

Facility Name: Cardinal Health 200, LLC

Physical Address: 9000 109th Ave North

City: Champlin State: MN Zip: 55316

Mailing Address (if different from physical address): 7000 Cardinal Pl, Attn: QRA

City: Dublin State: OH Zip: 43017

Telephone: 763-323-9666 Website: www.cardinalhealth.com

Name of Designated Representative (DR): Michael Russell

Licensing Company Email: licensure@cardinalhealth.com DR Email: mike.russell@cardinalhealth.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ *Medical Products (medical devices, equipment, supplies, gases)	☐ Reverse Distributor
■ Wholesalers		☐ Warehouse
☐ Veterinarians	☐ Others:	☐ Retail pharmacy wholesale distributor
☐ Others:		☒ Others: 3PL Distributor

Section 2: ONLY COMPLETE THIS SECTION IF THE COMPANY IS WHOLESALING [a]Medical Products (medical devices, equipment, supplies and gases). Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 3 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

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

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

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Section 4: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Baxter Healthcare Corporation
Address: One Baxter Parkway City: Deerfield State: IL Zip: 60015
Name: Vantive US Healthcare LLC
Address: 510 Lake Cook Road City: Deerfield State: IL Zip: 60015
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 5: Publicly Traded Corporation

State of Incorporation: DE
Parent Company (if any): Allegiance Corporation (Parent Company of Cardinal Health 200, LLC)
Corporation Name: Cardinal Health Inc. (Ultimate Holding Company)
Mailing Address: 7000 Cardinal Place
City: Dublin State: OH Zip: 43017
Telephone: 614-757-5000 Email: licensure@cardinalhealth.com
Contact Person Name: LaToyia Martin

Date of SEC Registration: 08/04/1983	SEC Registration Number: 721371	Stock Exchange Symbol: CAH

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Partnership

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

Section 8: Sole Owner

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

Section 9: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 10: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale [a]Medical Products (medical devices, equipment, supplies, gases). (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Products (medical devices, equipment, supplies, gases), supply a copy of proof of insurance (NAC 639.6957).** The Medical Products wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 9)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20NRS%20639.500%20-%20Effective%2001.07.2026%20-%20Wholesaler%20-%20Post%20on%201.26.26.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Cardinal Health 200, LLC

Facility Name

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

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

7/14/26

Date

Board Use Only	Date Received: 7/16/26	Amount: $1000 - CK 1009611664

NABP ACCREDITED

DRUG DISTRIBUTOR

Cardinal Health 200, LLC
dba Cardinal Health

located at

9000 109th Ave N, Champlin, MN 55316

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

10/20/2023 - 10/19/2026
Period of Accreditation

Cardinal Health - Medical Distribution,
Quality & Regulatory Affairs
7000 Cardinal Place
Dublin OH 43017
cardinalhealth.com
614.553.3076 tel

licensure@cardinalhealth.com email

CardinalHealth

Top 4 Shareholders

- **BlackRock Inc.:** Holds 13.33% of the shares
- **Vanguard Group Inc.:** Holds 12.88% of the shares
- **State Street Corporation:** Holds 5.46% of the shares
- **Geode Capital Management, LLC:** Holds 2.59% of the shares

CardinalHealth

Officer List

9000 109th Ave North
Champlin, Minnesota 55316

Officer Name	Title	Business Address	Business Phone Number
Stephen Michael Mason	CEO, Global Medical Products & Distribution	7000 Cardinal Place, Dublin, OH 43017	614-757-6292
Keegan David Chamberlain	Director, Quality Management	7000 Cardinal Place, Dublin, OH 43017	614-553-4640
Julie Erin Webb	VP, Quality Compliance	7000 Cardinal Place, Dublin, OH 43017	614-757-6343
John Henry Martin Jr.	SVP, Tax	7000 Cardinal Place, Dublin, OH 43017	614-757-3769
Brent Mathew Withrow	Assistant Treasurer	7000 Cardinal Place, Dublin, OH 43017	614-757-6977

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Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARDINAL HEALTH 200, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF FEBRUARY, A.D. 2026.

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

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

2610958 8300

SR# 20260580706

Authentication: 203089918

Date: 02-13-26

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

State of Minnesota

Minnesota Board of Pharmacy
St. Paul, MN 55102

HAS ISSUED

Wholesaler/Distributor
License Number 362551

To Cardinal Health 200, LLC
9000 109th Avenue
Champlin, MN 55316

EFFECTIVE DATE	EXPIRATION DATE
6/1/26	5/31/27

State of Minnesota

Minnesota Board of Pharmacy
St. Paul, MN 55102

HAS ISSUED

Wholesaler/Distributor
License Number 362551

To: Cardinal Health 200, LLC

EFFECTIVE DATE	EXPIRATION DATE
6/1/26	5/31/27

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/12/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 16th Floor Philadelphia PA 19103 USA	**CONTACT NAME:** **PHONE (A/C. No. Ext):** (866) 283-7122 **FAX (A/C. No.):** (800) 363-0105 **E-MAIL ADDRESS:**
INSURED Cardinal Health, Inc. (See Additional Page) 7000 Cardinal Place Dublin OH 43017 USA	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A:** XL Specialty Insurance Co / 37885 **INSURER B:** XL Insurance America Inc / 24554 **INSURER C:** Greenwich Insurance Company / 22322 **INSURER D:** Indian Harbor Insurance Company / 36940 **INSURER E:** / **INSURER F:** /

COVERAGES **CERTIFICATE NUMBER:** 570120949836 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			RGD943716721	06/30/2026	06/30/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Liquor Liability Lim	$5,000,000 $1,000,000 $5,000,000 $5,000,000 Excluded Included
C	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			RAD943716821	06/30/2026	06/30/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$5,000,000
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION			US00092147LI26A SIR applies per policy terms & conditions	06/30/2026	06/30/2027	EACH OCCURRENCE AGGREGATE Products/Completed O	$5,000,000 $5,000,000 Excluded
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		RWD943512521 (AOS)	06/30/2026	06/30/2027	X PER STATUTE OTH-ER	
B				RWR943512621 (WI)	06/30/2026	06/30/2027	E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	$5,000,000 $5,000,000 $5,000,000
D	E&O - Professional Liability - Primary			RGD943797707 E&O SIR applies per policy terms & conditions	06/30/2026	06/30/2027	Loss Limit	$5,000,000

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

The Professional Liability policy is claims made.

CERTIFICATE HOLDER

Cardinal Health, Inc.
7000 Cardinal Place
Dublin OH 43017 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Central, Inc.

Holder Identifier :

Certificate No : 570120949836

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	Cardinal Health, Inc.
POLICY NUMBER: See Certificate Number: 570120949836	
CARRIER: See Certificate Number: 570120949836 / NAIC CODE:	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
A		N/A		RWR300142408 (AK)	06/30/2026	06/30/2027		
	OTHER							
A	Excess Workers Compensation			RWE943514321 Xs Work Comp - OH SIR applies per policy terms & conditions	06/30/2026	06/30/2027	EL Each Accident	$4,500,000
							EL Disease - Ea Empl	$4,500,000

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	Cardinal Health, Inc.
POLICY NUMBER: See Certificate Number: 570120949836	
CARRIER: See Certificate Number: 570120949836 / NAIC CODE:	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Evidence of Coverage

As respects the Commercial General Liability Policy:
Additional Insured Managers or Lessors of Premises : as required by written contract
Additional Insured Owners, Lessees or Contractors - Scheduled Persons or Organization : as required by written contract
Coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured and shall not increase the applicable Limits of Insurance

As respects the Automobile Liability Policy:
Coverage symbol 1 (Any Auto) applies to Automobile Liability which includes coverage for Hired / Non-Owned Autos
Lessor - Additional Insured: all leased autos.
The policy will pay as interest may appear, you (Cardinal Health) and the lessor named in this endorsement for "loss" to a "leased auto".
Additional Insured Where Required under Written Contract or Agreement Endorsement

As respects General Liability, Automobile Liability, and Workers Compensation Policies:
Waiver of Subrogation is permitted as required by written contract or agreement executed prior to loss and in accordance with the terms, conditions and exclusions of the applicable policies.

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AGENCY CUSTOMER ID: 570000070825

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	Cardinal Health, Inc.
POLICY NUMBER: See Certificate Number: 570120949836	
CARRIER: See Certificate Number: 570120949836 / NAIC CODE:	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insured Listing

Named Insured Listing includes but is not limited to the following:

A+ Secure Packaging, LLC
Abilene Nuclear, LLC
Acuity GPO, LLC
ADS Parent, LLC
ADS Interco, LLC
ADS Buyer, LLC
Aero-Med, LLC
Allegiance (BVI) Holding Co. Ltd.
Allegiance Corporation
Allegiance I, LLC
C. International, Inc.
Cardinal Health (Shanghai) Medical Devices Co., Ltd.
Cardinal Health 100, LLC
Cardinal Health 105, LLC
Cardinal Health 107, LLC
Cardinal Health 108, LLC
Cardinal Health 110, LLC
Cardinal Health 112, LLC
Cardinal Health 113, LLC
Cardinal Health 114, Inc.
Cardinal Health 115, LLC
Cardinal Health 116, LLC
Cardinal Health 118, LLC
Cardinal Health 119, LLC
Cardinal Health 121, LLC
Cardinal Health 122, LLC
Cardinal Health 123, LLC
Cardinal Health 124, LLC
Cardinal Health 125, LLC
Cardinal Health 126, LLC
Cardinal Health 127, Inc.
Cardinal Health 128, LLC
Cardinal Health 130, LLC
Cardinal Health 131, LLC
Cardinal Health 132, LLC
Cardinal Health 133, Inc.
Cardinal Health 134, LLC
Cardinal Health 135, LLC
Cardinal Health 2, LLC
Cardinal Health 200, LLC
Cardinal Health 201 Canada L.P.
Cardinal Health 201, LLC
Cardinal Health 215, LLC
Cardinal Health 222 (Thailand) Ltd.
Cardinal Health 23 Funding, LLC
Cardinal Health 23, LLC
Cardinal Health 242, LLC
Cardinal Health 247, Inc.

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NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Cardinal Health 200, LLC — MDEG License # (if applicable): New app

Physical Address: 9000 109th Ave North

City: Champlin — State: MN — Zip: 55316

Mailing Address (if different from physical address): 7000 Cardinal Pl

City: Dublin — State: OH — Zip: 43017

Telephone: 763-323-9666 — Website: www.cardinalhealth.com

Licensing Company Email: licensure@cardinalhealth.com

Section 2: Personal Information

First: Michael — Middle: Robert — Last: Russell

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

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☒ M ☐ F ☐ X

Mailing Address: 9000 109th Ave North

City: Champlin — State: MN — Zip: 55316

Telephone: 763-323-9666 ext 2509 — Email: mike.russell@cardinalhealth.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Normandale Community College		08/11 - 06/15	
Address	**City**	**State**	**Zip**
9700 France Ave S	Bloomington	MN	55431
Diploma/Degree obtained, if any			
None			

School Name		From - To (MM/YY – MM/YY)	
Armstrong High School		09/90 - 06/94	
Address	**City**	**State**	**Zip**
10635 36th Ave N	Plymouth	MN	55441
Diploma/Degree obtained, if any			
Diploma / GED			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/23 - Current	[redacted]	Farmington	MN	
03/15 - 03/23		Plymouth	MN	

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

Business Name: Cardinal Health			From - To (MM/YY – MM/YY): 06/12 – 11/15
Business Address: 8440 Concord Center Dr	City: Centennial	State: CO	Zip: 80112
Phone: 720-568-4500	Title: Backup Coordinator		Number of Employed Hours: 6,000
Description of Duties: Picking, packing, shipping medical supplies.			

Business Name: Cardinal Health			From - To (MM/YY – MM/YY): 12/15 – Current
Business Address: 9000 109th Ave N	City: Champlin	State: MN	Zip: 55316
Phone: 763-323-9666	Title: Quality Control Officer		Number of Employed Hours: 22,000
Description of Duties: Ensuring viability of product use for patients.			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

7/27/20
Date

I, Michael Russell, **certify that as the MDEG Administrator for**

Cardinal Health 200, LLC,

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

1. MK Have a high school diploma or its equivalent;
2. MK Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. MK Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. MK Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

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

Michael Russell
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/27/26
Date

Board Use Only	Date Received:

Employee List

Michael Russell - Advisor, Regulatory Mgmt

Brandon Backes - Director of Operations

Mary Juntunen - Supervisor, Inventory Mgmt

Zachariah Collins - Supervisor, Operations Mgmt

Thomas McIntyre - Manager, Operations Mgmt

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 8-K

Current Report

Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): April 30, 2026

Cardinal Health, Inc.

(Exact name of registrant as specified in its charter)

Ohio	**1-11373**	**31-0958666**
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

7000 Cardinal Place, Dublin, Ohio 43017

(614) 757-5000

(Registrant's telephone number, including area code)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instructions A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	*Trading Symbol(s)*	*Name of each exchange on which registered*
Common shares (without par value)	**CAH**	**New York Stock Exchange**

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 2.02: Results of Operations and Financial Condition

On April 30, 2026, Cardinal Health, Inc. (the "Company") issued a news release announcing its results for the quarter ended March 31, 2026. A copy of the news release is included as Exhibit 99.1 to this report.

Item 7.01: Regulation FD Disclosure

During a webcast scheduled to be held at 8:30 a.m. Eastern time on April 30, 2026, the Company's Chief Executive Officer and Chief Financial Officer will discuss the Company's results for the quarter ended March 31, 2026 and outlook for the fiscal year ending June 30, 2026. The slide presentation for the webcast will be available on the Investors page at ir.cardinalhealth.com. An audio replay of the webcast also will be available on the Investors page at ir.cardinalhealth.com.

Item 9.01: Financial Statements and Exhibits

(d) Exhibits

Exhibit Number	Exhibit Description
99.1	News release issued by the Company on April 30, 2026 announcing third-quarter results

Signatures

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Cardinal Health, Inc.
(Registrant)

Date: April 30, 2026

By: /s/ AARON E. ALT
Aaron E. Alt
Chief Financial Officer

FOR IMMEDIATE RELEASE

Cardinal Health Reports Third Quarter Fiscal Year 2026 Results and Raises Outlook

- **Revenue increased 11% to $60.9 billion**
- **GAAP[1] operating earnings decreased 30% to $509 million; GAAP diluted EPS decreased 20% to $1.69**
- **Non-GAAP operating earnings increased 18% to $956 million; non-GAAP diluted EPS increased 35% to $3.17**
- **Cardinal Health raises and narrows fiscal year 2026 non-GAAP EPS guidance[2] to $10.70 to $10.80**
- **Cardinal Health reduces debt and completes additional $250 million share repurchase, bringing FY26 repurchase total to $1.0 billion**

DUBLIN, Ohio, April 30, 2026 – Cardinal Health (NYSE: CAH) today reported third quarter fiscal year 2026 revenues of $60.9 billion, an increase of 11% from the third quarter of fiscal year 2025.

Third quarter GAAP operating earnings decreased 30% to $509 million and GAAP diluted earnings per share (EPS) decreased 20% to $1.69, reflecting a $184 million pre-tax goodwill impairment in the company's Navista & ION reporting unit primarily due to changes in the risk profile of the business plans resulting in an increase in the discount rate. These changes reflect business model updates and base operational performance.

Third quarter non-GAAP operating earnings increased 18% to $956 million. Non-GAAP diluted EPS increased 35% to $3.17, reflecting the increase in non-GAAP operating earnings, a lower non-GAAP effective tax rate and a lower share count, partially offset by an increase in interest and other expense.

"An excellent third quarter extends our FY26 momentum, due to the durability and resilience of our business," said Jason Hollar, CEO of Cardinal Health. "We were pleased to see strong operating performance led by Pharmaceutical and Specialty Solutions and our three growth businesses, positioning us for long-term value creation and giving us the confidence to again raise our fiscal 2026 outlook."

Q3 FY26 summary

	Q3 FY26	Q3 FY25	Y/Y
Revenue	**$60.9 billion**	$54.9 billion	11%
Operating earnings	**$509 million**	$730 million	(30)%
Non-GAAP operating earnings	**$956 million**	$807 million	18%
Net earnings attributable to Cardinal Health, Inc.	**$399 million**	$506 million	(21)%
Non-GAAP net earnings attributable to Cardinal Health, Inc.	**$750 million**	$568 million	32%
Effective Tax Rate[3]	**3.1%**	23.6%	
Non-GAAP Effective Tax Rate[3]	**10.2%**	22.4%	
Diluted EPS attributable to Cardinal Health, Inc.	**$1.69**	$2.10	(20)%
Non-GAAP diluted EPS attributable to Cardinal Health, Inc.	**$3.17**	$2.35	35%

Segment results

Pharmaceutical and Specialty Solutions segment

	Q3 FY26	Q3 FY25	Y/Y
Revenue	**$ 56.1 billion**	$ 50.4 billion	11%
Segment profit	**$ 784 million**	$ 662 million	18%

Third quarter revenue for the Pharmaceutical and Specialty Solutions segment increased 11% to $56.1 billion, driven by brand and specialty pharmaceutical sales growth from existing customers.

Pharmaceutical and Specialty Solutions segment profit increased 18% to $784 million in the third quarter, driven by contributions from brand and specialty products and positive generics program performance.

Global Medical Products and Distribution segment

	Q3 FY26	Q3 FY25	Y/Y
Revenue	**$ 3.1 billion**	$ 3.2 billion	—%
Segment profit	**$ 25 million**	$ 39 million	(36)%

Third quarter revenue for the Global Medical Products and Distribution segment was generally flat to the prior year. This reflected lower distribution volumes, offset by Cardinal Health brand growth.

Global Medical Products and Distribution segment profit decreased 36% to $25 million in the third quarter, primarily due to the adverse net impact of tariffs.

Other[4]

	Q3 FY26	Q3 FY25	Y/Y
Revenue	**$ 1.7 billion**	$ 1.3 billion	31%
Segment profit	**$ 179 million**	$ 134 million	34%

Third quarter revenue for Other increased 31% to $1.7 billion, driven by growth across the three operating segments: at-Home Solutions (including the acquisition of Advanced Diabetes Supply), Nuclear and Precision Health Solutions and OptiFreight Logistics.

Other segment profit increased 34% to $179 million in the third quarter, driven by growth across the three operating segments: at-Home Solutions (including the acquisition of Advanced Diabetes Supply), OptiFreight Logistics and Nuclear and Precision Health Solutions.

Fiscal year 2026 outlook[2]

Cardinal Health is raising and narrowing its fiscal year 2026 guidance for non-GAAP diluted EPS attributable to Cardinal Health, Inc. to a range of $10.70 to $10.80 (+30% to +31% growth). This updated guidance reflects:

Improved operating segment performance:

- Pharmaceutical and Specialty Solutions segment profit growth of 22% to 23%, from the prior range of 20% to 22%
- Other segment profit growth of 36% to 38%, from the prior range of 33% to 35%

Net below-the-line improvements:

- Non-GAAP effective tax rate decreased to approximately 19%, from the prior range of 21% to 23%
- Diluted weighted average shares outstanding decreased to approximately 237 million, from the prior outlook of 237 million to 238 million
- Interest and Other expense updated to approximately $340 million, from the prior guidance of approximately $325 million

Improved free cash flow:

- Adjusted free cash flow raised and narrowed to $3.3 billion to $3.7 billion, from prior guidance of $3.0 billion to $3.5 billion

Recent highlights

- Cardinal Health announced a significant expansion of its Actinium-225 (Ac-225) production capabilities at its Nuclear and Precision Health Solutions Center for Theranostics Advancement (CTA) in Indianapolis, Indiana, substantially increasing supply for use in investigational therapeutic drug products and future commercial manufacturing novel therapies.
- Specialty Networks and The Specialty Alliance entered an arrangement to partner in supporting a pharma company on a multi-year study focused on understanding real world outcomes. Patients will receive care at community gastroenterology clinics across the country with Specialty Networks performing the analysis of the results.
- Cardinal Health reduced debt, completing $100M term loan payment ahead of schedule and lowered its leverage ratio[5] to 3.0X, maintaining its targeted range of 2.75 - 3.25X and its investment grade rating.
- Cardinal Health recently completed an additional $250 million accelerated share repurchase program, bringing year-to-date share repurchases in fiscal year 2026 to $1.0 billion.

Webcast
Cardinal Health will host a webcast today at 8:30 a.m. ET to discuss third quarter results. To access the webcast and corresponding slide presentation, go to the Investor Relations page at ir.cardinalhealth.com. No access code is required.

Presentation slides and a webcast replay will be available on the Investor Relations page for 12 months.

About Cardinal Health
Cardinal Health is a distributor of pharmaceuticals and specialty products; a global manufacturer and distributor of medical and laboratory products; a supplier of home-health and direct-to-patient products and services; an operator of nuclear pharmacies and manufacturing facilities; and a provider of performance and data solutions. Our company's customer-centric focus drives continuous improvement and leads to innovative solutions that improve people's lives every day. Learn more about Cardinal Health at cardinalhealth.com and in our Newsroom.

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[1]GAAP refers to U.S. generally accepted accounting principles. This news release includes GAAP financial measures as well as non-GAAP financial measures, which are financial measures not calculated in accordance with GAAP. See "Use of Non-GAAP Measures" following the attached schedules for definitions of the non-GAAP financial measures presented in this news release and see the attached schedules for reconciliations of the differences between the non-GAAP financial measures and their most directly comparable GAAP financial measures.
[2]The company does not provide forward-looking guidance on a GAAP basis as certain financial information, the probable significance of which cannot be determined, is not available and cannot be reasonably estimated. See "Use of Non-GAAP Measures" following the attached schedules for additional explanation.
[3]The company achieved a GAAP effective tax rate of 3.1% and non-GAAP effective tax rate of 10.2% during the third quarter primarily as a result of discrete planning benefits.
[4]Other includes the following three operating segments: Nuclear and Precision Health Solutions (NPHS), at-Home Solutions and OptiFreight Logistics, which are not significant enough individually to require reportable segment disclosure.
[5]The company maintains a targeted leverage range of 2.75x to 3.25x Adjusted Debt to EBITDA as defined by Moody's Ratings. The company achieved 3.0x leverage as of March 31, 2026 per internal estimates.

Cardinal Health uses its website as a channel of distribution for material company information. Important information, including news releases, financial information, earnings and analyst presentations, and information about upcoming presentations and events is routinely posted and accessible on the Investor Relations page at ir.cardinalhealth.com. In addition, the website allows investors and other interested persons to sign up automatically to receive email alerts when the company posts news releases, SEC filings and certain other information on its website.

Cautions Concerning Forward-Looking Statements

This release contains forward-looking statements addressing expectations, prospects, estimates and other matters that are dependent upon future events or developments. These statements may be identified by words such as "expect," "anticipate," "intend," "plan," "believe," "will," "should," "could," "would," "project," "continue," "likely," and similar expressions, and include statements reflecting future results or guidance, statements of outlook and various accruals and estimates. These matters are subject to risks and uncertainties that could cause actual results to differ materially from those projected, anticipated or implied. These risks and uncertainties include our ability to manage uncertainties associated with the pricing of branded pharmaceuticals including those arising from proposed or final regulatory changes, the risk that we may fail to achieve our strategic objectives, including the operation of recently acquired entities and the continued execution of the GMPD Improvement Plan initiatives; risks and uncertainties related to tariffs, including the risk that we may not be able to offset increased costs or that we will lose customers if our competitors do not increase price on impacted products to the same extent that we do, competitive pressures in Cardinal Health's various lines of business, including the risk that customers may reduce purchases made under their contracts with us or terminate or not renew their contracts, whether due to price increases or otherwise; risks associated with litigation matters, including Department of Justice investigations focused on potential violations of the Anti-Kickback Statute and False Claims Act; the risk that events outside of our control, such as weather or geopolitical events, including the recent conflict with Iran, may impact costs for our products or may cause supply delays or shortages or manufacturing delays that impact our cost and ability to fulfill customer demand; and the performance of our generics program, including the amount or rate of generic deflation and our ability to offset generic deflation and maintain other financial and strategic benefits through our generic sourcing venture or other components of our generics programs. Cardinal Health is subject to additional risks and uncertainties described in Cardinal Health's Form 10-K, Form 10-Q and Form 8K reports and exhibits to those reports. This release reflects management's views as of April 30, 2026. Except to the extent required by applicable law, Cardinal Health undertakes no obligation to update or revise any forward-looking statement. Forward-looking statements are aspirational and not guarantees or promises that goals, targets or projections will be met, and no assurance can be given that any commitment, expectation, initiative or plan in this report can or will be achieved or completed. Cardinal Health provides definitions and reconciliations of non-GAAP financial measures and their most directly comparable GAAP financial measures at ir.cardinalhealth.com

Schedule 1

Cardinal Health, Inc. and Subsidiaries
Condensed Consolidated Statements of Earnings (Unaudited)

(in millions, except per common share amounts)	Third Quarter			Year-to-Date		
	2026	2025	% Change	2026	2025	% Change
Revenue	$ 60,940	$ 54,878	11 %	$ 190,576	$ 162,419	17 %
Cost of products sold	58,442	52,755	11 %	183,362	156,453	17 %
Gross margin	2,498	2,123	18 %	7,214	5,966	21 %
Operating expenses:						
Distribution, selling, general and administrative expenses	1,542	1,315	17 %	4,507	3,898	16 %
Restructuring and employee severance	25	28		66	61	
Amortization and other acquisition-related costs	114	152		348	331	
Acquisition-related cash and share-based compensation costs	112	20		243	20	
Impairments and (gain)/loss on disposal of assets, net	185	(17)		173	(15)	
Litigation (recoveries)/charges, net	11	(105)		(7)	(176)	
Operating earnings	509	730	(30)%	1,884	1,847	2 %
Other (income)/expense, net	16	(9)		(5)	(11)	
Interest expense, net	101	74	36 %	269	141	91 %
Earnings before income taxes	392	665	(41)%	1,620	1,717	(6)%
Provision for income taxes	12	157	(92)%	315	391	(19)%
Net earnings	380	508	(25)%	1,305	1,326	(2)%
Less: Net (earnings)/loss attributable to noncontrolling interests	19	(2)		11	(4)	
Net earnings attributable to Cardinal Health, Inc.	$ 399	$ 506	(21)%	$ 1,316	$ 1,322	— %
Earnings per common share attributable to Cardinal Health, Inc.:						
Basic	$ 1.69	$ 2.11	(20)%	$ 5.56	$ 5.47	2 %
Diluted	1.69	2.10	(20)%	5.54	5.44	2 %
Weighted-average number of common shares outstanding:						
Basic	235	240		237	242	
Diluted	236	241		238	243	

Schedule 2

Cardinal Health, Inc. and Subsidiaries
Condensed Consolidated Balance Sheets

(in millions)	March 31, 2026 (Unaudited)	June 30, 2025
Assets		
Current assets:		
Cash and equivalents	$ 3,937	$ 3,874
Trade receivables, net	13,648	13,242
Inventories, net	18,007	16,831
Prepaid expenses and other	2,472	2,414
Assets held for sale	—	12
Total current assets	38,064	36,373
Property and equipment, net	2,928	2,858
Goodwill and other intangibles, net	13,698	12,177
Other assets	1,999	1,714
Total assets	$ 56,689	$ 53,122
Liabilities and Shareholders' Deficit		
Current liabilities:		
Accounts payable	$ 37,834	$ 34,713
Current portion of long-term obligations and other short-term borrowings	671	550
Other accrued liabilities	3,484	3,634
Total current liabilities	41,989	38,897
Long-term obligations, less current portion	8,245	7,977
Deferred income taxes and other liabilities	9,127	8,882
Total shareholders' deficit	(2,672)	(2,634)
Total liabilities and shareholders' deficit	$ 56,689	$ 53,122

Schedule 3

Cardinal Health, Inc. and Subsidiaries
Consolidated Statements of Cash Flows (Unaudited)

(in millions)	Third Quarter		Year-to-Date	
	2026	2025	**2026**	2025
Cash flows from operating activities:				
Net earnings	**$ 380**	$ 508	**$ 1,305**	$ 1,326
Adjustments to reconcile net earnings to net cash provided by operating activities:				
Depreciation and amortization	**248**	207	**715**	581
Impairments and loss on sale of other investments	**15**	—	**20**	2
Impairments and (gain)/loss on disposal of assets, net	**185**	(17)	**173**	(15)
Share-based compensation	**129**	31	**309**	91
Provision for bad debts	**20**	13	**47**	41
Change in operating assets and liabilities, net of effects from acquisitions and divestitures:				
Increase in trade receivables	**(17)**	(114)	**(215)**	(367)
(Increase)/decrease in inventories	**2,094**	758	**(1,185)**	(1,209)
Increase/(decrease) in accounts payable	**(1,163)**	1,424	**3,013**	954
Repurchases of liability-classified Specialty Alliance Units	**(5)**	—	**(27)**	—
Other accrued liabilities and operating items, net	**(63)**	114	**(673)**	(527)
Net cash provided by operating activities	1,823	2,924	**3,482**	877
Cash flows from investing activities:				
Acquisition of subsidiaries, net of cash acquired	**(42)**	(2,779)	**(1,967)**	(3,855)
Additions to property and equipment	**(146)**	(126)	**(385)**	(315)
Proceeds from the disposal of property and equipment	**—**	3	**31**	3
Proceeds from investments	**27**	5	**27**	7
Proceeds from short-term investment in time deposit	**—**	—	**—**	200
Other investing items, net	**(20)**	(2)	**(9)**	(2)
Net cash used in investing activities	**(181)**	(2,898)	**(2,303)**	(3,962)
Cash flows from financing activities:				
Proceeds from long-term obligations, net of issuance costs	**2**	—	**991**	2,869
Reduction of long-term obligations	**(113)**	(11)	**(637)**	(434)
Payments to noncontrolling interests, net	**(4)**	(7)	**(8)**	(7)
Net tax proceeds/(withholding) from share-based compensation	**2**	3	**(79)**	(12)
Dividends on common shares	**(120)**	(124)	**(371)**	(374)
Purchase of treasury shares, net	**(250)**	(375)	**(1,008)**	(765)
Net cash provided by/(used in) financing activities	**(483)**	(514)	**(1,112)**	1,277
Effect of exchange rate changes on cash and equivalents	**1**	4	**(4)**	1
Net increase/(decrease) in cash and equivalents	**1,160**	(484)	**63**	(1,807)
Cash and equivalents at beginning of period	**2,777**	3,810	**3,874**	5,133
Cash and equivalents at end of period	**$ 3,937**	$ 3,326	**$ 3,937**	$ 3,326

Schedule 4

Cardinal Health, Inc. and Subsidiaries
Segment Information

	Third Quarter					
	Pharmaceutical and Specialty Solutions		Global Medical Products and Distribution		Other	
(in millions)	2026	2025	2026	2025	2026	2025
Revenue						
Amount	**$ 56,111**	$ 50,433	**$ 3,148**	$ 3,160	**$ 1,706**	$ 1,304
Growth rate	**11 %**	— %	**— %**	2 %	**31 %**	13 %
Segment profit						
Amount	**$ 784**	$ 662	**$ 25**	$ 39	**$ 179**	$ 134
Growth rate	**18 %**	14 %	**(36)%**	77 %	**34 %**	22 %
Segment profit margin	**1.40 %**	1.31 %	**0.79 %**	1.23 %	**10.49 %**	10.28 %

	Year-to-Date					
	Pharmaceutical and Specialty Solutions		Global Medical Products and Distribution		Other	
(in millions)	2026	2025	2026	2025	2026	2025
Revenue						
Amount	**$ 175,985**	$ 149,272	**$ 9,591**	$ 9,437	**$ 5,071**	$ 3,773
Growth rate	**18 %**	(3)%	**2 %**	2 %	**34 %**	13 %
Segment profit						
Amount	**$ 2,138**	$ 1,723	**$ 108**	$ 65	**$ 524**	$ 356
Growth rate	**24 %**	12 %	**66 %**	44 %	**47 %**	14 %
Segment profit margin	**1.21 %**	1.15 %	**1.13 %**	0.69 %	**10.33 %**	9.44 %

The sum of the components and certain computations may reflect rounding adjustments.

Schedule 5

Cardinal Health, Inc. and Subsidiaries
GAAP / Non-GAAP Reconciliation[1]

(in millions, except per common share amounts)	Gross Margin	Gross Margin Growth Rate	SG&A[2]	SG&A[2] Growth Rate	Operating Earnings	Operating Earnings Growth Rate	Earnings Before Income Taxes	Provision for Income Taxes	Net (Earnings)/Loss Attributable to Non-controlling Interests	Net Earnings[3]	Net Earnings[3] Growth Rate	Effective Tax Rate	Diluted EPS[3]	Diluted EPS[3] Growth Rate
	Third Quarter 2026													
GAAP	**$ 2,498**	**18 %**	**$ 1,542**	**17 %**	**$ 509**	**(30)%**	**$ 392**	**$ 12**	**$ 19**	**$ 399**	**(21)%**	**3.1 %**	**$ 1.69**	**(20)%**
Restructuring and employee severance	—		—		25		25	6	—	19			0.08	
Amortization and other acquisition-related costs	—		—		114		114	43	—	71			0.30	
Acquisition-related cash & share-based compensation costs	—		—		112		112	4	—	108			0.46	
Impairments and (gain)/loss on disposal of assets, net[4]	—		—		185		185	22	(23)	140			0.59	
Litigation (recoveries)/charges, net	—		—		11		11	(2)	—	13			0.06	
Non-GAAP	**$ 2,498**	**18 %**	**$ 1,542**	**17 %**	**$ 956**	**18 %**	**$ 840**	**$ 86**	**$ (4)**	**$ 750**	**32 %**	**10.2 %**	**$ 3.17**	**35 %**
	Third Quarter 2025													
GAAP	$ 2,123	10 %	$ 1,315	4 %	$ 730	98 %	$ 665	$ 157	$ (2)	$ 506	94 %	23.6 %	$ 2.10	96 %
Restructuring and employee severance	—		—		28		28	7	—	21			0.09	
Amortization and other acquisition-related costs	—		—		152		152	34	(2)	116			0.48	
Acquisition-related cash & share-based compensation costs	—		—		20		20	1	(4)	15			0.06	
Impairments and (gain)/loss on disposal of assets, net	—		—		(17)		(17)	(4)	—	(13)			(0.06)	
Litigation (recoveries)/charges, net	—		—		(105)		(105)	(27)	—	(78)			(0.32)	
Non-GAAP	$ 2,122	10 %	$ 1,315	4 %	$ 807	21 %	$ 741	$ 166	$ (7)	$ 568	11 %	22.4 %	$ 2.35	13 %

[1] For more information on these measures, refer to the Use of Non-GAAP Measures and Definitions schedules.

[2] Distribution, selling, general and administrative expenses.

[3] Attributable to Cardinal Health, Inc.

[4] For the three months ended March 31, 2026, impairments and (gain)/loss on disposals of assets, net includes pre-tax goodwill impairment charges of $184 million related to the Navista & ION reporting unit within the Pharma segment. For fiscal 2026, the estimated net tax benefit related to the impairments is $23 million and is included in the annual effective tax rate. The portion of the goodwill impairment charge attributable to noncontrolling interests is $23 million.

The sum of the components and certain computations may reflect rounding adjustments.

We generally apply varying tax rates depending on the item's nature and tax jurisdiction where it is incurred.

Schedule 5

Cardinal Health, Inc. and Subsidiaries

GAAP / Non-GAAP Reconciliation[1]

(in millions, except per common share amounts)	Gross Margin	Gross Margin Growth Rate	SG&A[2]	SG&A Growth Rate	Operating Earnings	Operating Earnings Growth Rate	Earnings Before Income Taxes	Provision for Income Taxes	Net (Earnings)/Loss Attributable to Non-controlling Interests	Net Earnings[3]	Net Earnings[3] Growth Rate	Effective Tax Rate	Diluted EPS[3]	Diluted EPS[3] Growth Rate
	Year-to-Date 2026													
GAAP	**$ 7,214**	**21 %**	**$ 4,507**	**16 %**	**$ 1,884**	**2 %**	**$ 1,620**	**$ 315**	**$ 11**	**$ 1,316**	**— %**	**19.4 %**	**$ 5.54**	**2 %**
State opioid assessments related to prior fiscal years	—		17		(17)		(17)	(4)	—	(13)			(0.05)	
Restructuring and employee severance	—		—		66		66	15	—	51			0.21	
Amortization and other acquisition-related costs	—		—		348		348	92	—	256			1.08	
Acquisition-related cash & share-based compensation costs	—		—		243		243	9	—	234			0.98	
Impairments and (gain)/loss on disposal of assets, net[4]	—		—		173		173	19	(23)	131			0.56	
Litigation (recoveries)/charges, net	—		—		(7)		(7)	(16)	—	9			0.04	
Non-GAAP	**$ 7,214**	**21 %**	**$ 4,524**	**16 %**	**$ 2,690**	**30 %**	**$ 2,426**	**$ 430**	**$ (12)**	**$ 1,984**	**33 %**	**17.7 %**	**$ 8.35**	**36 %**
	Year-to-Date 2025													
GAAP	$ 5,966	8 %	$ 3,898	5 %	$ 1,847	N.M.	$ 1,717	$ 391	$ (4)	$ 1,322	N.M.	22.8 %	$ 5.44	N.M.
Restructuring and employee severance	—		—		61		61	15	—	46			0.19	
Amortization and other acquisition-related costs	—		—		331		331	81	(2)	248			1.02	
Acquisition-related cash & share-based compensation costs	—		—		20		20	1	(4)	15			0.06	
Impairments and (gain)/loss on disposal of assets, net	—		—		(15)		(15)	(4)	—	(11)			(0.04)	
Litigation (recoveries)/charges, net	—		—		(176)		(176)	(51)	—	(125)			(0.51)	
Non-GAAP	$ 5,966	8 %	$ 3,898	5 %	$ 2,067	14 %	$ 1,937	$ 431	$ (10)	$ 1,495	6 %	22.3 %	$ 6.16	8 %

[1] For more information on these measures, refer to the Use of Non-GAAP Measures and Definitions schedules.

[2] Distribution, selling, general and administrative expenses.

[3] Attributable to Cardinal Health, Inc.

[4] For the nine months ended March 31, 2026, impairments and (gain)/loss on disposals of assets, net includes pre-tax goodwill impairment charges of $184 million related to the Navista & ION reporting unit within the Pharma segment. For fiscal 2026, the estimated net tax benefit related to the impairments is $23 million and is included in the annual effective tax rate. The portion of the goodwill impairment charge attributable to noncontrolling interests is $23 million.

The sum of the components and certain computations may reflect rounding adjustments.

We generally apply varying tax rates depending on the item's nature and tax jurisdiction where it is incurred.

Schedule 6

Cardinal Health, Inc. and Subsidiaries
GAAP / Non-GAAP Reconciliation - GAAP Cash Flow to Non-GAAP Adjusted Free Cash Flow

(in millions)	Third Quarter		Year-to-Date	
	2026	2025	**2026**	2025
GAAP - Cash Flow Categories				
Net cash provided by operating activities	**$ 1,823**	$ 2,924	**$ 3,482**	$ 877
Net cash used in investing activities	**(181)**	(2,898)	**(2,303)**	(3,962)
Net cash provided by/(used in) financing activities	**(483)**	(514)	**(1,112)**	1,277
Effect of exchange rates changes on cash and equivalents	**1**	4	**(4)**	1
Net increase/(decrease) in cash and equivalents	**$ 1,160**	$ (484)	**$ 63**	$ (1,807)
Non-GAAP Adjusted Free Cash Flow				
Net cash provided by operating activities	**$ 1,823**	$ 2,924	**$ 3,482**	$ 877
Repurchases of liability-classified Specialty Alliance Units	**5**	—	**27**	—
Additions to property and equipment	**(146)**	(126)	**(385)**	(315)
Payments related to matters included in litigation (recoveries)/charges, net	**15**	1	**401**	622
Non-GAAP Adjusted Free Cash Flow	**$ 1,697**	$ 2,799	**$ 3,525**	$ 1,184

For more information on these measures, refer to the Use of Non-GAAP Measures and Definitions schedules.

Schedule 7

Cardinal Health, Inc. and Subsidiaries
Distribution, Selling, General and Administrative ("SG&A") Expenses, excluding Acquisitions

Third Quarter

(in millions)	Consolidated 2026	Consolidated 2025	% Change
SG&A expenses	**$ 1,542**	$ 1,315	**17 %**
Less: Recent acquisitions[1]	**216**	80	**N.M.**
SG&A expenses, excluding recent acquisitions	**$ 1,326**	$ 1,235	**7 %**

Year-to-Date

(in millions)	Consolidated 2026	Consolidated 2025	% Change
SG&A expenses	**$ 4,507**	$ 3,898	**16 %**
Less: Recent acquisitions[1]	**569**	97	**N.M.**
SG&A expenses, excluding recent acquisitions	**$ 3,938**	$ 3,801	**4 %**

[1]Recent acquisitions include Integrated Oncology Network (December 2024), GI Alliance (January 2025), Advanced Diabetes Supply Group (April 2025), Urology America (May 2025), and Solaris Health (November 2025).

Use of Non-GAAP Measures

This earnings release contains financial measures that are not calculated in accordance with U.S. generally accepted accounting principles ("GAAP").

In addition to analyzing our business based on financial information prepared in accordance with GAAP, we use these non-GAAP financial measures internally to evaluate our performance, engage in financial and operational planning, and determine incentive compensation because we believe that these measures provide additional perspective on and, in some circumstances are more closely correlated to, the performance of our underlying, ongoing business. We provide these non-GAAP financial measures to investors as supplemental metrics to assist readers in assessing the effects of items and events on our financial and operating results on a year-over-year basis and in comparing our performance to that of our competitors. However, the non-GAAP financial measures that we use may be calculated differently from, and therefore may not be comparable to, similarly titled measures used by other companies. The non-GAAP financial measures disclosed by us should not be considered a substitute for, or superior to, financial measures calculated in accordance with GAAP, and the financial results calculated in accordance with GAAP and reconciliations to those financial statements set forth below should be carefully evaluated.

Exclusions from Non-GAAP Financial Measures

Management believes it is useful to exclude the following items from the non-GAAP measures presented in this report for its own and for investors' assessment of the business for the reasons identified below:

- LIFO charges and credits are excluded because the factors that drive last-in first-out ("LIFO") inventory charges or credits, such as pharmaceutical manufacturer price appreciation or deflation and year-end inventory levels (which can be meaningfully influenced by customer buying behavior immediately preceding our fiscal year-end), are largely out of our control and cannot be accurately predicted. The exclusion of LIFO charges and credits from non-GAAP metrics facilitates comparison of our current financial results to our historical financial results and to our peer group companies' financial results. We did not recognize any LIFO charges or credits during the periods presented.
- State opioid assessments related to prior fiscal years is the portion of state assessments for prescription opioid medications that were sold or distributed in periods prior to the period in which the expense is incurred. This portion is excluded from non-GAAP financial measures because it is retrospectively applied to sales in prior fiscal years and inclusion would obscure analysis of the current fiscal year results of our underlying, ongoing business. Additionally, while states' laws may require us to make payments on an ongoing basis, the portion of the assessment related to sales in prior periods are contemplated to be one-time, nonrecurring items. Income from state opioid assessments related to prior fiscal years represents reversals of accruals due to changes in estimates or when the underlying assessments were invalidated by a Court or reimbursed by manufacturers.
- Restructuring and employee severance costs are excluded because they are not part of the ongoing operations of our underlying business and include, but are not limited to, costs related to divestitures, closing and consolidating facilities, changing the way we manufacture or distribute our products, moving manufacturing of a product to another location, changes in production or business process outsourcing or insourcing, employee severance, and realigning operations.
- Amortization and other acquisition-related costs, which include transaction costs, integration costs, and changes in the fair value of contingent consideration obligations, are excluded because they are not part of the ongoing operations of our underlying business and to facilitate comparison of our current financial results to our historical financial results and to our peer group companies' financial results. Additionally, costs for amortization of acquisition-related intangible assets and amortization as a result of basis differences in equity method investments are non-cash amounts, which are variable in amount and frequency and are significantly impacted by the timing and size of acquisitions, so their exclusion facilitates comparison of historical, current, and forecasted financial results. We also exclude other acquisition-related costs, which are directly related to an acquisition but do not meet the criteria to be recognized on the acquired entity's initial balance sheet as part of the purchase price allocation. These costs are also significantly impacted by the timing, complexity, and size of acquisitions.
- Acquisition-related cash and share-based compensation costs are incurred in connection with contingent cash payments or the issuance of share-based payment awards, which include service requirements, as a part of certain physician practice acquisitions. These costs include fair value adjustments for liability-classified awards. These costs are excluded because they are unrelated to the underlying operating results of our business and to facilitate comparison of our current financial results to our historical financial results and to our peer group companies' financial results. In addition, the magnitude of these expenses is significantly impacted by the timing and size of the acquisitions of physician practices.
- Impairments and gain or loss on disposal of assets, net are excluded because they do not occur in or reflect the ordinary course of our ongoing business operations and are inherently unpredictable in timing and amount, and in the case of impairments, are non-cash amounts, so their exclusion facilitates comparison of historical, current, and forecasted financial results.
- Litigation recoveries or charges, net are excluded because they often relate to events that may have occurred in prior or multiple periods, do not occur in or reflect the ordinary course of our business and are inherently unpredictable in timing and amount.

The tax effect for each of the items listed above is determined using the tax rate and other tax attributes applicable to the item and the jurisdiction(s) in which the item is recorded. The gross, tax and net impact of each item are presented with our GAAP to non-GAAP reconciliations.

Non-GAAP adjusted free cash flow: We provide this non-GAAP financial measure as a supplemental metric to assist readers in assessing the effects of items and events on our cash flow on a year-over-year basis and in comparing our performance to that of our peer group companies. In calculating this non-GAAP metric, certain items are excluded from net cash provided by operating activities because they relate to significant and unusual or non-recurring events and are inherently unpredictable in timing and amount. We believe adjusted free cash flow is important to management and useful to investors as a supplemental measure as it indicates the cash flow available for working capital needs, debt repayments, dividend payments, share repurchases, strategic acquisitions, or other strategic uses of cash. A reconciliation of our GAAP financial results to Non-GAAP adjusted free cash flow is provided in Schedule 6 of the financial statement tables included with this release.

Forward Looking Non-GAAP Measures

In this document, the Company presents certain forward-looking non-GAAP metrics. The Company does not provide outlook on a GAAP basis because the items that the Company excludes from GAAP to calculate the comparable non-GAAP measure can be dependent on future events that are less capable of being controlled or reliably predicted by management and are not part of the Company's routine operating activities. Additionally, management does not forecast many of the excluded items for internal use and therefore cannot create or rely on outlook done on a GAAP basis.

The occurrence, timing and amount of any of the items excluded from GAAP to calculate non-GAAP could significantly impact the Company's fiscal 2026 GAAP results. Over the past five fiscal years, the excluded items have impacted the Company's EPS from $1.79 to $8.44, which includes a $6.97 charge related to the goodwill impairment charge for the GMPD segment in fiscal 2022.

Definitions

Growth rate calculation: growth rates in this report are determined by dividing the difference between current-period results and prior-period results by prior-period results.

Interest and Other, net: other (income)/expense, net plus interest expense, net.

Segment Profit: segment revenue minus (segment cost of products sold and segment distribution, selling, general and administrative expenses).

Segment Profit margin: segment profit divided by segment revenue.

Non-GAAP gross margin: gross margin, excluding LIFO charges/(credits).

Non-GAAP distribution, selling, general and administrative expenses or Non-GAAP SG&A: distribution, selling, general and administrative expenses, excluding state opioid assessment related to prior fiscal years and shareholder cooperation agreement costs.

Non-GAAP operating earnings: operating earnings excluding (1) LIFO charges/(credits), (2) state opioid assessment related to prior fiscal years, (3) restructuring and employee severance, (4) amortization and other acquisition-related costs, (5) acquisition-related cash and share-based compensation costs, (6) impairments and (gain)/loss on disposal of assets, net, and (7) litigation (recoveries)/charges, net.

Non-GAAP earnings before income taxes: earnings before income taxes excluding (1) LIFO charges/(credits), (2) state opioid assessment related to prior fiscal years, (3) restructuring and employee severance, (4) amortization and other acquisition-related costs, (5) acquisition-related cash and share-based compensation costs, (6) impairments and (gain)/loss on disposal of assets, net, and (7) litigation (recoveries)/charges, net.

Non-GAAP net earnings attributable to non-controlling interests: net earnings attributable to non-controlling interests excluding (1) LIFO charges/(credits), (2) state opioid assessment related to prior fiscal years, (3) restructuring and employee severance, (4) amortization and other acquisition-related costs, (5) acquisition-related cash and share-based compensation costs, (6) impairments and (gain)/loss on disposal of assets, net, and (7) litigation (recoveries)/charges, net, each net of tax.

Non-GAAP net earnings attributable to Cardinal Health, Inc.: net earnings attributable to Cardinal Health, Inc. excluding (1) LIFO charges/(credits), (2) state opioid assessment related to prior fiscal years, (3) restructuring and employee severance, (4) amortization and other acquisition-related costs, (5) acquisition-related cash and share-based compensation costs, (6) impairments and (gain)/loss on disposal of assets, net, and (7) litigation (recoveries)/charges, net, each net of tax.

Non-GAAP effective tax rate: provision for income taxes adjusted for the tax impacts of (1) LIFO charges/(credits), (2) state opioid assessment related to prior fiscal years, (3) restructuring and employee severance, (4) amortization and other acquisition-related costs, (5) acquisition-related cash and share-based compensation costs, (6) impairments and (gain)/loss on disposal of assets, net, and (7) litigation (recoveries)/charges, net, divided by (earnings before income taxes adjusted for the items above).

Non-GAAP diluted earnings per share attributable to Cardinal Health, Inc.: non-GAAP net earnings attributable to Cardinal Health, Inc. divided by diluted weighted-average shares outstanding.

Non-GAAP adjusted free cash flow: net cash provided by operating activities plus repurchases of liability-classified Specialty Alliance Units, less payments related to additions to property and equipment, excluding settlement payments and receipts related to matters included in litigation (recoveries)/charges, net, as defined above, or other significant and unusual or non-recurring cash payments or receipts.

4J

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Mineralys Therapeutics, Inc.

Physical Address: 501 Boylston St., Office 10B128

City: Boston State: MA Zip: 02116

Mailing Address (if different from physical address): 150 N. Radnor Chester Rd, Suite F200

City: Radnor State: Pennsylvania Zip: 19087

Telephone: 888-378-6240 Website: https://mineralystx.com

Name of Designated Representative (DR): James Lee

Licensing Company Email: Statelicensing@mineralystx.com DR Email: jlee@mineralystx.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies	☒ Dangerous Drugs	☒ Manufacturer
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Long-term care, Government, Specialty		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

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

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No Suppliers sold, dispensed or distributed within last year

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

Name: _____

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

Name: _____

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

Name: _____

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

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): _____

Corporation Name: Mineralys Therapeutics, Inc.

Mailing Address: 150 N. Radnor Chester Rd, Suite F200

City: Radnor State: Pennsylvania Zip: 19087

Telephone: 888-378-6240 Email: Statelicensing@mineralystx.com

Contact Person Name: Eric Warren

Date of SEC Registration: 2/9/2023	SEC Registration Number: 001-41614	Stock Exchange Symbol: MLYS

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Mineralys Therapeutics, Inc.
Facility Name

Eric Warren
Print Name of Authorized Person Submitting Application

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

4/27/26
Date

Board Use Only	Date Received: 6/16/26	Amount: $1000 CK 5631



Description of Operations

Mineralys Therapeutics, Inc. is a VirtualManufacturer. Mineralys Therapeutics, Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to Wholesalers, Specialty Pharmacies, Hospital Pharmacies, Retail Pharmacies, Physician Offices, Assisted Living and Military by their Third-Party Logistics Provider, Integrated Commercialization Solutions, LLC , who is licensed to ship pharmaceutical products into your state.

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

ThermoFisher Scientific Patheon
111 Consumers Drive
Whitby, Canada L1N 5A5
FDA Establishment Number: 3003516812

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

Labeler Code:
84570

Third Party Logistic information:
For distribution into the commercial supply channels, Integrated Commercialization Solutions, LLC acts as Mineralys Therapeutics, Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of Mineralys Therapeutics, Inc.'s product-throughout the United States. Integrated Commercialization Solutions, LLC's address is:

Integrated Commercialization Solutions, LLC
420 International Blvd Ste 500
Brooks, KY 40109
Jerry Schiller 502-955-3650

Mineralys Therapeutics, Inc.'s has 1 Employee working on site during normal business hours.

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



Mineralys Therapeutics, Inc.'s records are stored at 3PL.

Mineralys Therapeutics, Inc.'s facility square footage is 43 sq feet.

eDRLS - Electronic Drug Registration & Listing System

Current Date: 18-JUL-2024
Labeler DUNS: 118518915
Labeler Name: Mineralys Therapeutics, Inc.
Labeler Code Assigned: 84570

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

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labele

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

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



Company Information

Mineralys Therapeutics, Inc.
501 Boylston Street, Office 10B128
Boston, MA 02116
1-888-378-6240
www.mineralystx.com
Statelicensing@mineralystx.com

FEIN: 84-1966887
State of Formation: DE
Date Incorporated: 05/31/2019

Ownership Information

Mineralys Therapeutics, Inc. is a Publicly Traded company on the NASDAQ stock exchange under the symbol MLYS.

Officers

Jonathan Paul Congelton, Chief Executive Officer and Director
Business Address:
150 N. Radnor Chester Rd, Suite F200
Radnor, PA 19087
1-888-378-6240

Eric John Warren, CCO
501 Boylston St; Office 10B128
Boston, MA 02116
1-888-378-6240

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MINERALYS THERAPEUTICS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF MARCH, A.D. 2026.

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

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

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

7445600 8300

SR# 20261106020

Authentication: 203300208

Date: 03-10-26

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

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM

Massachusetts Controlled Substance Registration

In accordance with the provision of Massachusetts General Laws, Chapter 94C, issues the registration of Virtual Drug Manufacturer or Virtual Drug Distributor Controlled Substance Registration to:

Mineralys Therapeutics, Inc.
501 Boylston Street, Office 10B128
Boston, MA 02116

Robert Goldstein, MD, PhD
Commissioner - Department of Public Health

Registration Number: VIR200165

Type: Virtual Manufacturer

Issue Date: 05/13/2026

Expiration Date: 05/13/2027

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Mineralys Therapeutics, Inc.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 501 Boylston St., Office 10B128

City Boston State MA Zip 02116

Mailing Address (if different from physical address) 150 N. Radnor Chester Rd, Suite F200

City Radnor State Pennsylvania Zip 19087

Telephone 888-378-6240 Website https://mineralystx.com

Licensing Company Email Statelicensing@mineralystx.com

Section 2: Personal Information

First James Middle Sukho Last Lee

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

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

Mailing Address 150 N. Radnor Chester Rd, Suite F200

City Radnor State Pennsylvania Zip 19087

Telephone 888-378-6240 Email jlee@mineralystx.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Thunderbird School of Global Management		09/97-5/99	
Address	**City**	**State**	**Zip**
15249 N. 59th Avenue	Glendale	AZ	85306
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
University of California at Los Angeles		09/87-06/92	
Address	**City**	**State**	**Zip**
405 Hilgard Avenue	Los Angeles	CA	90095
Diploma/Degree obtained, if any			
BA			

School Name		From - To (MM/YY – MM/YY)	
Beverly Hills High School		09/83-06-87	
Address	**City**	**State**	**Zip**
241 Moreno Drive	Beverly Hills	CA	90212
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/14-Present	[redacted]	Wayland	MA	[redacted]
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Mineralys Therapeutics			11/25-Present	
Business Address		**City**	**State**	**Zip**
501 Boylston St., Office 10B128		Boston	MA	02116
Phone	**Title**		**Number of Employed Hours**	
888-378-6240	Director, Market Access		1,120	
Description of Duties				
See attached resume				

Business Name			From - To (MM/YY – MM/YY)	
Sanofi			12/18-12/24	
Business Address		**City**	**State**	**Zip**
55 Corporate Drive		Bridgewater	NJ	08807
Phone	**Title**		**Number of Employed Hours**	
973-385-3151	Sr. Dir, Value and Access, (RSV) Franchise Head		12,480	
Description of Duties				
See attached resume				

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

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

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

Continue on next page if additional space is needed.

James S. Lee

[redacted]

Senior Commercial Leader Market Access Strategy & Marketing

Senior Level Commercial Leader with deep expertise developing and executing market access and marketing launch strategies. Known for commercializing innovative specialty biologics, vaccines and small molecules to blockbuster status from Phase 2b/3. Passionate about engaging with key stakeholders to enable organizations to achieve success.

Market Assess & Value Strategy Development | Stakeholder Communication | Launch & Site Readiness | Market Development | Market Insights & Competitive Intelligence |Pricing & Reimbursement Strategy | Trade & Distribution Patient Support Services |Cross-Functional Leadership | External Engagement & Advocacy
Languages - English, Spanish, Korean

Professional Experience

Mineralys Therapeutics, Remote **11/2025 - Present**
Director, Market Access
Directly responsible for leading the market access launch strategy development and tactical execution of Lorundrostat, the first commercialization asset for the company

- Assisted SVP of market access in the build out of the market access function from ground up including the hires and onboarding of the National Account Director team, Trade & Distribution, Patient Support Services, and Pricing and Contracting team members and Pricing Committee governance SOP development
- Spearheaded pricing and contracting strategy including research and contracting assessment model build to accelerating speed and quality of access while optimizing demand volume and GTN
- Appointed as the Designated Representative for the company to support state licensing, channel, Compendia, and 3PL strategy ensuring product availability on Day 1 while managing Boston office as the facility manager
- Collaborated with Supply Chain and legal to assess and map out VA/DoD procurement and contracting processes
- Developed Market Access launch strategic and tactical plans managing the selecting and onboarding of the Payer Agency of Record and managing the market access budget over $1M annually exceeding performance KPIs
- Implemented Pre-Approval Information Exchange (PIE) strategy and execution with top PBMs, national and regional plans educating payers on the disease burden, unmet needs, and product profile compliantly
- Collaborated with Medical to devise a HEOR strategy including ICER evaluation of the ASI category

Sanofi, Cambridge, MA
Sr. Director, Value & Access, Respiratory Syncytial Virus (RSV) Franchise Head **05/2022 - 12/2024**
Led team of 4 direct reports and the overall U.S. market access launch strategy for the RSV franchise (3 Key Assets) driving the development of effective payer value proposition, payer segmentation, HEOR evidence generation, and integration of pricing and contracting approaches across payer, wholesaler, Group Purchasing Organizations (GPOs), health systems, physician buying groups, Federal to optimize launch success.

- Secured industry leading commercial payer coverage of greater than 90% in 3 months post launch of Beyfortus® enabling distribution of 1.4M doses of Beyfortus resulting in $450M in sales exceeding budget.
- Developed and implemented market access strategies to expand commercial coverage of Beyfortus® to near 100% during the second RSV season exceeding coverage goals and reaching $1BN in sales exceeding budget.
- Developed Market Access launch strategic and tactical plans managing the market access budget up to $3M annually exceeding 100% of the performance KPIs and ROIs.
- Implemented Pre-Approval Information Exchange (PIE) with over 100 national and regional plans exceeding goals three months ahead of schedule educating payers on the disease burden, unmet needs, and Beyfortus product profile compliantly.

- Led and trained over 100 account teams and hospital team members in securing hospital formulary and reimbursement optimizing birth dose protocol and utilization navigating through Diagnosis Related Group (DRG)reimbursement challenges.
- Collaborated with Global Value & Access, Medical, and Health Economics and Value Assessment (HEVA) team to develop a Budget Impact Model (BIM) to reinforce clinical and health economic differentiation and sharing the output through International Society of Pharmacoeconomics and Outcomes Research (ISPOR) Conference and National Immunization Conference (NIC) by CDC.
- Developed coding and reimbursement tools for the Field Reimbursement Education Liaison and Specialist Teams to help mitigate reimbursement challenges proactively and reactively.

Director, Value & Access, Immunology **12/2018 - 05/2022**

Oversaw alliance management with Regeneron market access team and leading the development and execution of market access launches and pull-through strategies managing all DUPIXENT® portfolio.

- Spearheaded the development of account directors Payer Negotiation Guide and Obstacle Handlers and successfully launched Asthma Pediatric indication, 200mg Pre-filled Pen, and 100 mg Pre-filled Syringes.
- Provided strategic leadership in identifying HEOR evidence gaps and developing Real World Evidence generation plans addressing the gaps.
- Spearheaded the development of net pricing strategy and contracting guidance evolution for all payer segments i.e., Commercial, Medicare, Medicaid, Federal in the face of multiple incoming competitors.
- Led the development of DUPIXENT® strategic and tactical brand plans for all three inline (AD, Asthma CRSwNP) and four new indications (EoE, Child Asthma) securing senior management approvals across alliance partner, Regeneron.

Ironwood Pharmaceuticals Inc.,Cambridge, MA

Director, Payer Marketing, Market Access **10/2017 - 09/2018**

Led the development and execution of market access strategy managing a portfolio of both inline in gouty arthritis and all pipeline products in the areas of refractory Gastroesophageal reflux disease (GERD).

- Managed launch of DUZALLO®, the first and only fixed dose combination product to treat hyperuricemia in patients with uncontrolled gouty arthritis, from a market access perspective.
- Developed strategic and tactical plans and secured senior management approvals including the budget.
- Received the "Rock Star A" given by the Franchise Lead and Sales Vice President.

Sunovion Pharmaceutical Respiratory Franchise, Marlborough, MA

Director, Channel and New Product Market Access Strategy **01/2016 - 10/2017**

Led the development and execution of launch strategy for all new products in Neurology CNS /Psychiatry (Attention Deficit Hyperactivity Disorder & Binge Eating Disorder), and Respiratory (Chronic Obstructive Pulmonary Disease.

- Developed payer value proposition and messages, payer segmentation, pricing and contracting strategy, and unbranded market shaping strategy and branded launch resources through leading a broad cross-functional team.
- Spearheaded the development of managed markets business plans with Annual Budget in excess of $46MM for new product launches and growing in-line brands through trade channels and emerging new channels.
- Received the "Act with the Highest Standards Illuminate Award given by the Chief Commercial Officer.

Director Respiratory Marketing **10/2013 - 01/2016**

Led the U.S. launch and all aspects of commercial strategy including positioning, target segmentation, reimbursement and channel strategy, distribution strategy, supply chain, and forecasting for SUN-101.

- Managed P&L and achieved 20% YoY net sales growth through spearheading the development and execution of new franchise growth strategy that included rebranding and lifecycle management of flagship COPD inline brand, BROVANA, a Buy & Bill Medical Benefit product achieving over $200M in sales.
- Led the situation analysis/environmental scan, strategic, and tactical plan development for the entire COPD franchise portfolio building and managing the annual budget of $15M and effectively leading and managing multiple agencies encompassing advertising, medical education, digital, PR, Congress planning.

- Received the VP Award in recognition of outstanding work of developing the growth strategy and lifecycle management plan for BROVANA® by leading 30 cross-functional members within 6 months of joining the company.

Additional Relevant Experience

Associate Director Global Respiratory Marketing, Merck & Co., Whitehouse Station, NJ
Product Manager, Merck Vaccines & Infectious Diseases (MVID), West Point, PA
Arthritis & Analgesia Market Research Analyst, Merck & Co. Inc., Upper Gwynedd, PA
Coronary Syndrome Hospital Specialty Sales Representative, Merck & Co. Inc., Los Angeles, CA

Professional Training and Development

MIT Sloan Executive Education, Cambridge, MA

Education

Master of Business Administration (MBA), Thunderbird School of Global Management Glendale, AZ **9/1997-5/1999**
Bachelor of Arts (BA), Spanish Literature and Pre-Med (Psychobiology), University of California at Los Angeles, Los Angeles, CA **9/1987-6/1992**
High School Diploma, Beverly Hills High School, Beverly Hills, CA **9/1983-6/1987**

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

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Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
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Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
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Description of Duties				

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

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

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

N/A

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

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

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, James Lee, certify that as the designated representative for

Mineralys Therapeutics, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JL I am at least 21 years of age;
3. JL I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JL I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JL I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JL I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JL I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

James Lee

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-24-26

Date

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

James Lee

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-21-26

Date

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

State of MA, ss. County of Middlesex

I, James Lee, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4-21-26

Date

Subscribed and Sworn to before me this 21st day of April, 2026.

Notary Public Signature

NATHANIEL P RICE
Notary Public
Commonwealth of Massachusetts
My Commission Expires Dec 18, 2026

(Seal)

MINERALYS

February 25, 2026

Personnel assigned to Registered Office
501 Boylston St.
Office 10B128
Boston MA 02116

James Lee, Director (Designated Representative)
Jessica Ibbitson, EVP, Operations

Mineralys Therapeutics, Inc. | 150 N. Radnor Chester Road, Ste. F200, Radnor, PA 19087 | 610.977.2000 mineralystx.com

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

x ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2024

OR

o TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from _____ to _____.

Commission file number 001-41614

MINERALYS THERAPEUTICS, INC.

(Exact name of registrant as specified in its charter)

Delaware	2834	84-1966887
(State or other jurisdiction of incorporation or organization)	(Primary Standard Industrial Classification Code Number)	(I.R.S. Employer Identification No.)

150 N. Radnor Chester Rd, Suite F200 Radnor, PA	19087
(Address of Principal Executive Offices)	(Zip Code)

888-378-6240
Registrant's telephone number, including area code

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common stock, $0.0001 par value per share	MLYS	The Nasdaq Stock Market LLC

Securities registered pursuant to section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes o No x

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes o No x

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes x No ¨

Indicate by check mark whether the registrant has submitted electronically and posted on its corporate web site, if any, every Interactive Data File required to be submitted and posted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit and post such files). Yes x No ¨

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	¨	Accelerated filer	¨
Non-accelerated filer	x	Smaller reporting company	x
		Emerging growth company	x

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ¨

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. □

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. □

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). □

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ¨ No x

The aggregate market value of the voting and non-voting stock held by non-affiliates of the registrant, based on the closing sale price of the registrant's common stock on June 28, 2024, as reported on The Nasdaq Global Select Market, was $399.7 million. Shares of common stock held by each executive officer and director and by each person who owns 10% or more of the outstanding common stock have been excluded in that such persons may be deemed to be affiliates. This determination of affiliate status is not necessarily a conclusive determination for other purposes.

The registrant had 49,835,637 shares of common stock outstanding as of February 7, 2025.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive proxy statement relating to its 2025 annual meeting of stockholders (the 2025 Proxy Statement) are incorporated by reference into Part III of this Annual Report on Form 10-K (Annual Report) where indicated.

TABLE OF CONTENTS

	Page No.
Part I	1
Item 1. Business	1
Item 1A. Risk Factors	31
Item 1B. Unresolved Staff Comments	91
Item 1C. Cybersecurity	91
Item 2. Properties	91
Item 3. Legal Proceedings	92
Item 4. Mine Safety Disclosures	92
Part II	93
Item 5. Market for Registrant's Common Equity, Related Stockholder Matters and Issuer Purchases of Equity Securities	93
Item 6. [Reserved]	93
Item 7. Management's Discussion and Analysis of Financial Condition and Results of Operations	93
Item 7A. Quantitative and Qualitative Disclosures About Market Risk	105
Item 8. Financial Statements and Supplementary Data	F-1
Item 9. Changes in and Disagreements With Accountants on Accounting and Financial Disclosure	106
Item 9A. Controls and Procedures	106
Item 9B. Other Information	107
Item 9C. Disclosure Regarding Foreign Jurisdiction that Prevent Inspections	107
Part III	108
Item 10. Directors, Executive Officers and Corporate Governance	108
Item 11. Executive Compensation	108
Item 12. Security Ownership of Certain Beneficial Owners and Management and Related Stockholder Matters	108
Item 13. Certain Relationships and Related Transactions, and Director Independence	108
Item 14. Principal Accountant Fees and Services	108
Part IV	109
Item 15. Exhibit and Financial Statement Schedules	109
Item 16. Form 10-K Summary	109
Signatures	111

RISK FACTORS SUMMARY

Our business, results of operations, financial condition, and growth prospects may be affected by a number of factors, whether currently known or unknown. Any one or more of such factors could directly or indirectly cause our actual results of operations and financial condition to vary materially from past or anticipated future results of operations and financial condition. Any of these factors, in whole or in part, let alone combined with any of the others, could materially and adversely affect our business, financial condition, results of operations, and stock price. We have provided a summary of some of these risks below, with a more detailed explanation of those and other risks applicable to the Company in Part I, Item 1A. "Risk Factors" in this Annual Report.

Summary of Risks Related to Our Business

The principal risks and uncertainties affecting our business include the following:

- We have a limited operating history and none of lorundrostat or any future product candidates have been approved for commercial sale. We have a history of significant net losses since our inception and expect to continue to incur significant losses for the foreseeable future. We may never generate any revenue or become profitable or, if we achieve profitability, we may not be able to sustain it.
- We will need substantial additional funds to pursue our business objectives, which may not be available on acceptable terms, or at all. Failure to obtain this necessary capital when needed on acceptable terms, or at all, may force us to delay, limit, reduce, or terminate our product development programs, commercialization efforts, or other operations.
- Our future performance at this time is entirely dependent on the success of our only product candidate, lorundrostat, which is currently in clinical development and has not completed a pivotal trial. If we are unable to advance lorundrostat in clinical development, obtain regulatory approval, and ultimately commercialize lorundrostat, or experience significant delays in doing so, our business will be materially harmed.
- Clinical and preclinical development involves a lengthy and expensive process with uncertain timelines and outcomes, and results of prior clinical trials and studies of lorundrostat are not necessarily predictive of future results. Lorundrostat may not achieve favorable results in our clinical trials or receive regulatory approval on a timely basis, if at all.
- Use of lorundrostat or any future product candidates could be associated with adverse side effects, adverse events, or other properties or safety risks, which could delay or preclude regulatory approval, cause us to suspend or discontinue clinical trials, abandon a product candidate, limit the commercial profile of an approved label, or result in other significant negative consequences that could severely harm our business, prospects, operating results, and financial condition.
- We heavily rely on our exclusive license agreement entered into in July 2020 (Mitsubishi License) with Mitsubishi Tanabe Pharma Corporation (Mitsubishi Tanabe) to provide us with intellectual property rights to develop and commercialize lorundrostat. If the Mitsubishi License is terminated, we would lose our rights to develop and commercialize lorundrostat, which in turn would have a material adverse effect on our business, financial condition, results of operations, and prospects, including, but not limited to, cessation of our operations to the extent we are unable to develop other product candidates at the time of such termination.
- We face significant competition, and if our competitors develop and commercialize technologies or product candidates more rapidly than we do, or their technologies or product candidates are more effective, safer, or less expensive than lorundrostat and any future product candidates we develop, our business and our ability to develop and successfully commercialize products will be adversely affected.

- We rely on and intend to continue to rely on third parties to conduct, supervise, and monitor our clinical trials and preclinical studies. If these third parties do not successfully carry out their contractual duties, comply with applicable regulatory requirements, or meet expected deadlines, our development programs and our ability to seek or obtain regulatory approval for or commercialize lorundrostat and any future product candidates may be delayed or subject to increased costs, each of which may have an adverse effect on our business and prospects.
- If we are unable to obtain, maintain, and enforce patent or other intellectual property protection for lorundrostat or any future product candidates or technology, or if the scope of the patent or other intellectual property protection obtained is not sufficiently broad, our competitors or other third parties could develop and commercialize products similar or identical to ours, and our ability to successfully commercialize lorundrostat or any future product candidates may be adversely affected.
- The trading price of the shares of our common stock could be highly volatile, and purchasers of our common stock could incur substantial losses.

FORWARD-LOOKING STATEMENTS AND MARKET DATA

This Annual Report contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended (the Securities Act), and Section 21E of the Securities Exchange Act of 1934, as amended (the Exchange Act). All statements other than statements of historical facts contained in this Annual Report, including statements regarding our future results of operations and financial position, business strategy, research and development plans, the anticipated timing, costs, design, and conduct of our ongoing and planned preclinical studies and planned clinical trials for lorundrostat and any future product candidates, the timing and likelihood of regulatory filings and approvals for lorundrostat and any future product candidates, our ability to commercialize our product candidates, if approved, the potential to develop future product candidates, the potential benefits of strategic collaborations and our intent to enter into any strategic arrangements, the timing and likelihood of success, and plans and objectives of management for future operations and future results of anticipated product development efforts, are forward-looking statements. These statements involve known and unknown risks, uncertainties, and other important factors that may cause our actual results, performance, or achievements to be materially different from any future results, performance, or achievements expressed or implied by the forward-looking statements. This Annual Report also contains estimates and other statistical data made by independent parties and by us relating to market size and growth and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. In addition, projections, assumptions, and estimates of our future performance and the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk.

In some cases, you can identify forward-looking statements by terms such as "anticipate," "believe," "continue" "could," "estimate," "expect," "intend," "may," "plan," "potential," "predict," "project," "should," "target," "will" or "would" or the negative of these terms or other similar expressions. The forward-looking statements in this Annual Report are only predictions. We have based these forward-looking statements largely on our current expectations and projections about future events and financial trends that we believe may affect our business, financial condition, and results of operations. These forward-looking statements speak only as of the date of this Annual Report and are subject to a number of risks, uncertainties, and assumptions, including, without limitation, the risk factors described in Part I, Item 1A, "*Risk Factors*" and under a similar heading in any other periodic or current report we may file with the U.S. Securities and Exchange Commission (the SEC) in the future. The events and circumstances reflected in our forward-looking statements may not be achieved or occur and actual results could differ materially from those projected in the forward-looking statements. Moreover, we operate in an evolving environment. New risk factors and uncertainties may emerge from time to time, and it is not possible for management to predict all risk factors and uncertainties. Except as required by applicable law, we do not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances, or otherwise. All forward-looking statements are qualified in their entirety by this cautionary statement, which is made under the safe harbor provisions of the Private Securities Litigation Reform Act of 1995.

This Annual Report includes trademarks, tradenames, and service marks that are the property of other organizations. Solely for convenience, trademarks and tradenames referred to in this Annual Report appear without the ® and ™ symbols, but those references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights, or that the applicable owner will not assert its rights, to these trademarks and tradenames.

Part I

Item 1. Business

Business Overview

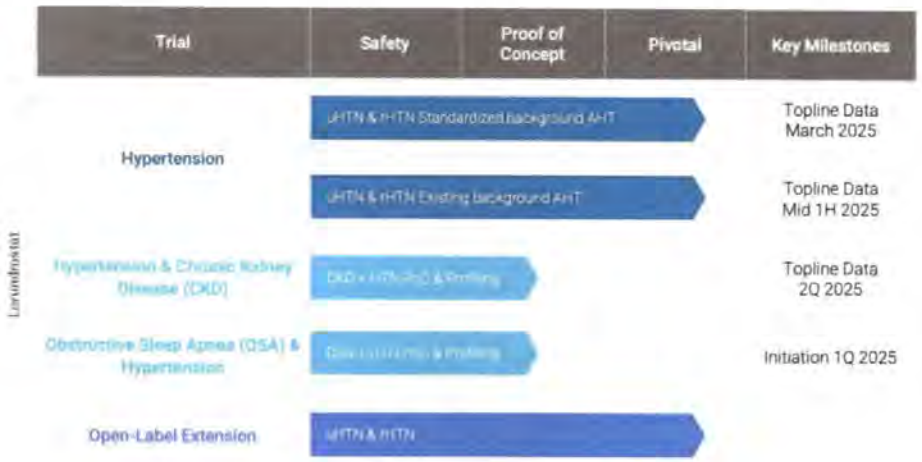
We are a clinical-stage biopharmaceutical company focused on developing medicines to target diseases driven by dysregulated aldosterone. Our clinical-stage product candidate, lorundrostat, is a proprietary, orally administered, highly selective aldosterone synthase inhibitor (ASI) that we are developing for the treatment of cardiorenal conditions affected by dysregulated aldosterone, including hypertension, chronic kidney disease (CKD), and obstructive sleep apnea (OSA). In the United States, approximately 120 million patients have sustained elevated blood pressure (BP), or hypertension, and more than half of this population fails to achieve their BP goals, defined as BP below 130/80 mmHg, with currently available medications. There are over 30 million treated patients who do not achieve their BP goal, of whom approximately 20 million have systolic BP levels greater than 140 mmHg. Patients with hypertension that persists despite taking two or more medications have 1.8 and 2.5 times greater mortality risk due to either cardiovascular disease or stroke, respectively. In a Phase 2 proof-of-concept clinical trial evaluating 200 subjects (Target-HTN) with uncontrolled hypertension (uHTN), defined as individuals who are unable to achieve BP of below 130/80 mmHg despite taking two to five lines of antihypertensive medication, or resistant hypertension (rHTN), defined as individuals who are unable to achieve BP of below 130/80 mmHg despite taking three or more antihypertensive medications typically including a diuretic, lorundrostat demonstrated a clinically meaningful and statistically significant reduction in BP with once-daily (QD) dosing and was well tolerated. Dysregulated aldosterone levels are a key factor in driving hypertension in approximately 30% of hypertensive patients. In addition to hypertension, we are investigating the benefits of lorundrostat in subjects with hypertension and CKD and in subjects with hypertension and OSA. We believe that our product candidate holds promise to be an innovative solution for the rapidly growing unmet need in multiple cardiorenal metabolic disorders.

Hypertension is one of the most common medical conditions globally, afflicting approximately 1.3 billion people. In the United States, hypertension was associated with $219 billion in health care expenditures. Despite the availability of multiple treatment options, including thiazide diuretics, angiotensin-converting enzyme (ACE)-inhibitors, angiotensin II receptor blockers (ARBs), calcium channel blockers, beta blockers, and mineralocorticoid receptor antagonists (MRAs), the prevalence of uHTN continues to grow, further exacerbated by the rapidly rising rate of obesity. Over 30 million hypertensive patients in the United States are unable to achieve their BP goal despite treatment. Within this population, there are approximately 10.3 million patients suffering from rHTN. Multiple large-scale studies have demonstrated that patients who fail to achieve their BP goal have a significantly elevated risk of developing heart disease, stroke, and kidney disease (Wright JT Jr, et al. A randomized trial of intensive versus standard blood-pressure control. N Engl J Med. 2015;373(22):2103-2116; and Zhou, et al., Uncontrolled Hypertension Increases Risk of All-Cause and Cardiovascular Disease Mortality in US Adults: the NHANES III Linked Mortality Study. Scientific Reports, 2018;8(1):1-7). Patients with rHTN have a 1.5 and 2.3 times higher risk than normotensive patients for composite cardiovascular events and end-stage renal disease, respectively. Notwithstanding this significant and growing unmet need, there has been a lack of U.S. Food and Drug Administration (FDA)-approved novel therapies targeting hypertension, with no new class of antihypertensive treatment approved within the last fifteen years.

Our Product Candidate, Lorundrostat

Our product candidate, lorundrostat, is a proprietary, orally administered, highly selective ASI that is designed to reduce aldosterone levels by inhibiting CYP11B2, the enzyme responsible for producing the hormone. We licensed lorundrostat from Mitsubishi Tanabe Pharmaceutical Company (Mitsubishi Tanabe), who discovered the compound and provided the early foundational work, including demonstrating the selectivity of lorundrostat, and progressing the asset through Phase 1 clinical development. We completed the Target-HTN trial, a Phase 2 proof-of-concept trial for lorundrostat in the treatment of uHTN and rHTN in 2022.

Given that hypertension and abnormal aldosterone biology can lead to cardiorenal disease, we are further investigating the benefits of lorundrostat in hypertensive subjects with comorbidities such as CKD or OSA.



Summary of Historical and Current Clinical Trials of Lorundrostat

Phase 1: The first-in-human Phase 1 clinical trial of lorundrostat was conducted by Mitsubishi Tanabe. See "*Phase 1 Clinical Trial Results*" beginning on page 15 for additional details regarding this trial.

Phase 2: We conducted the Target-HTN Phase 2 trial of 200 subjects with uHTN and rHTN to evaluate the efficacy of lorundrostat at various doses either once or twice a day. The results of Target-HTN led to the advancement of our pivotal program of lorundrostat outlined below. See "*Target-HTN Phase 2 Clinical Trial*" beginning on page 8 for additional details regarding this trial.

Pivotal Program: In 2023 we initiated our pivotal program of lorundrostat. See "*Lorundrostat as a Potential Treatment for Hypertension*" beginning on page 6 for additional details regarding these clinical trials.

- Advance-HTN is our Phase 2 clinical trial to evaluate the efficacy and safety of lorundrostat for the treatment of uHTN or rHTN, when used as an add-on therapy to a standardized background treatment of two or three antihypertensive medications. Randomization of 285 subjects was completed in the fourth quarter of 2024, and topline data from this trial is anticipated in March 2025.
- Launch-HTN is our Phase 3 clinical trial to evaluate the efficacy and safety of lorundrostat for the treatment of uHTN or rHTN, when used as an add-on therapy to their existing, prescribed background treatment of two to five antihypertensive medications. Randomization of 1,083 subjects was completed in the fourth quarter of 2024, and topline data from this trial is anticipated in mid first half of 2025.
- Explore-CKD is our crossover trial designed to evaluate the safety and efficacy of 25 mg QD lorundrostat in addition to an SGLT2 inhibitor for the treatment of hypertension in subjects with Stage 2 to 3b CKD and albuminuria despite receiving stable treatment with an ACE inhibitor or ARB. Randomization of 60 subjects was completed in the first quarter of 2025, and topline data from this trial is anticipated in the second quarter of 2025.

- Transform-HTN is an open-label extension trial allowing subjects to continue to receive lorundrostat and to obtain long-term efficacy and safety data. This trial is ongoing.

Other indications: We anticipate initiating our Phase 2 clinical trial (Explore-OSA) in the first quarter of 2025, which is planned to evaluate the safety and efficacy of lorundrostat 50 mg QD in approximately 40 subjects with moderate-to-severe OSA. See "*Lorundrostat as a Potential Treatment for Hypertension*" beginning on page 6 for additional details regarding this clinical trial.

Background of Hypertension

In healthy individuals, normal BP, also known as peripheral blood pressure, is below 130 over 80, meaning the pressure measurement is lower than 130 mmHg when the heart is contracting (systolic BP) and at or below 80 mmHg when the heart is relaxed (diastolic BP). Sustained, elevated BP, or hypertension, can result in increased chances of life-threatening complications such as heart disease, stroke, or kidney disease, among others.

The prevalence of hypertension has been increasing in recent decades. A comprehensive study published in The Lancet journal shows that in patients aged 30 to 79, total hypertension cases nearly doubled worldwide from 1990 to 2019. Furthermore, obesity, especially when associated with increased visceral adiposity, is a major cause of hypertension, accounting for 65% to 75% of the risk for developing human primary (essential) hypertension. Despite hypertension being one of the most common preventable risk factors for premature death, approximately 1.3 billion people worldwide have hypertension, with hypertension as a primary or contributing cause of 685,875 deaths in the United States in 2022 alone. The costs of hypertension and related health issues are a major burden on already strained healthcare systems, with an estimated cost of $219 billion in the United States in 2019. While there are multiple therapeutic options available, most of which are generic and accessible, more than half of all treated hypertensive patients fail to achieve their BP goal. Dysregulated aldosterone levels are a key factor in driving hypertension in approximately 30% of hypertensive patients.

The current standard-of-care for patients newly diagnosed with hypertension is based on a set of guidelines set forth by the American College of Cardiology and the American Heart Association. A hypertensive patient's target BP is defined as below 130/80 mmHg. Depending on baseline BP levels, these guidelines recommend the patient typically begin with lifestyle modifications and then, assuming BP does not achieve the desired target, initiate treatment with antihypertensive agents selected primarily from the following five drug classes, which may later be combined with each other if the patient's target BP is not successfully achieved with the initial therapy:

- Thiazide diuretics, which increase fluid excretion from the kidney by blocking reabsorption of sodium and chloride in the nephron;
- ACE inhibitors, which inhibit the renin-angiotensin aldosterone system (RAAS) axis by blocking the action of ACE in the lungs, which converts angiotensin I to angiotensin II;
- ARBs, which block the effects of angiotensin II at the level of the angiotensin receptor;
- Calcium channel blockers, which slow cardiac contractions and relax arteries by preventing calcium from entering the cells of the heart and arteries; and
- Beta blockers, which cause the heart to beat more slowly and with less force, which lowers BP.

Despite numerous available treatment options, the majority of hypertensive patients require multiple therapies to achieve their target BP. Evidence demonstrates that adding a second- or third-line antihypertensive agent typically provides an additional 6 to 7 mmHg reduction in systolic BP. However, the incremental reduction in systolic BP provided by successive lines of treatment does not always adequately enable patients to reach their BP goal. Therefore, many patients require three, four, or more antihypertensive agents in an attempt

to achieve their target BP. In addition, while hypertension is an asymptomatic disease, many of the currently available treatments have side effects and tolerability issues, which may limit their use. For example, patients taking ACE inhibitors often develop a chronic cough and those taking beta blockers often experience lethargy.

In a meta-analysis of 147 randomized trials, a 10 mmHg reduction in systolic BP or a 5 mmHg reduction in diastolic BP has been shown to reduce the risk of stroke by 41% and coronary heart disease by 22%. The Systolic BP Intervention Trial (SPRINT) study further demonstrated that in adults with hypertension but without diabetes, lowering systolic BP below 120 mmHg reduced cardiovascular events by 25% and reduced the overall risk of death by 27% compared to those with a systolic BP of 140 mmHg or higher. The importance of nighttime BP as a predictor of cardiovascular risk is increasingly recognized. Evidence has demonstrated that higher nighttime systolic BP has a strong association with increased cardiovascular risk. The study's findings stress the importance of targeting a reduction in nighttime systolic BP when considering treatment approaches.

Over 30 million hypertensive patients in the United States are unable to achieve their BP goal despite treatment, and within this population, 10.3 million suffer from rHTN. Treatment options are limited for rHTN patients, and the current standard-of-care is to introduce an MRA agent, which blocks the effect of aldosterone, to their existing antihypertensive regimen.

Background of Chronic Kidney Disease (CKD)

CKD, which is characterized by the gradual loss of kidney function, is estimated to affect more than 10% of the global population and is one of the leading causes of mortality worldwide. According to the U.S. Centers for Disease Control and Prevention, an estimated 1-in-7 (15%) of U.S. adults have CKD. Diabetes and hypertension are responsible for approximately two-thirds of CKD cases. Early detection and treatment can often keep CKD from getting worse. When CKD progresses, it may eventually lead to kidney failure, which requires dialysis or a kidney transplant to maintain life.

Background of Obstructive Sleep Apnea (OSA)

OSA is characterized by repetitive overnight hypoxic episodes and subsequent sleep fragmentation due to a complete or partial collapse of the upper airway. Moderate OSA is defined as having between 15 and 30 breathing pauses (apnea or hypopnea events) per hour of sleep, while severe OSA indicates more than 30 breathing pauses per hour. OSA impacts over 54 million people in the United States, including 24 million moderate-to-severe cases. Around 80% of adults with OSA are undiagnosed. As of 2015, undiagnosed OSA is estimated to cost the United States approximately $149.6 billion annually from comorbid disease, workplace accidents, motor vehicle accidents, and loss of workplace productivity.

Between 30-50% of adults with hypertension have OSA, and this number increases to between 70-80% in adults with resistant hypertension. Additionally, untreated moderate-to-severe OSA increases the risk of resistant hypertension. Along with hypertension, OSA is a major risk factor for cardiovascular disease, type-2 diabetes mellitus, and stroke.

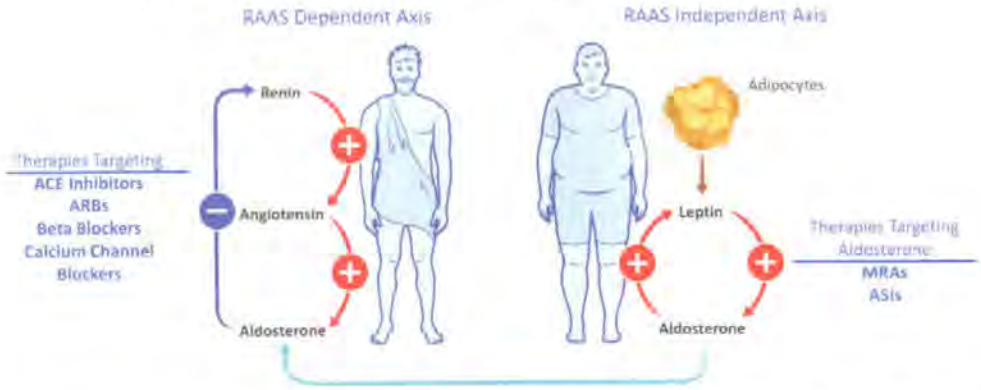
Background of Aldosterone and its Role in Hypertension

Aldosterone is a mineralocorticoid steroid hormone primarily made in the outer layer of the adrenal gland called the adrenal cortex, which plays an important role in controlling the balance of water and salts by keeping sodium in and releasing potassium from the body. This maintenance of homeostasis ensures the body can maintain normal BP.

In a healthy person, homeostatic balance is maintained via a feedback loop called the RAAS. Renin is a key enzyme that is released by the kidneys when they sense changes in BP to control the production of aldosterone, in order to help the kidneys regulate water and salt levels in the body. In a normal physiological state, aldosterone production increases when BP is too low and decreases when BP is too high. This is considered renin-dependent hypertension due to the linkage of renin levels to aldosterone production.

In addition to the self-regulated RAAS, there are other pathways that drive aldosterone production. Evolving information about hormone regulation of visceral adipocytes and the adrenal gland supports the hypothesis that adipokines, specifically elevated leptin and reduced adiponectin, can affect aldosterone and renin, respectively. The net result is an increase in aldosterone and prevention of the normal feedback inhibition of renin. This is considered renin-independent aldosterone production and is due to dysregulated systems biology, which is often prevalent in an obese population.

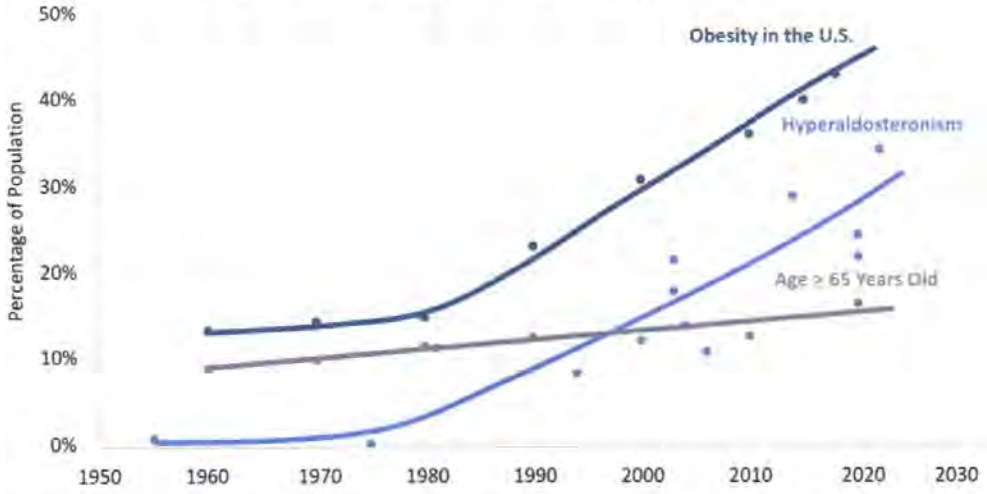
Overview of Renin-Dependent and Renin-Independent Aldosterone Production



Elevated aldosterone also causes insulin resistance, inflammation and fibrosis of the heart, fibrosis and remodeling of blood vessels, and tubulointerstitial fibrosis and glomerular injury in the kidney. Aldosterone excess is believed to lead to a higher risk of stroke, kidney damage, congestive heart failure, and heart attack, compared to high BP alone. Many of these symptoms are often comorbidities in an obese population.

Many of the therapies designed to address hypertension, such as ACE inhibitors, ARBs, beta blockers, calcium channel blockers, and diuretics, were developed and introduced several decades ago when the incidence of obesity was below 20% and abnormal aldosterone production affected less than 10% of the U.S. population. The increasing prevalence of obesity and hypertension, driven by the renin-independent axis, has resulted in higher incidences of uHTN and rHTN. Currently available therapies are generally effective in managing renin-dependent hypertension; however, they fail to adequately address the shifting biology of hypertension today. For example, ACE inhibitors and ARBs indirectly reduce aldosterone levels, but up to 40% of treated patients experience "aldosterone breakthrough," whereby their aldosterone levels return to normal or higher levels and result in elevated BP.

Growing Epidemic of Obesity Correlated to Rise in Hyperaldosteronism



MRAs, which were initially introduced in the 1950s, are designed to work by blocking the effect of aldosterone, whether renin-dependent or renin-independent, from the mineralocorticoid receptor (MR) but do not inhibit aldosterone production. There are two well-known MRAs available in the United States for the treatment of hypertension, spironolactone and eplerenone, which are both available as generic medicines. MRAs are known to be effective in lowering BP; however, they have demonstrated side effects that have limited their use. Specifically, spironolactone, the most commonly prescribed MRA, is known for inducing hyperkalemia as well as gynecomastia in men and fertility issues in women. Additionally, when aldosterone is blocked from binding to the MR, circulating aldosterone levels increase two- to three-fold and may cause other harmful non-MR-related effects in the body.

The approach of blocking the synthesis of aldosterone and reducing plasma aldosterone levels is thought to be a preferable approach versus the use of MRAs that block the action of aldosterone at the MR. The task of creating a safe and effective ASI can be technically challenging because the major enzymes in the synthesis of aldosterone and cortisol share a high degree of amino acid sequence similarity. While challenging to develop, there are currently four ASIs (including lorundrostat) in advanced clinical development in conditions including hypertension, OSA, primary aldosteronism, heart failure, and CKD.

Lorundrostat as a Potential Treatment for Hypertension

Our product candidate, lorundrostat, is a proprietary, orally administered, highly selective ASI designed to reduce aldosterone levels by inhibiting CYP11B2, the enzyme responsible for producing the hormone. We are initially developing lorundrostat for the treatment of hypertension and have completed Target-HTN, our initial Phase 2 proof-of-concept clinical trial. In this trial, lorundrostat was well tolerated and demonstrated compelling clinical results, and once-daily dosing flexibility. The observed 10 to 12 hour pharmacokinetic half-life of lorundrostat has the potential to normalize aldosterone levels to provide a clinically meaningful reduction in BP and to flexibly manage the challenges of elevated serum potassium. We believe that lorundrostat's profile may be compelling based on the following attributes:

- **Compelling Clinical Results:** Target-HTN demonstrated a statistically significant 9.6 mmHg and 7.8 mmHg reduction in systolic BP in the 50 mg and 100 mg QD cohorts, respectively, which we believe to be clinically meaningful. The reduction in systolic BP was validated and confirmed by

24-hour mean ambulatory blood pressure monitoring (ABPM), which further demonstrated that lorundrostat provides both central and nighttime BP reduction;

- **High Selectivity:** Phase 1 and Phase 2 clinical data demonstrated high aldosterone selectivity with no cortisol suppression and no incidence of adrenal insufficiency, as anticipated by the 374 to 1 inhibitory effect on the CYP11B2 enzyme compared to the CYP11B1 enzyme, which is responsible for synthesizing cortisol;
- **Optimal Half-Life:** A majority of our clinical trial subjects maintained a serum potassium in the normal range. There were modest incidences of hyperkalemia requiring dose adjustment or discontinuation. Six subjects experienced transient elevated serum potassium greater than 6.0 mmol/L, none of which were considered a serious adverse effect (SAE) and all rapidly resolved after discontinuation or dose adjustment. One of the events was assessed as erroneous due to sample misprocessing. Lorundrostat's observed 10 to 12 hour half-life may be viewed more favorably by physicians compared to compounds with longer half-lives, which may have greater risk of sustained potassium elevation; and
- **Convenient Dosing and Well Tolerated:** Target-HTN demonstrated clinically meaningful results on a once-daily dosing regimen. Furthermore, lorundrostat was well-tolerated.

Based on the results of the Phase 1 and Target-HTN clinical trials, we initiated our pivotal program in 2023 for lorundrostat in the following trials:

Advance-HTN is a randomized, double-blind, placebo-controlled Phase 2 clinical trial to evaluate the efficacy and safety of lorundrostat for the treatment of uHTN or rHTN, when used as an add-on therapy to a standardized background treatment of two or three antihypertensive medications. Subjects who met screening criteria discontinued their existing hypertension medications and started on a standard regimen of an ARB and a diuretic, if previously on two medications, or a standard regimen of ARB, diuretic and calcium channel blocker if previously on three to five medications. Subjects who remained hypertensive despite the standardized regimen were then randomized into three cohorts for twelve weeks receiving one of the following treatments: lorundrostat 50 mg QD, lorundrostat 50 mg QD and an option to titrate to 100 mg QD at week four based on defined criteria or placebo. The primary endpoint of Advance-HTN is change in 24-hour ambulatory systolic BP at week twelve from baseline for each active cohort versus placebo. Randomization of 285 subjects was completed in the fourth quarter of 2024, and topline data from this trial is anticipated in March 2025.

Launch-HTN is a global, randomized, double-blind, placebo-controlled Phase 3 clinical trial to evaluate the efficacy and safety of lorundrostat for the treatment of uHTN or rHTN, when used as an add-on therapy to their existing, prescribed background treatment of two to five antihypertensive medications. Subjects were randomized into three cohorts for twelve weeks receiving one of the following treatments: lorundrostat 50 mg QD, lorundrostat 50 mg QD and an option to titrate to 100 mg QD at week six based on defined criteria or placebo. The primary endpoint of the trial is the assessment of automated office measured systolic BP from baseline for active cohorts versus placebo at six weeks, with the results pooled for all subjects on 50 mg QD. Randomization of 1,083 subjects was completed in the fourth quarter of 2024, and topline data from this trial is anticipated in mid first half of 2025.

Explore-CKD is a randomized, double-blind, placebo-controlled, two-period, two-sequence (2x2) crossover trial designed to evaluate the safety and efficacy of 25 mg QD lorundrostat in addition to an SGLT2 inhibitor for the treatment of hypertension in subjects with Stage 2 to 3b CKD and albuminuria despite receiving stable treatment with an ACE inhibitor or ARB. The primary endpoint is placebo-adjusted change from baseline in systolic BP at week four and an exploratory endpoint is placebo-adjusted percent change from baseline in urine albumin-to-creatinine ratio at week four. Randomization of 60 subjects was completed in the first quarter of 2025, and topline data from this trial is anticipated in the second quarter of 2025.

Transform-HTN is an open-label extension trial allowing subjects to continue to receive lorundrostat and to obtain long-term efficacy and safety data. All subjects in the pivotal hypertension program, including the Advance-HTN and Launch-HTN trials, as well as the Explore-CKD trial, will be given the opportunity to participate in the extension trial.

Lorundrostat has been developed to address dysregulated aldosterone, and we believe this mechanism may be applicable to other indications where dysregulated aldosterone biology plays a role. Most recently, we have begun to explore lorundrostat for patients with OSA and hypertension.

In January 2025, we announced that the FDA cleared our investigational new drug application (IND) for Explore-OSA to evaluate the effect of lorundrostat in the treatment of subjects with moderate-to-severe OSA and hypertension. We anticipate initiating Explore-OSA in the first quarter of 2025. Explore-OSA is planned to be a placebo-controlled, crossover trial to evaluate the safety and efficacy of lorundrostat 50 mg QD in the evening in approximately 40 subjects with moderate-to-severe OSA. Subjects will be at least 18 years old, with a BMI $\geq$27 kg/m^2, and the trial will be conducted across approximately 40 sites. The key objective of this trial is to evaluate the hypothesis that lorundrostat both alleviates the severity of upper airway obstruction and reduces nocturnal hypertension. The primary outcome measure is absolute change in the frequency of apnea-hypopnea episodes compared to placebo. The key secondary objective is to quantify BP throughout the night using continuous BP monitoring during performance of a standard sleep study without the use of CPAP. Standard patient reported outcomes specific to OSA will also be assessed.

Target-HTN Phase 2 Clinical Trial

Target-HTN was a two-part Phase 2 randomized, double-blind, placebo-controlled, dose-ranging, multi-center trial designed to evaluate the safety, efficacy, and tolerability of orally administered lorundrostat for the treatment of uHTN and rHTN when used as an add-on therapy to stable background treatment of two or more antihypertensive medications in 200 males and females. The trial was conducted in the United States. The following table illustrates the key clinical results of Target-HTN:

BP Lowering Metrics (Observed Mean)	Associated BP Reduction	
	100mg QD Part 1 N=25	50mg QD N=28
Placebo-adjusted Systolic BP*	-10.0 mmHg	-9.1 mmHg
Placebo-adjusted 24-hour Systolic ABPM	-8.1 mmHg	-10.5 mmHg**
Placebo-adjusted 24-hour Systolic ABPM Nighttime	-8.0 mmHg	-4.1 mmHg**
Placebo-adjusted 24-hour Central Systolic BP	-10.0 mmHg	-10.4 mmHg**

*Mixed effects model with repeated measures (MMRM) results for 100mg QD Part1 and 50mg QD were -7.8 mmHg and -9.6 mmHg, respectively. The observed means include only those subjects with observations at visit eight with no imputation for missing values, while MMRM imputes missing values. The values for observed and MMRM means may differ slightly.

**Results from post-hoc sensitivity analysis reflecting subjects who passed Quality Control criteria and in whom both baseline AOBP and ABPM > 130mmHg.

The results of the Target-HTN trial demonstrated a clinically meaningful and statistically significant placebo-adjusted reduction in systolic BP, as measured by automated office blood pressure (AOBP), of 9.6 mmHg ($p<0.01$) and 7.8 mmHg ($p<0.04$) in the 50 mg and 100 mg QD cohorts, respectively. A p-value is the

probability that the reported result was achieved purely by chance, such that a p-value of less than or equal to 0.05 means that there is a less than or equal to 5% probability that the difference between the control group and the treatment group is purely due to chance. A p-value of 0.05 or less typically represents a statistically significant result. The FDA's evidentiary standard when evaluating the results of a clinical trial generally relies on a p-value of less than or equal to 0.05. In a meta-analysis of 147 randomized trials, a 10 mmHg reduction of systolic BP or a 5 mmHg reduction in diastolic BP has been shown to reduce the risk of stroke by 41% and coronary heart disease by 22%. The reduction in systolic BP in Target-HTN, as measured by AOBP, was validated and confirmed by comparable reductions in systolic BP with lorundrostat, as measured by 24-hour mean ABPM. The ABPM data further demonstrated the benefits of lorundrostat on both central and nighttime BP reduction, which have been strongly linked to cardiovascular health risk. In the trial, patients with a body mass index (BMI) greater than 30, or obese patients, who are at an elevated risk of cardiorenal diseases, exhibited a 12.3 or 16.7 mmHg placebo-adjusted reduction in systolic BP with a 100 mg QD or 50 mg QD dose, respectively. Treatment-emergent SAEs were reported in three subjects, one of which was deemed to be possibly related to lorundrostat in a subject with worsening of preexisting hyponatremia, which reversed after discontinuation. The two active, once-daily doses saw modest increases in potassium levels across the cohorts of 0.25 mmol/L with the 50 mg QD and 0.29 mmol/L with the 100 mg QD dose. Six subjects experienced transient elevated serum potassium greater than 6.0 mmol/L, none of which were considered an SAE, and all rapidly resolved after discontinuation or dose adjustment, which is consistent with the half-life of lorundrostat. One of the events was assessed as erroneous due to sample misprocessing. As anticipated, and in a manner similar to ACE inhibitors and ARBs, the BP lowering effect of lorundrostat led to a beneficial, reversible dose-dependent reduction in estimated glomerular filtration rate (eGFR), a measure of kidney function. Finally, the selectivity of lorundrostat for aldosterone inhibition was confirmed as cortisol levels were not observed to be inhibited across the range of doses.

The trial was conducted in two parts. In Part 1, subjects were initially pre-screened for a period of up to two weeks with a requirement for their systolic/diastolic BP to be over 130/80 mmHg with the use of two or more background medications indicated for hypertension such as ACE inhibitors, ARBs, calcium channel blockers, or diuretics. Subjects in Part 1 were also required to have low-renin hypertension defined as hypertension with a plasma renin activity level of 1.0 ng/mL/h or less. Subjects were excluded if they were taking an MRA or sodium channel blocker. Once subjects met the prescreening criteria, they were followed for two weeks during a blinded, placebo run-in period where their elevated BP was reconfirmed while compliant on background medication and placebo. If patients were compliant on their background medication and continued to have BP above 130/80 mmHg, subjects were randomized into five active cohorts and one placebo cohort. Subjects were dosed for eight weeks, then, upon withdrawal of study medication, followed for another four weeks.

4K

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH03026 (closed)	☒ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10)

Section 1: General Information

Facility Name: Novavax, Inc.

Physical Address: 21 Firstfield Road

City: Gaithersburg State: MD Zip: 20878

Mailing Address (if different from physical address): 21 Firstfield Road

City: Gaithersburg State: Maryland Zip: 20878

Telephone: (240) 268-2000 Website: https://novavax.com

Name of Designated Representative (DR): Diana Nortey

Licensing Company Email: state_licensing@novavax.com DR Email: dnortey@novavax.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☒ Dangerous Drugs	☒ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [3]Medical Products (medical devices, equipment, supplies, gases)	☐ Reverse Distributor
☒ Wholesalers		☐ Warehouse
☐ Veterinarians	☐ Others:	☐ Retail pharmacy wholesale distributor
☐ Others:		☒ Others: Virtual Manufacturer

Section 2: ONLY COMPLETE THIS SECTION IF THE COMPANY IS WHOLESALING [a]Medical Products (medical devices, equipment, supplies and gases). Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 3 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*:

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)
James Kelly

7/2/2026
Date

Section 4: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Sanofi

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

Name: _____

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

Name: _____

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

Name: _____

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

Section 5: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): _____

Corporation Name: Novavax, Inc.

Mailing Address: 21 Firstfield Road

City: Gaithersburg State: Maryland Zip: 20878

Telephone: (240) 268-2000 Email: state_licensing@novavax.com

Contact Person Name: Diana Nortey

Date of SEC Registration: 06/06/1996	SEC Registration Number: 0001000694	Stock Exchange Symbol: NVAX

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 10: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale [a]Medical Products (medical devices, equipment, supplies, gases). (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Products (medical devices, equipment, supplies, gases), supply a copy of proof of insurance (NAC 639.6957).** The Medical Products wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 9)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20NRS%20639.500%20-%20Effective%2001.07.2026%20-%20Wholesaler%20-%20Post%20on%201.26.26.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Novavax, Inc.
Facility Name

James Kelly
Print Name of Authorized Person Submitting Application

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

7/2/2026
Date

Board Use Only	Date Received: 7/15/26	Amount: $1000 CK 5910

Marylyn Oparaugo

To: edrls@fda.hhs.gov
Subject: RE: Labeler Code Request Approved

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Friday, September 18, 2020 4:58 AM
To: Marylyn Oparaugo <MOparaugo@Novavax.com>
Subject: Labeler Code Request Approved

[SENDER IS EXTERNAL TO NOVAVAX]

eDRLS - Electronic Drug Registration & Listing System

Current Date: 18-SEP-2020
Labeler DUNS: 808837520
Labeler Name: NOVAVAX INC.
Labeler Code Assigned: 80631

✓ verified M.H 7/23/20

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

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

Description of Operations

Novavax, Inc. is a VirtualManufacturer. Novavax, Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to Wholesalers and Specialty Distributors by their Third-Party Logistics Provider, Cardinal Health (SPS) , who is licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:
We are using the following contract manufacturer to produce our product:

Serum Institute of India PVT. LTD
212/2, Hadapsar
Pune, MAHARASHTRA 411028
India
FDA Establishment Number: 3020223359

Serum Institute manufactures Novavax, Inc.'s product and packages finished product. At no time does Serum Institute own the product, contract with Novavax, Inc.'s customers, invoice, nor sell a Novavax, Inc. product. Novavax, Inc.'s products are not Controlled Substances.

Labeler Code: ✓
80631

Third Party Logistic information:
For distribution into the commercial supply channels, Cardinal Health (SPS) acts as Novavax, Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of Novavax, Inc.'s product-throughout the United States. Cardinal Health (SPS)'s address is:

Cardinal Health (SPS)
501 Mason Road
Suite 200
LaVergne, TN 37086

Novavax, Inc.'s hours of operation are 8:00 am – 5:00pm Monday through Friday

Novavax, Inc.'s records are stored at the 3PL, Cardinal (SPS)

Novavax, Inc.'s facility square footage is 5,200



Company Information

Company Name: Novavax, Inc
Address: 21 Firstfield Road
City, State, Zip: Gaithersburg, MD 20878
Phone: (240) 268-2000
E-mail: state_licensing@novavax.com

FEIN: 22-2816046
State of Incorporation: DE
Date of Incorporation: 06/18/1987

Ownership Information

Novavax, Inc is a 100% Publicly Traded company on the NASDAQ stock exchange under the symbol: NVAX

Officers

John Jacobs, President and CEO
Business Address: 700 Quince Orchard Road, Gaithersburg, MD 20878
Business Phone: (240) 268-2000
Email: state_licensing@novavax.com

James Kelly, Executive VP, CFO
Business Address: 700 Quince Orchard Road, Gaithersburg, MD 20878
Business Phone: (240) 268-2000
Email: state_licensing@novavax.com

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NOVAVAX, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NOVAVAX, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF JUNE, A.D. 1987.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

2129598 8300

SR# 20260666325

Authentication: 203131056

Date: 02-18-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

DISTRIBUTOR REGISTRATION

STATE OF MARYLAND
DEPARTMENT OF HEALTH

197918

Maryland Board of Pharmacy

4201 Patterson Avenue
Baltimore, Maryland 21215

Novavax Inc
21 Firstfield Road
Gaithersburg MD 20878

THE MARYLAND STATE BOARD OF PHARMACY CERTIFIES THAT
Novavax Inc
IS A REGISTERED **Active**
Distributor (exp.: 05/31/2027)

In accordance with the Health Occupations Article of the Annotated Code of Maryland

LIC. REG. PERM. NO.	EXPIRATION DATE
D06934	05/31/2027

SIGNATURE OF BEARER

197918

State of Maryland

197918

DEPARTMENT OF HEALTH

THE MARYLAND STATE BOARD OF PHARMACY
CERTIFIES THAT **Novavax Inc**
IS A REGISTERED **Active**
Distributor (exp.: 05/31/2027)

SIGNATURE OF BEARER

IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND

LIC. REG. PERM. NO	EXPIRATION DATE
D06934	05/31/2027

SECRETARY MDH

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

Distributor Change of Information

A Distributor must report changes in their names, addresses, place of employment or other contact information in order to receive renewal notices, newsletters and other important information. A copy of a legal document, such as a Marriage Certificate, must accompany name changes.

To report changes, submit a completed Change of Information form. The form may be downloaded from the Board's website at http://dhmh.maryland.gov/pharmacy/Pages/ChangeRequest.aspx, or contact the Board to have the form sent to you.

Return the completed form by mail, fax or email to:

Maryland Board of Pharmacy
P.O. Box 2051
Baltimore, Maryland 21203-2051
Toll Free: (800)-542-4964 Fax: (410) 358-6207
Email: dhmh.mdbop@maryland.gov

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/31/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA LLC 30 South 17th Street Philadelphia, PA 19103 CN101667275-ALL-CAS-26-27	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED Novavax, Inc. 21 Firstfield Road Gaithersburg, MD 20878	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Federal Insurance Company — 20281 **INSURER B :** N/A — N/A **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CLE-005832258-36 **REVISION NUMBER:** 17

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			3600-14-45	04/01/2026	04/01/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	1,000,000 1,000,000 10,000 1,000,000 2,000,000 EXCLUDED
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			7358-25-14	04/01/2026	04/01/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	1,000,000
A	X **UMBRELLA LIAB** X OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $			7989-04-52	04/01/2026	04/01/2027	EACH OCCURRENCE AGGREGATE	$ $	10,000,000 10,000,000
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		7174-97-15	04/01/2026	04/01/2027	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Coverage

CERTIFICATE HOLDER

Novavax, Inc.
21 Firstfield Road
Gaithersburg, MD 20878

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

© 1988-2016 ACORD CORPORATION. All rights reserved.

Novavax, Inc. Employee List

Legal First Name	Legal Last Name
Gale	Smith
Bin	Zhou
Adrienne	Caddell
Jean	Williams
Alexis	Alexander
Christopher	Dunne
Rafia	Khatoon
Kwanho	Roh
Kathleen	Callahan
Desheng	Jiang
Jingya	Zhu
Elzbieta	Ekechukwu
Ashley	Flood
Stefanie	Kluepfel-Stahl
Michael	Money
Shraddha	Parab
Lee	James
Lynae	Wright
Brian	Webb
John	Kutney
Seryozha	Kadel
Thomas	Gantt
Kristal	Lam
Stephanie	Major
Tamra	Carrillo
Anand	Parekh
Ivailo	Neov
Brian	Brashears
Bradley	Frieze
Tiruwork	Terrefe
Urvashi	Patel
Kate	Malachowski
Leslie	Qureshi
Ernest	Maynard
Vivek	Shinde
Stephanie	Dorre
Jenina	Garcia
Tayo	Bewaji
Iksung	Cho
Purvi	Patel
Christopher	Blankenship
Mingzhu	Zhu
Tracey	Little
Haixia	Zhou
Daniel	Scott
Karlee	Miranda

Komlanvi	Gbete
Joyce	Plested
Donte	Thomasson
Angela	Zimmerman
Katie	Yu
Wendy	Cloney-Clark
Mohamed	Usmani
Henok	Aynalem
Crosby	Winters
Sheau-Line	Feng
Kelly	Cappio
Jacob	Sarnecki
Adam	Abdallah
Rachel	Dawson
Katherine	Windham
Kelsey	Jacobson
Nowamagbe	Aigbogun
Biegie	Lee
Nikita	Omar
Christopher	Simkus
Jamal	Joseph
Lynnita	Green
Michelle	Walker
Ursell	Peterson
Marcus	Blanchard
Walter	Rhee
Alexandra	Shubina
William	Moffitt
Susan	Torrence
Dawei	Wu
Benjamin	Haner
Lu	Yang
Christopher	McGuin
Vitaly	Avilov
Andrew	Gorinson
Abigail	Barnett
David	Silva
Lina	Chhuy-Hy
Rhonda	Flores
Samuel	Marfo
Sanketkumar	Patel
Samantha	Whitaker
Rebecca	Daehnke
Paul	Skonieczny
Gary	Albert
Susan	Neal
Maryam	Khaksari
Chinar	Desai
Silvia	Taylor

Ann	Greene
Nina	Rosso
Allison	Mohoric
Andrey	Chudny
Marco	Cacciuttolo
Jared	Lantzy
Victoria	Lada
Raghava	Kanagala
Michael	Geisler
Ezra	Weisel
Halima	Namatovu
Najma	Khan
Carmen	Barsomian-Dietrich
Brittany	Curtis
Joy	Nelson
Tishtar	Karkaria
Tamara	Cunningham Floyd
Anthony	Ham
Katherine	Smith
Yuvika	Mehla
James	Mason
Jennifer	Egerter
Emmanuel	Faust
Christine	Stanfill
Crystal	Jackson
Helen	Duda-Racki
Junyan	Huang
Melanie	Merrion
Arthur	Nhliziyo
Erica	Porter
Trideep	Rajale
Lenne	Martin
Jannine	Cobb
Hansu	Dong
Drew	Bundschuh
Dejuan	Tillman
Geoffrey	Clerch
Vikas	Chandra
Trishulin	Fnu
Patrick	Newingham
Rashidah	Daniel
Siyun	Pettner
Raburn	Mallory
Keith	Orrison
Veena	Kumar
Ellyn	Sharkey
Tarek	Kalaaji
Patrick	Hash
Marianne	Mowrer

Jonathan	Smith
Stephanie	Wasiak
Kyle	Lorenz
William	Zigmund
Himien	Cooper
Chijioke	Bennett
Tomasz	Mazur
Yang	Liu
Danielle	Usilton
Richard	Crowley
William	Ippolito
Renee	Entzminger-Sneed
Mehak	Mittal
Jacqueline	Granado
Wayne	Woo
Mai	Baioumi
Juan Manuel	Cabrera Luque
Lea	Lehmann
Chadwick	Potvin
Nelvin	Cubias
Vandana	Jillala
Avinash	Prabhakar
Stephen	Orwig
Laura	Lindsey
Julia	Larkin
Jane	Shershenovich
Haoua	Dunbar
Dennis	Tsurkan
Kevin	Auerbach
Amanda	Everett
Xiaohua	Gao
Lisa	Golden
Jude	Chia
Judith	Shin
Jose	Garcia
Renee	Jesser
Jason	Segura
Kathryn	Moore
Piyush	Ranjan
Kudiratu	Oladiran
David	Morgan
Kristin	Little
Candace	McCain
Mitali	Mukherjee
Jessica	Robinson
Erin	Craft
Jody	Petrakes
Camille	Labad
Ryan	Wyer

Ashvin	Patel
Rory	Mandelke
Elliot	Morales
Rebecca	Jones
Peter	Janiszewski
Mary Anne	Anderson
Elizabeth	Kitchens
Ali	Rahman
Thomas	Harrigan
Victoria	Savage
Jasmine	Moxley
Cecilia	Radana
Nishant	Shetty
Katia	Alves
Katherine	Policarpio
Obed	Soto Martinez
Young	Yi
Phillip	West
Amanda	Read
Indresh	Srivastava
Kyunghwan	Kim
Jeffrey	Robison
Gordon	Chau
James	Kelly
Natalya	Bukreyeva
Han	Mu
David	Gaviria
Anil	Boddu
Gretchen	MacLaren
Le An	Nguyen
Kathryn	Maynard
Andrew	Arjana
Audra	Phillips
So Hyun	Ahn
Chetankumar	Patel
Youri	Lee
Garrett	Smith
Megan	Cybul
Kimberly	Jandrain
Sumit	Asija
Xinhua	Xu
Sherri	Sewalt
Chiara	Pesa
Emily	Hoopii-Taylor
James	Cho
Holly	Mcgill
Denny	Kim
Monica	Wolven
Samitha	Kulathunga

Anushree	Bhatnagar
Susan	Rafiee
Cesar	Vilaseca
Mithu	Majumder
Xiaojia	He
Sabena	Moyer
Imani	Nicholson
Xin	Shi
Johnny	Nunez
Joanna	Mccabe
Derek	Gilpin
Pablo	Pena
Michelle	Kirkland
Anna	Alonzi
Nora	Keeling
Krystal	Culbertson
Byron	Arguello
Richard	Baik
Bryan	Ranocchia
Dhruvesh	Amin
Robert	Korman
Daniel	Semler
Eric	Jackson
Purnell	Gaither
Dorothy	Johnson
Brian	Duchez
Leah	Molleca
Ravi	Parikh
Tesfamichael	Kahsai
Joshua	Chua
Shawn	Bailey
Javier	Huerta
Joana	Lamptey
Kehinde	Bakin
Jeremy	Naill
Anthony	Giannini
Terrence	Lewis
Candice	Carter
Jenny	Tsang
Nicholas	Fitman
Chandrahas	Madhavaram
Yvonne	Sprow
Brian	Custard
Hope	Salvo
CARMEN	RAMOS
Susan-Marie	Young
Brandy	Warren
Erick	Fuentes Hernandez
Matthew	Rousculp

Taiwo	Esho
Sasa	Spasic
Jacob	Naill
Kayla	Simmons
Bridget	Riviers
Christine	Kim
Pratyusha	Kajipet
Mahmoud	Bajare-Dukes
Scott	Perry
Hannah	Cromwell
Xiaoyun	Bai
Ali	Ahmadi
Jaydeep	Dakhawe
Xiaoqi	Wang
Mireille	Wojtanek
Marjan	Hanafian
Felipe	Alcorta
Paul	Klenck
Scott	Teada
Rhonda	Winkers
Collin	Graham
Richard	Sides
Matthew	Franks
Bahar	Osman
Xiaorong	Zhang
Ethan	Rudolph
Zhaohui	Cai
Matthew	Carbery
Ashley	Dileo
Lisa	Sullivan
Jeffrey	Gathers
Clara	Kozak
Gururaj	Kalkeri
Chi	Cheung
Adria	Allen
Sunena	Wadhwa
Farnaz	Johnson
Selena	White
Natasa	Mcculloch
Jonathan	Roenick
Melissa	Barr
Medha	Raina
Alba	Diaz Vega
Eric	Woska
Brittany	Stanley
Alexandra	Parnell
Kyle	Rougeot
Emily	Fyke
Soila	Llaurador

Stacy	Riegerix
Perrin	Brueckner
Nayeemuddin Hyder	Mohammed
Karen	Newman
Nathalie	Salisbury
Sumihira	Moses
Shardul	Koshia
Jonathan	Fix
Linda	Kajmowicz
Frederick	Wolf
Phaneendra	Chennampally
Ayana	Milligan
Harry	Green
Bhavna	Gupta
Jonathan	Goad
Bayan	Mohamed
Elizaida	Galarza-Ferrell
Philip	Tinder
Kamal	Hines
Krista	Williams
Ranjana	Srivastava
Kwame	Marfo
Michael	Milliner
Marcos	Melecio-Zambrano
Alex	Devlin
Hima Bindu	Ruttala
Annie	Drane
Anthony	Venki
Robert	Walker
Genesis	Vega
Frederick	Boadu
Jayalaxmi Balajapall	Sastri
Patricia	Martinez Doss
Jennifer	Velasco
Brandon	Miller
Henny	Wong
Anjali	Kulkarni
Amy	Unkel
Mary	Shaughness
Jessica	Trost
Sara	Saleh
Greish	Ortiz Palau
Hannah	Roodhouse
Stephen	Johnson
Kristina	Iosue
Sophia	Liu
Thomas	Stuber
Apuroopa	Buchipudi
Yingwen	Hu

Rishona	Peace
Joanne	Yu
Keda	Martin
Tanya	Ortiz
Saniya	Javadekar
Tugce	Kandemir
Fernando Yukio	Maeda
Courtney	Craig
Lisa	Knecht
Lung	Jung
Shamina	Aubuchon
David	Gay
Brianna	Young
Anthony	Handzic-Smith
Brendan	Mumford
Marvin	Hardy
Maria	Jeleva
Donna	Hinckley
Christine	Blain
Nicole	Davis
Chi	Ritchie
Jasdeep	Kaur
Diana	Nortey
Juliana	Dixon
Bethelhem	Almaw
Nathan	Schepker
Dennis	Vanbenthuysen
John	Jacobs
Jahnavi	Donepudi
Nadia	Tewelde
Naomi	Halpern
Elaine	O'Hara
Qianyi	Zhang
Vivian	Wu
Coral	Rosa Falero
Santeria	Greer
Foteni	Bostic
Elizabeth Suzanne	Dubuque
Cindy	Xie
Ian	Watkins
Elissa	Fuller
Elaine	Pan
Nadiatou	Djiguemde
Christopher	Kluetz
Eamon	Doran
Matthew	Teli
Siu Yee Patricia	Tsang
Harrison	Miller
Arjun	Cherupalla

Aaron	Clark
Md Amir	Hossen
Mark	Casey
Jesse	Janoski
Rudy	Koestel
Kelly	Coughlin
Ashika	Ahmed
Fahd	Eisa
Anar	Murphy
Paul	Kabiritsi
Qinglan	Ge
Yulong	Hong
Suvrajit	Banerjee
Kumar Babu	Kautharapu
Diken	Timila
Paul	Schmitt
José	Mendoza
David	Little
SAHAR	JAFARI CHAMKAVI
Paul	Bennett
Matthew	Mosch
SASA	ALEKSOV
Melinda	Hersey
Carla	Chavez
Evan	Morse
Eleanor	Quin
Ryan	Sjostrom
Sushma	Gejjilagere Puttaswamaiah
Hannah	Cho
Olufolasade	Atoyebi
Melissa	Winn
Maryam	Sayah
Amr	Majul
SUDESHNA	SAWOO
Kenny	Molina
Michael	Clements
Young-Ok	You
Aaron	Johnson
Devika	Gupta
Vaishali	Shirgur
Jessica	Park
Siobhan	Dillard
Hellen	Mekonnen
Millicent	Szalapski
Jessica	Suschak
Xi	Han
Aaron	Robinson
Donald	Baines
Bidesh	Ghosh

Eric	Wegener
Atembeshu	Fonge
Daniela	Himelright
Jordan	Dasch
Kumar Singh	Saikatendu
Christina	Carr
Odera	Oriaku
Johnathan	Guest
Tatiana	Reeves
Na	Wang
Eilene	Duberow
Eugene	Kim
Jennitta	Scott
Lauren	Curtiss
Soul	Baek
Bhanvi	Paliwal
Ryan	Lim
Lukas	Cao
Bartlomiej	Morawski
Naina	Zaman

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT

PURSUANT TO SECTION 13 OR 15(d)
OF THE SECURITIES EXCHANGE ACT OF 1934

Date of Report (Date of earliest event reported): May 6, 2026

NOVAVAX, INC.
(Exact name of registrant as specified in charter)

Delaware	**0-26770**	**22-2816046**
(State or Other Jurisdiction of Incorporation)	**(Commission File Number)**	**(I.R.S. Employer Identification No.)**

21 Firstfield Road
Gaithersburg, Maryland 20878
(Address of Principal Executive Offices, including Zip Code)

(240) 268-2000
(Registrant's telephone number, including area code)

(Former name or former address, if changed since last report.)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	**Trading Symbol(s)**	**Name of each exchange on which registered**
Common Stock, Par Value $0.01 per share	NVAX	The Nasdaq Global Select Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 2.02. Results of Operations and Financial Condition.

First Quarter Financial Results

On May 6, 2026, Novavax, Inc. (the "Company") issued a press release announcing the Company's financial results for the quarter ended March 31, 2026. A copy of this press release is attached as Exhibit 99.1 to this Current Report on Form 8-K.

Item 9.01. Financial Statements and Exhibits.

(d) **Exhibits.**

Exhibit No.	Description
99.1	Press release, dated May 6, 2026, regarding the Company's financial results for the quarter ended March 31, 2026.
104	Cover Page Interactive Data File (formatted as Inline XBRL).

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

NOVAVAX, INC.

Date: May 6, 2026

By: /s/ Mark J. Casey
Name: Mark J. Casey
Title: Executive Vice President, Chief Legal Officer and Corporate Secretary

Novavax Reports First Quarter 2026 Financial Results and Operational Highlights

- *Total revenue of $140 million in the first quarter of 2026*
- *Pfizer agreement announced in January for non-exclusive license to utilize Matrix-M® in two infectious disease areas*
- *In April, Novavax signed a new MTA with a top 10 leading pharmaceutical company and leader in oncology to explore Matrix-M in multiple oncology and infectious disease targets*
- *In April, Novavax expanded an existing partnership with a new MTA, providing access to Matrix-M for exploration in up to nine additional identified infectious diseases*
- *In February, Novavax expanded an existing MTA with a major global pharmaceutical company to explore an additional field and signed a new MTA with an oncology company*
- *Sanofi announced positive results from the Phase 4 COMPARE study, a head-to-head study comparing Nuvaxovid and Moderna's mNEXSPIKE that reinforces Nuvaxovid's well established and differentiated reactogenicity profile*
- *Novavax's C. difficile vaccine candidate prioritized with potential to enter the clinic as early as 2027*
- *Reiterates 2026 Revenue Framework and Combined R&D and SG&A expense guidance*

GAITHERSBURG, Md., May 6, 2026 – Novavax, Inc. (Nasdaq: NVAX) today announced its financial results and operational highlights for the first quarter ended March 31, 2026.

"Novavax continued to make significant progress executing our corporate strategy which is comprised of partnering our technology, capital-efficient R&D innovation and a lean operating platform. In 2026, we signed a new, Matrix-M license with Pfizer for up to two vaccine candidates and secured four additional MTAs with a growing list of large pharmaceutical and innovative biotech companies," said John C. Jacobs, President and Chief Executive Officer, Novavax. "With these agreements in place, our partners have the right to evaluate Matrix in over 30 unique fields of experimentation targeting more than 50% of the projected over $100B market for infectious disease and oncology vaccines and immuno-therapeutics. In addition, Novavax continued to advance our own R&D efforts with the selection of our C. difficile vaccine candidate as our next potential asset to advance to the clinic as early as 2027."

First Quarter 2026 and Recent Highlights

Key Business Highlights

- In January 2026, Novavax entered into a license agreement with Pfizer for use of Novavax's Matrix-M adjuvant in vaccine development. Under the terms of the agreement, Pfizer was granted a non-exclusive license for Matrix-M use in two infectious disease areas.

- Novavax received an upfront payment of $30 million in the first quarter of 2026 and has the potential for up to $500 million in additional development and sales milestones. In addition, Novavax is eligible to receive high-mid-single digit percentage royalties on sales from products incorporating Matrix-M.
- Pfizer will be solely responsible for the development and commercialization of its products utilizing Matrix-M, and Novavax will be responsible for the supply of Matrix-M.
- This partnership has the potential to generate billions of dollars of revenue for Novavax over the life of the agreement.

- In 2026, Novavax continued to expand its Matrix-M partnering efforts with global pharmaceutical companies and innovative biopharma companies.
  - In April, Novavax signed a new material transfer agreement (MTA) with a top ten global pharmaceutical company who is also a global leader in oncology to explore Matrix-M in a broad array of oncology targets, as well as antibiotic resistant bacterial infections and other infectious diseases.
  - In April, Novavax signed a new MTA with an existing pharmaceutical partner for evaluation of Matrix-M in nine additional, identified disease areas.
  - In February, Novavax expanded an existing MTA with a major global pharmaceutical company to explore an additional field and signed a new MTA with an innovative oncology company.

- In total, Novavax now has MTA collaborations and/or license agreements with four of the top ten global pharmaceutical companies and a number of innovative biotech companies who, collectively, have the right to explore Matrix-M in over 30 unique fields of experimentation across both infectious diseases and oncology.
  - The goal of our MTA collaborations is to enable exploration of Matrix-M with the intent of entering into deeper partnership via formal license agreements, that in turn results in the advancement of partner's R&D clinical work toward the potential commercialization of innovative vaccines.
    - The broad utility of our technology has resulted in several companies exploring Matrix-M for application in the same high-potential markets, including infectious disease areas such as cytomegalovirus, Epstein-Barr Virus, pneumococcal, and RSV; and also includes overlap in oncology areas such as colorectal cancer, head and neck cancer and pancreatic cancer.
    - Existing partners under license and MTA agreements, have the right to address fields of experimentation that cover over 50% of the global market opportunity for infectious disease and oncology vaccines and immunotherapeutics, which is projected to grow to over $100 billion by the early 2030s.

- In April, Sanofi announced positive Phase 4 results from the COMPARE study, a head-to-head study showing that Nuvaxovid demonstrated statistically significant lower side effects compared to Moderna's mNEXSPIKE across all pre-specified endpoints, reinforcing Nuvaxovid's well-established and differentiated reactogenicity profile ahead of the fall season.

- Continued to progress Novavax R&D innovation in support of our growth strategy
  - Clostridioides difficile colitis (C. difficile) vaccine candidate prioritized as potential next asset to enter the clinic as early as 2027.
  - Preliminary preclinical data generated by Novavax on its varicella-zoster virus (shingles) and respiratory syncytial virus early-stage assets were positive and provide path forward for informing the Company's future antigen design and adjuvant work.
- Ongoing adjuvant research is intended to expand the utility of our technology by creating new adjuvants tailored to foster specific differentiated immune properties for certain diseases that may require unique immune responses.

- Novavax continued to progress its cost reduction program to create a more lean and agile organization.
  - Targeting full year Non-GAAP combined R&D and Selling, General and Administrative (SG&A) expenses of $325 million for full year 2026 and $225 million for full year 2027, each period at the midpoint of the guidance range.
  - Improving the 2028 target for full year Non-GAAP combined R&D and SG&A expenses to between $150 million and $200 million. This reflects an anticipated expense reduction of over $200 million and over 50% when compared to full year 2025.

First Quarter 2026 Total Revenue

First quarter 2025 Nuvaxovid sales included $603 million of non-cash sales related to the close-out of two APA agreements.

	First Quarter			
$ in millions	**Q1 2026**	**Q1 2025**	**Change**	**%**
Nuvaxovid™ Sales[1]	$10	$608	($598)	(98%)
Supply Sales[2]	33	14	19	139%
Product Sales	42	622	($579)	(93%)
Sanofi[3]	49	40	9	21%
Pfizer	30	0	30	NM
Serum	7	4	3	65%
Other Partners[4]	11	0	11	NM
Licensing, Royalties and Other Revenue	97	45	52	116%
Total Revenue	**$140**	**$667**	**($527)**	**(79%)**

Notes

1. *Nuvaxovid Sales reflects product sales where Novavax is the commercial market lead and records revenue related to the sales and distribution of its COVID-19 vaccine.*
2. *Supply Sales includes sales of finished product, adjuvant and other supplies from Novavax to its license partners.*
3. *Sanofi includes revenue recognized under the license agreement including upfront payments, milestones, royalties and transition services reimbursement.*
4. *Other Partners include upfront payments, royalties and milestone revenue under licensing agreements including Takeda and SK bioscience.*

First Quarter 2026 Financial Results

- **Total revenue** for the first quarter of 2026 was $140 million, a 79% decrease compared to $667 million in the same period in 2025. Higher Nuvaxovid™ product sales for the first quarter of 2025 were primarily due to $603 million of non-cash sales revenue recognized with the close-out of two Advance Purchase Agreements (APA). Licensing Royalty and Other revenue of $97 million in the first quarter of 2026 included $30 million related to the Pfizer Matrix-M agreement signed in January 2026.

- **Cost of sales** for the first quarter of 2026 was $31 million, compared to $14 million in the same period in 2025.

- **Research and development (R&D) expenses** for the first quarter of 2026 were $95 million, compared to $89 million in the same period in 2025. The higher R&D costs were primarily associated with COVID-19 postmarketing commitment studies and annual strain change activities. R&D expenses reimbursed by partners in the first quarter of 2026 were $28 million. Non-GAAP R&D expenses,

net of partner reimbursement, were $68 million in the first quarter of 2026, a 13% decrease when compared to $78 million in the same period in 2025. The lower Non-GAAP R&D expenses were driven by the ongoing Novavax cost reduction program as it streamlines operations to make targeted R&D investments.

- **Selling, General and Administrative (SG&A) expenses** for the first quarter of 2026 were $29 million, a 40% decrease compared to $48 million for the same period in 2025. The decrease was primarily due to the transition of lead commercial activities to Sanofi and the elimination of commercial infrastructure plus the ongoing general administrative cost reduction program.

- **Net Loss** for the first quarter of 2026 was $9 million, compared to net income of $519 million in the same period in 2025. First quarter of 2025 net income benefited from $603 million of non-cash sales related to the close-out of two APA agreements.

- **Cash, cash equivalents, marketable securities and restricted cash (Cash)** were $795 million as of March 31, 2026, compared to $751 million as of December 31, 2025. In February 2026, Novavax announced a $330 million credit facility with MidCap Financial, including an initial capital draw of $50 million. The credit facility was put in place to further strengthen Novavax's balance sheet and provide access to non-dilutive capital as Novavax advances its growth strategy.

Financial Framework

Reiterates Full Year 2026 Financial Guidance

Novavax reiterates its Full Year 2026 Financial Guidance for Combined R&D and SG&A Expenses and Non-GAAP Combined R&D and SG&A Expenses and expects to achieve the following results:

$ in millions	**Full Year 2026** (as of May 6, 2026)
Combined R&D and SG&A Expenses	$380 - $420
Less: R&D Reimbursements	($70 - $80)
Non-GAAP Combined R&D and SG&A Expenses	$310 - $340

Non-GAAP Combined R&D and SG&A Expenses exclude R&D Reimbursements, which are amounts reimbursed by Novavax's license partners. See "Non-GAAP Financial Measures" below. R&D Reimbursements are recorded as revenue under Licensing, Royalties and Other Revenue.

Reiterates Full Year 2026 Revenue Framework

For 2026, Novavax reiterates its 2026 Revenue Framework and expects to achieve Adjusted Total Revenue[4] of between $230 million and $270 million. Novavax transitioned lead commercial responsibility of Nuvaxovid beginning with the 2025-2026 COVID-19 vaccination season to Sanofi for select markets. Since Novavax is reliant on

Sanofi's sales forecasts for certain revenue components, these are not included in the Full Year 2026 Revenue Framework.

$ in millions	**Full Year 2026** (as of May 6, 2026)
Nuvaxovid Product Sales[1]	$35 - $45
Adjusted Supply Sales[2]	$40 - $50
Adjusted Licensing, Royalties and Other Revenue[3]	$155 - $175
Adjusted Total Revenue[4]	$230 - $270
Sanofi Supply Sales, Sanofi Royalties and Sanofi Milestones	No guidance

Revenue Category	**Revenue Framework Footnotes**
Nuvaxovid Product Sales[1]	$35 million to $45 million in Nuvaxovid Product Sales by Novavax under existing APA and commercial agreements.
Adjusted Supply Sales[2]	$40 million to $50 million in Adjusted Supply Sales associated with collaborations with the Serum Institute on R21/Matrix-M and collaboration partners for COVID-19 vaccine, including Serum and Takeda.
Adjusted Licensing, Royalties and Other Revenue[3]	◦ $70 million to $80 million in R&D Reimbursement. Under the Sanofi co-exclusive licensing agreement (CLA), Novavax is eligible to receive reimbursement for costs incurred related to select R&D and technology transfer activities during the transition performance period. ◦ $50 million to $60 million in Other Partner related revenue including royalties and milestones from Pfizer, Serum on R21/Matrix-M and collaboration partners for COVID-19 vaccine, including Serum and Takeda. Includes a $30 million upfront payment under the Pfizer agreement received in the first quarter of 2026 ◦ $35 million amortization related to the $500 million Upfront Payment and the $50 million Database Lock Milestone. Revenue recognition will occur over the transition performance period.
Adjusted Total Revenue[4]	◦ Adjusted Total Revenue is a Non-GAAP Financial Measure. Adjusted Total Revenue is total revenue excluding Sanofi Supply Sales, Sanofi Royalties and Sanofi. See "Non-GAAP Financial Measures."

Components of Revenue excluded from the Full Year 2026 Revenue Framework are described below.

Sanofi Supply Sales

- Novavax will sell Nuvaxovid commercial supply to Sanofi for the 2026-2027 COVID-19 vaccination season and the reimbursement for this supply will be recorded as product sales.

Sanofi Royalties

- Sanofi will lead commercial activities for the 2026-2027 COVID-19 vaccination season in select markets, including the U.S. Novavax is eligible to receive royalties in the high teens to low twenties percent on Sanofi sales.

Sanofi Milestones

- Novavax is eligible to receive a $75 million milestone payment related to the completion of the technology transfer of the Nuvaxovid manufacturing process to Sanofi.
- Novavax is eligible to receive up to $350 million in Phase 3 development and commercial launch milestone payments associated with Sanofi influenza-COVID-19 combination products.
- For each new vaccine using Matrix-M, Novavax is eligible to receive up to $200 million in launch and sales milestones and mid-single digit sales royalties for 20 years.

Conference Call

Novavax will host its quarterly conference call today at 8:30 a.m. Eastern Time (ET). To join the call without operator assistance, you may register and enter your phone number at https://registrations.events/easyconnect/1309751/reczqKfVCuLMAhd3l/ to receive an instant automated call back. You may also dial direct to be entered into the call by an operator. The dial-in numbers for the conference call are (888) 880-3330 (Domestic) or (+1) (646) 357-8766 (International). Participants will be prompted to request to join the Novavax, Inc. call. A replay of the conference call will be available starting at 11:30 a.m. ET on May 6, 2026, until 11:59 p.m. ET on May 13, 2026. To access the replay by telephone, dial (800) 770-2030 (Domestic) or (+1) (609) 800-9909 (International) and use passcode 1309751#.

A webcast of the conference call can also be accessed on the Novavax website at ir.novavax.com/events. A replay of the webcast will be available on the Novavax website until June 6, 2026.

About Novavax

Novavax, Inc. (Nasdaq: NVAX) tackles some of the world's most pressing health challenges with its scientific expertise in vaccines and its proven technology platform, including its Matrix-M adjuvant and protein-based nanoparticles. The Company's corporate growth strategy is designed to deliver value via three key strategic pillars: partnering its technology, capital-efficient R&D innovation and a lean and efficient operating model. This includes maximizing impact through partnerships for its marketed products (Nuvaxovid™, R21/Matrix-M™), Matrix technology and R&D assets. Please visit novavax.com and LinkedIn for more information.

Non-GAAP Financial Measures

The Company presents the following non-GAAP financial measures in this press release: Non-GAAP Combined R&D and SG&A Expenses, Adjusted Total Revenue and Adjusted Licensing, Royalties and Other Revenue. Non-GAAP financial measures refer to financial information adjusted from financial measures prepared in accordance with accounting principles generally accepted in the United States (GAAP). The Company believes that the presentation of these adjusted financial measures is useful to investors as they provide additional information on comparisons between periods by including certain items that affect overall comparability. The Company uses these non-GAAP financial measures for business planning purposes and to consider underlying trends of its business. Non-GAAP financial measures should be considered in addition to, and not as an alternative for, the Company's reported results prepared in accordance with GAAP. Our use of non-GAAP financial measures may differ from similar measures reported by other companies and may not be comparable to other similarly titled measures. The Company is unable to reconcile these revenue forward-looking non-GAAP financial measures to the most directly comparable GAAP measures without unreasonable effort because the Company is reliant on Sanofi sales forecasts for certain revenue categories, which are not available.

Forward-Looking Statements

This press release contains forward-looking statements relating to the future of Novavax, its mission; its corporate strategy and operating plans, objectives and prospects; its value drivers and strategic priorities; its partnerships, including expectations with respect to potential partner product sales and royalties, milestones and other commercial objectives, and cost reimbursement, Matrix-M's potential utility in partners' vaccine portfolios and plans for additional potential partnering activities; the development of Novavax's clinical and preclinical product candidates and pipeline advancement opportunities, the conduct, timing and potential results from clinical trials, conducted by Novavax or its partners, and other preclinical and postmarketing commitment (PMC) studies; expectations as to the timing and outcome of future and pending regulatory filings and actions; full year 2026 financial guidance and revenue framework; and Novavax's future financial or business performance. Novavax cautions that these forward-looking statements are subject to numerous risks and uncertainties that could cause actual results to differ materially from those expressed or implied by such statements. These risks and uncertainties include, without limitation, Novavax's ability to successfully and timely obtain and maintain full U.S. FDA licensure or foreign regulatory approvals necessary to manufacture, market, distribute, or deliver its COVID-19 vaccine; the impact of delays in obtaining regulatory approval, including regulatory decisions impacting labeling, approval or authorization, including the scope of the indicated population, product dosage, manufacturing processes, shelf life, safety, for our product candidates; challenges in conducting the PMC study, our ability to obtain adequate additional funding to maintain our current level of operations and fund the further development of our vaccine candidates; challenges related to Novavax's partnership with Sanofi, including collaboration on the Nuvaxovid PMC, and in pursuing additional partnership opportunities; challenges satisfying, alone or together with partners, various safety, efficacy, and product characterization requirements, including those related to process qualification, assay validation and stability testing, necessary to satisfy applicable regulatory authorities; challenges or delays in conducting clinical trials or studies for its product candidates; manufacturing, distribution or export delays or challenges; Novavax's substantial dependence on Serum Institute of India Pvt. Ltd. and

Serum Life Sciences Limited for co-formulation and filling Novavax's COVID-19 vaccine and the impact of any delays or disruptions in their operations; the impact of potential legislative, regulatory, or policy changes under the current presidential administration, including any adverse impact funding for vaccine research and development, reimbursement for vaccines and their administration, vaccine mandates and recommendations, and public perception of vaccine importance; uncertainty with respect to pricing, third-party reimbursement and healthcare reform; uncertainty in the regulatory pathway for Novavax's COVID -19 Vaccine; the impact of any new or changes in interpretations of existing trade measures, including tariffs, embargoes, sanctions, import restrictions, and export licensing requirements; difficulty obtaining scarce raw materials and supplies including for its proprietary adjuvant; resource constraints, including human capital and manufacturing capacity; constraints on Novavax's ability to pursue planned regulatory pathways, alone or with partners, in multiple jurisdictions simultaneously, leading to staggering of regulatory filings, and potential regulatory actions; Novavax's ability to timely deliver doses; challenges in obtaining commercial adoption and market acceptance of its COVID-19 vaccine or any COVID-19 variant strain containing formulation, or for its CIC vaccine candidates, stand-alone influenza vaccine candidates or other candidates; challenges meeting contractual requirements under agreements with multiple commercial, governmental, and other entities, including requirements to deliver doses that may require Novavax to refund portions of upfront and other payments previously received or result in reduced future payments pursuant to such agreements; challenges related to the seasonality of vaccinations against COVID-19; challenges related to the demand for vaccinations against COVID-19 or influenza; challenges in identifying and successfully pursuing innovation expansion opportunities; Novavax's expectations as to expenses and cash needs may prove not to be correct for reasons such as changes in plans or actual events being different than its assumptions; and those other risk factors identified in the "Risk Factors" and "Management's Discussion and Analysis of Financial Condition and Results of Operations" sections of Novavax's Annual Report on Form 10-K for the year ended December 31, 2025, and subsequent Quarterly Reports on Form 10-Q, as filed with the Securities and Exchange Commission (SEC). We caution investors not to place considerable reliance on forward-looking statements contained in this press release. You are encouraged to read our filings with the SEC, available at www.sec.gov and www.novavax.com, for a discussion of these and other risks and uncertainties. The forward-looking statements in this press release speak only as of the date of this document, and we undertake no obligation to update or revise any of the statements. Our business is subject to substantial risks and uncertainties, including those referenced above. Investors, potential investors, and others should give careful consideration to these risks and uncertainties.

NOVAVAX, INC.
CONDENSED CONSOLIDATED STATEMENTS OF OPERATIONS
(in thousands, except per share information)

	Three Months Ended	
	Match 31, 2026	**March 31, 2025**
	(unaudited)	
Revenue:		
Product Sales	42,200	621,678
Licensing, royalties and other	97,314	44,977
Total revenue	139,514	666,655
Expenses		
Cost of Sales	30,695	14,115
Research and Development	95,472	88,937
Selling, general, and administrative	28,777	48,090
Total expenses	154,944	151,142
Income (loss) from operations	(15,430)	515,513
Other income (expense):		
Interest expense	(4,901)	(5,723)
Other income, net	11,825	10,056
Income (loss) before income tax expense	(8,506)	519,846
Income tax expense	985	1,200
Net income (loss)	(9,491)	518,646
Net income (loss) per share		
Basic	(0.06)	3.22
Diluted	(0.06)	2.93
Weighted average number of common shares outstanding		
Basic	163,276	161,049
Diluted	163,276	177,625

SELECTED CONSOLIDATED BALANCE SHEET DATA
(in thousands)

	March 31, 2026	December 31, 2025
	(unaudited)	
Cash and cash equivalents	228,363	240,634
Marketable securities	561,969	494,450
Total restricted cash	4,562	15,418
Total current assets	850,816	978,276
Working capital	508,355	518,326
Total assets	1,043,162	1,176,512
Convertible notes payable	291,039	244,213
Total stockholder's deficit	(144,762)	(127,753)

Reconciliation of GAAP to NON-GAAP Financial Results
(unaudited)

($ in millions)	Three Months Ended March 31,	
	2026	2025
Total Revenue	139.5	666.7
Adjustments:		
Sanofi Supply Sales Adjustment	17.1	1.2
Sanofi Royalties Adjustment	3.5	0
Adjusted Total Revenue	**$ 118.9**	**$ 665.5**
R&D Expenses	95.5	88.9
Adjustments:		
R&D Reimbursement	27.7	11.3
Non-GAAP R&D Expenses	**$ 67.8**	**$ 77.6**
Combined R&D and SG&A Expenses	124.3	137.0
Adjustments:		
R&D Reimbursement	27.7	11.3
Non-GAAP Combined R&D and SG&A Expenses	**$ 96.6**	**$ 125.7**

Contacts:

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) The applicant LLC is wholly owned by a publicly traded parent company ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: QuidelOrtho Sales Company, LLC

Physical Address: 6005 Freeport Avenue, Suite 130

City: Memphis State: TN Zip: 38141

Mailing Address (if different from physical address): NA

City: _____ State: _____ Zip: _____

Telephone: (800) 828-6316 Website: www.quidelortho.com

Name of Designated Representative (DR): Martha McPherson Dobson

Licensing Company Email: State-Licenses@quidelortho.com DR Email: martha.mcpherson-dobson@quidelortho.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: Biologic in vitro diagnostic products	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: 3PLs, Manufacturers, Blood Banks, Independent Reference Laboratories, Government Agencies		■ Others: Distribute to 3rd Parties

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5/1/26
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: The applicant deals only in in vitro diagnostic products. The applicant does not sell, dispense or distribute pharmaceuticals.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): QuidelOrtho Corporation

Corporation/Organization Name: QuidelOrtho Sales Company, LLC

Mailing Address: 6005 Freeport Avenue, Suite 130

City: Memphis State: TN Zip: 38141

Telephone: (800) 828-6316 Email: state-licenses@quidelortho.com

Contact Person Name: Michelle Bodien

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

QuidelOrtho Sales Company, LLC

Facility Name

Jennifer Ahn

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

5/1/26

Date

Board Use Only	Date Received: _____	Amount: _____

ATTACHMENT 1

COPY OF FDA REGISTRATION

The applicant's owner (Ortho-Clinical Diagnostics, Inc.) is registered as an Initial Importer in the FDA Unified Registration Listing System (FURLS) (FEI Number: 3012466784). Pursuant to 21 C.F.R. § 807.3(d)(1), the US FDA defines "Manufacture" to include, among other things, Initial Importation of devices manufactured in foreign establishments.

QuidelOrtho Corp., the parent company of the applicant and the applicant's owner is the registered Owner/Operator of the facility in FURLS (Owner/Operator Number: 2024674).

New Search | Back To Search Results

Establishment:
Ortho-Clinical Diagnostics, Inc.
6005 Freeport Avenue, Suite 130
Memphis, TN 38141
Registration Number: 3012466784
FEI Number*: 3012466784
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types. Please Review Listings For Further Information.
Date Of Registration Status: 2025

Owner/Operator:
QuidelOrtho Corp.
9975 Summers Ridge Road
San Diego, CA US 92121
Owner/Operator Number: 2024674

Official Correspondent:
Robert F Buenaga
QuidelOrtho Corp.
1001 US Highway 202
Raritan, NJ 08869
Phone: 01-908-2188629

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

ATTACHMENT 3

LIST OF ALL APPLICANT OFFICERS AND DIRECTORS

President – Joseph M. Busky

Chief Financial Officer and Treasurer – Edward S. Moselle

Secretary – Phillip Askim

Assistant Secretary – Euna Greene

ATTACHMENT 4

TOP FOUR (4) CORPORATION SHAREHOLDERS AND THEIR PERCENT OWNERSHIP

The four (4) QuidelOrtho Corporation Shareholders as of September 30, 2025* are:

- T. Rowe Price Investment Management: 16.21%
- Blackrock Inc.: 15.04%
- Vanguard Group Inc: 11.24%
- Rubric Capital Management LP: 6.83%

The total percentage of shares held by all insiders combined is <1%

*Source: finance.yahoo.com/quote/QDEL/holders/

ATTACHMENT 5

LIST OF ALL APPLICANT CORPORATION SHAREHOLDERS AND THEIR PERCENTAGE OWNERSHIP

Ortho-Clinical Diagnostics, Inc. and QuidelOrtho Sales Company, LLC are affiliated entities, each of which is an indirect subsidiary of QuidelOrtho Corporation, a publicly traded DE corporation within the QuidelOrtho group.

Ortho-Clinical Diagnostics, Inc. is the sole member of QuidelOrtho Sales Company, LLC.

QuidelOrtho Sales Company, LLC is 100% owned by Ortho-Clinical Diagnostics, Inc.

ATTACHMENT 6

CERTIFICATE OF GOOD STANDING

Online certificate of Good Standing for QuidelOrtho Sales Company, LLC from the Tennessee Secretary of State. Available at https://tncab.tnsos.gov/business-entity-search

	Control No.	Name	Other Names Used	Entity Type	Status	Formed In	Registration Date
Details	002016914	QUIDELORTHO SALES COMPANY, LLC		Foreign Limited Liability Company (LLC)	Active	DELAWARE	4/18/2025

1 50 items per page 1 - 1 of 1 items

QUIDELORTHO SALES COMPANY, LLC

Entity Type: Foreign Limited Liability Company (LLC)
Formed in: DELAWARE
Term of Duration: Perpetual
Managed By: Member Managed
Series LLC: No
Number of Members: 6 or less

Status: Active
Control Number: 002016914
Initial Filing Date: 4/18/2025 8:06:58 AM
Fiscal Ending Month: December
AR Due Date: 04/01/2026
Obligated Member Entity: No

Registered Agent
REGISTERED AGENT SOLUTIONS, INC.
992 DAVIDSON DRIVE, Suite B
NASHVILLE, TN 37205

Principal Office Address
9975 Summers Ridge Rd
San Diego, CA 92121

Mailing Address
9975 Summers Ridge Rd
San Diego, CA 92121

AR Standing: Good RA Standing: Good Other Standing: Good Revenue Standing: Good

History (1)

Type	Date	Tracking Number	Change History
Application for Registration of Foreign Limited Liability Company for QUIDELORTHO SALES COMPANY, LLC	4/18/2025 8:06:58 AM	B2025234608	

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QUIDELORTHO SALES COMPANY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF MAY, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUIDELORTHO SALES COMPANY, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

3293791 8300

SR# 20263146282

Authentication: 204081277

Date: 05-29-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

ATTACHMENT 8

PERSONAL HISTORY RECORD APPLICATION

Ortho-Clinical Diagnostics, Inc. and QuidelOrtho Sales Company, LLC are affiliated entities, each of which is an indirect subsidiary of **QuidelOrtho Corporation, a publicly traded DE corporation** within the QuidelOrtho group. Ticker Symbol: QDEL

QuidelOrtho Sales Company, LLC is 100% owned by Ortho-Clinical Diagnostics, Inc. Ortho-Clinical Diagnostics, Inc. is the sole member of QuidelOrtho Sales Company, LLC.

Because the applicant, QuidelOrtho Sales Company, LLC, is wholly owned by Ortho-Clinical Diagnostics, Inc., it has no partners, owners, shareholders, or stockholders who are natural persons. The ultimate parent company of QuidelOrtho Sales Company, LLC is a publicly traded corporation, QuidelOrtho Corporation. Accordingly, no Personal History Record Applications have been provided as part of this application.

ATTACHMENT 9

COPY OF DEA CERTIFICATE

The applicant does not handle controlled substances. Accordingly, a DEA certificate is **NOT APPLICABLE.**

ATTACHMENT 12

HOME STATE LICENSE

QuidelOrtho Sales Company, LLC's facility is located in Tennessee. An application for licensure has been submitted to the Tennessee Department of Health, Board of Pharmacy, and the application is currently pending approval from the Board.

TENNESSEE DEPARTMENT OF HEALTH
QUIDELORTHO SALES COMPANY, LLC

ID NUMBER: 11922

EXPIRATION DATE: 11/30/2027

THIS IS TO CERTIFY THAT ALL REQUIREMENTS OF THE STATE OF TENNESSEE HAVE BEEN MET.

BOARD OF PHARMACY
WHOLESALE/DISTRIBUTOR
ALL APPLICABLE QUALIFICATIONS AND/OR SPECIALTIES PRINTED ON BACK.

John R. Dunn
COMMISSIONER, DEPT. OF HEALTH

QUIDELORTHO SALES COMPANY, LLC
6005 FREEPORT AVE
SUITE 130
MEMPHIS, TN 38141

State of Tennessee
Department of Health

15040632

Renewal No. 37825

Board of Pharmacy
Wholesale/Distributor

QUIDELORTHO SALES COMPANY, LLC
6005 FREEPORT AVE, SUITE 130,
MEMPHIS, TN 38141

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 11922

EXPIRATION DATE: November 30, 2027

MEDICAL DEVICES

John R. Dunn
Commissioner, Dept. of Health

Jennifer L. Putnam, Esq.
Assistant Commissioner, Health Licensure and Regulation

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/02/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: WTW Certificate Center
Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@wtwco.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : ACE American Insurance Company	22667
INSURER B : ACE Property & Casualty Insurance Company	20699
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
QuidelOrtho Sales Company, LLC
9975 Summers Ridge Road
San Diego, CA 92121

COVERAGES **CERTIFICATE NUMBER:** W47131780 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. *LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. *Not Applicable in WY

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			HDO G75477405	06/30/2026	06/30/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	2,000,000 2,000,000 0 2,000,000 4,000,000 2,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			ISA H11352339	06/30/2026	06/30/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	2,000,000
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 250,000			XEU G72585069 005	06/30/2026	06/30/2027	EACH OCCURRENCE AGGREGATE	$ $	5,000,000 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: No If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		SCF C72812980	06/30/2026	06/30/2027	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	2,000,000 2,000,000 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Memphis Distribution Center
6005 Freeport Ave Suite 130
Memphis, TN 38141 38141

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Patricia A Fray

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: OrthoClinical Sales Company, LLC MDEG License # (if applicable): _____

Physical Address: 6005 Freeport Avenue, Suite 130

City: Memphis State: TN Zip: 38141

Mailing Address (if different from physical address): NA

City: _____ State: _____ Zip: _____

Telephone: (800) 828-6316 Website: www.quidelortho.com

Licensing Company Email: quidelortho-global-compliance@quidelortho.com

Section 2: Personal Information

First: Martha Middle: _____ Last: McPherson-Dobson

Alias(es, nicknames, name changes, etc.): née McPherson

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: 6005 Freeport Avenue, Suite 130

City: Memphis State: TN Zip: 38141

Telephone: (901) 500-6391 Email: Martha.McPherson-Dobson@quidelortho.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Oakhaven High School				
Address: 3125 Ladbrook		City: Memphis	State: Tn	Zip: 38118
Diploma/Degree obtained, if any: Graduate	HS Diploma graduated May 1978			
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/09-present	[redacted]	Olive Branch	MS	[redacted]
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Ortho-Clinical Diagnostics			10/22 to Present	
Business Address		**City**	**State**	**Zip**
6005 Freeport Avenue, Suite 130		Memphis	TN	38141
Phone	**Title**		**Number of Employed Hours**	
(800) 828-6316	Distribution Manager		6,040	
Description of Duties				
Manage 3PL operation in New Jersey, Manage all purchasing activities at Memphis DC, manage all customer complaints Designated Representative				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Martha McPherson Dobson — Original Signature (electronic, copies or stamps not accepted)

16/March/2026 — Date

I, Martha McPherson-Dobson, **certify that as the MDEG Administrator for**

QuidelOrtho Sales Company, LLC,

that I (initial that you have read and meet the following requirements):

1. MD Have a high school diploma or its equivalent;
2. MD Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. MD Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. MD Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Martha McPherson-Dobson

Print Name (First, Last)

Martha McPherson Dobson

Original Signature (electronic, copies or stamps not accepted)

16/March/2026

Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: OrthoClinical Sales Company, LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 6005 Freeport Avenue, Suite 130

City: Memphis State: TN Zip: 38141

Mailing Address (if different from physical address): NA

City: State: Zip:

Telephone: (800) 828-6316 Website: www.quidelortho.com

Licensing Company Email: quidelortho-global-compliance@quidelortho.com

Section 2: Personal Information

First: Martha Middle: Last: McPherson-Dobson

Alias(es, nicknames, name changes, etc.): née McPherson

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address: 6005 Freeport Avenue, Suite 130

City: Memphis State: TN Zip: 38141

Telephone: [redacted] Email: Martha.McPherson-Dobson@quidelortho.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Oakhaven High School		5/1978	
Address	**City**	**State**	**Zip**
3125 Laadbrook	Memphis	Tn	38118
Diploma/Degree obtained, if any			
Graduate HS Diploma Graduated 1978			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/09 - present	[redacted]	Olive Branch	MS	[redacted]
From - To (MM/YY – MM/YY)		City	State	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Nevada

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Ortho-Clinical Diagnostics			10/22 to Present	
Business Address		City	State	Zip
6005 Freeport Avenue, Suite 130		Memphis	TN	38141
Phone	Title		Number of Employed Hours	
(800) 828-6316	Distribution Manager		6,040	
Description of Duties				
Designated Representative, manage 3PL operation in New Jersey, oversee all purchasing activities for The Memphis DC.				

Business Name				
Business Address		City		
Phone	Title			
Description of Duties				

Business Name				
Business Address		City		
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

5 yrs here
2080 work hrs in a year
10400 employed hours

Continue on next page if additional space is needed.

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Ortho-Clinical Diagnostics			10/22 to Present	
Business Address		**City**	**State**	**Zip**
6005 Freeport Avenue, Suite 130		Memphis	TN	38141
Phone	**Title**		**Number of Employed Hours**	
(800) 828-6316	Distribution Manager		6,040	
Description of Duties				
Designated Representative, manage 3PL operation in New Jersey, oversee all purchasing activities for the Memphis DC. Oversee and manage Customer Complaints				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Martha McPherson Dobson
Original Signature (electronic, copies or stamps not accepted)

16/March/2025
Date

I, Martha McPherson-Dobson, **certify that as the designated representative for**

QuidelOrtho Sales Company, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MD I am at least 21 years of age;
3. MD I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MD I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MD I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MD I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MD I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Martha McPherson-Dobson

Print Name (First, Last)

Martha McPherson-Dobson

Original Signature (electronic, copies or stamps not accepted)

16/March/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Martha McPherson-Dobson

Print Name (First, Last)

Martha McPherson Dobson

Original Signature (electronic, copies or stamps not accepted)

3/18/2024

Date

Please have this section completed in the presence of a Notary Public.

State of Mississippi, ss. County of DeSoto

I, Martha McPherson Dobson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Martha McPherson Dobson

Original Signature

3/18/2026

Date

Subscribed and sworn to before me this 18th day of March 26

Notary Public Signature

STATE OF MISSISSIPPI
MARISSA PARNELL
NOTARY PUBLIC
ID No. 347945
My Comm. Expires
April 26, 2027
DESOTO COUNTY

(Seal)

ATTACHMENT 11

LIST OF EACH EMPOLYEE AT THE APPLICANT FACILITY

A representative of the applicant contacted the Nevada Board of Pharmacy regarding the breadth and scope of this application question: List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.

Given the substantial breadth of this question, we were informed that for purposes of the application it was adequate to provide a list of each employee at the applicant facility. That list follows.

Members

Worker	Position
Adrian Brooks	P107662 Material Handler, Warehousing and Distribution
Alejandro Morales	P108555 Technician, IT Operations
Alexis Williams	P112282 Material Handler, Warehousing and Distribution
Alex Mathew	P106634 Field Engineer, Customer Technical Service
ALVARO HERNANDEZ MARTINEZ [C]	645377102-01 Contingent, Outsourced Service Providers, Direct
Antonio Carter	P107663 Material Handler, Warehousing and Distribution
ANUSHA PODILI [C]	645378788-03 Contingent, Outsourced Service Providers, Indirect
Arenzo Jenkins	P108053 Material Handler, Warehousing and Distribution
Ashley Jones	P110134 Material Handler, Warehousing and Distribution
Ashley Turner	P106946 Supervisor, Warehousing and Distribution
Audrey Bennett	P111794 Material Handler, Warehousing and Distribution
Audrey Love	P107666 Material Handler, Warehousing and Distribution
Bernard Bass	P108050 Material Handler, Warehousing and Distribution
Bradley Earhart	P111778 Specialist, Warehousing and Distribution
Brandon Underwood	P109835 Material Handler, Warehousing and Distribution
BRITTANY HOLPE [C]	645380368-01 Contingent, Temporary Worker, Direct
Byron Hammett	P107642 Material Handler, Warehousing and Distribution
Carla Williams	P107551 Material Handler, Warehousing and Distribution
Catonya Johnson-Clemons	P107538 Supervisor, Warehousing and Distribution
Chandra Jones	P107627 Manager, Warehousing and Distribution
Chayna Carter	P110020 Clerk, Logistics
CHIKEETA RAYNOR [C]	645379739-01 Contingent, Temporary Worker, Direct
Chris Robinson	P107633 Supervisor, Warehousing and Distribution
CHRISTAL NELSON [C]	645379946-01 Contingent, Temporary Worker, Direct
CLARA PHILLIPS [C]	645378859-03 Contingent, Outsourced Service Providers, Indirect
Corey Coleman	P109688 Material Handler, Warehousing and Distribution
Correy Gunn [C]	P114861 Contingent, Outsourced Service Providers, Indirect
Crysten Griggs	P111414 Clerk, Warehousing and Distribution
Cynthia Faught	P107630 Specialist, Warehousing and Distribution
Dalvin Augustine [C]	5016-01 Contingent, Temporary Worker, Indirect
Darneshir Weakley	P109548 Material Handler, Warehousing and Distribution
Darrius Allen [C]	645379608-01 Contingent, Temporary Worker, Direct
DEDRIC HAYES [C]	645379796-01 Contingent, Temporary Worker, Direct
Derrick D Mason	P107698 Engineer, Quality Engineering
Desha Armstrong	P108189 Material Handler, Warehousing and Distribution
Dewayne Morgan	P111377 Material Handler, Warehousing and Distribution
Dominique Turner	P107692 Material Handler, Warehousing and Distribution
DOUGLAS GREEN [C]	645392420-01 Contingent, Temporary Worker, Indirect
Ebony Blake	P112265 Material Handler, Warehousing and Distribution
Ebony Stanback	P107552 Material Handler, Warehousing and Distribution
Ericka Gibson	P110069 Technician, IT Operations
Forest Daniel	P107676 Material Handler, Warehousing and Distribution
Garry Howard Jr	P111793 Material Handler, Warehousing and Distribution
Ingrid Ortiz [C]	P114872 Contingent, Outsourced Service Providers, Indirect
James Morris	P109697 Material Handler, Warehousing and Distribution
JAMIAH BROWN [C]	645378021-01 Contingent, Temporary Worker, Indirect
Jarvis Smith	P107757 Material Handler, Warehousing and Distribution
Jasmine Johnson	P107645 Material Handler, Warehousing and Distribution

Jeffrey Jackson	P107669 Material Handler, Warehousing and Distribution
Jimmy Bollenbach	P107626 Specialist, Facilities Engineering and Maintenance
Jordan Barrett	P108681 Material Handler, Warehousing and Distribution
JOSE ALFREDO GUAJARDO [C]	645377455-01 Contingent, Outsourced Service Providers, Direct
Joseph Cole	P110158 Material Handler, Warehousing and Distribution
Josephine Lewis	P107682 Material Handler, Warehousing and Distribution
JOSE SANCHEZ [C]	645378885-01 Contingent, Outsourced Service Providers, Direct
Joshua Philmore	P108693 Material Handler, Warehousing and Distribution
Katrina Jackson	P110892 Clerk, Warehousing and Distribution
Kerry Thigpen	P107779 Manager, Warehousing and Distribution
Kimberly Hambrick	P110963 Supervisor, Warehousing and Distribution
Kimberly Redd	P109692 Material Handler, Warehousing and Distribution
Kimberly Ricks	P109141 Supervisor, Warehousing and Distribution
Kristian Beasley	P107308 Supervisor, Warehousing and Distribution
Kwasi Parker	P107658 Material Handler, Warehousing and Distribution
KYJUAN HAYES [C]	645379761-01 Contingent, Temporary Worker, Direct
LARRY MYERS [C]	645379374-01 Contingent, Temporary Worker, Direct
Lena Vaughn (On Leave)	P110439 Material Handler, Warehousing and Distribution (On
Lewis Davis	P110263 Material Handler, Warehousing and Distribution
Lisa Crawford	P107635 Material Handler, Warehousing and Distribution
Lloyd Wicks	P107659 Material Handler, Warehousing and Distribution
Loretta Ezell	P110021 Clerk, Logistics
Louis Jefferson	P107670 Material Handler, Warehousing and Distribution
LUTRELL BURNETT [C]	645379997-01 Contingent, Temporary Worker, Direct
Malik Harris	P109366 Material Handler, Warehousing and Distribution
Mario Crawford	P107641 Material Handler, Warehousing and Distribution
Mario Tidwell	P107557 Material Handler, Warehousing and Distribution
MARK BEECHER [C]	645380064-01 Contingent, Temporary Worker, Direct
Marlo Jones	P111795 Material Handler, Warehousing and Distribution
Martha McPherson-Dobson	P109765 Manager, Warehousing and Distribution
Melinda Dixon	P115179 Material Handler, Warehousing and Distribution
Melvin Kerr	P111835 Material Handler, Warehousing and Distribution
Mickesha Page	P109661 Engineer, Quality Engineering
Milton Dixon	P111300 Material Handler, Warehousing and Distribution
Milton Harris	P107655 Material Handler, Warehousing and Distribution
Morris Walker	P107764 Material Handler, Warehousing and Distribution
NAVEEN PABBARAJU [C]	645376860-03 Contingent, Outsourced Service Providers, Indirect
Nicole Reeder	P109702 Engineer, Quality Engineering
NINA MARSHALL [C]	645379954-01 Contingent, Temporary Worker, Direct
PABLO ROSARIO [C]	645377307-01 Contingent, Outsourced Service Providers, Direct
PATRICK DOWNEY [C]	645379951-01 Contingent, Temporary Worker, Direct
PAULA JEFFERSON [C]	645379747-01 Contingent, Temporary Worker, Direct
Philip Bobo	P111798 Material Handler, Warehousing and Distribution
Phylicious Chatman	P111650 Assistant, Administrative - Clerical
Quatiera Stewart	P108051 Material Handler, Warehousing and Distribution
Quintina Holpe	P109687 Material Handler, Warehousing and Distribution
RAFAEL GHRAYEB [C]	645378940-01 Contingent, Temporary Worker, Direct
Raishaun Payne	P109365 Material Handler, Warehousing and Distribution
Reginald Blackstone	P110379 Material Handler, Warehousing and Distribution
Reginald Temple	P107695 Clerk, Warehousing and Distribution

RESHUN ELLIS [C]	645380063-01 Contingent, Temporary Worker, Direct
RICHARD WONG [C]	645378858-03 Contingent, Outsourced Service Providers, Indirect
RL Payne	P107667 Material Handler, Warehousing and Distribution
Robert Mills	P109479 Specialist, Supply Chain Planning
ROME IRBY [C]	645377997-03 Contingent, Outsourced Service Providers, Indirect
Sammie Cox	P109240 Coordinator, Production
SCALESTG1 Scale [C]	P115417 Contingent, Independent Consultant, Indirect
Sedric Green	P109686 Material Handler, Warehousing and Distribution
SHALITHA FRANKLIN [C]	645377205-03 Contingent, Outsourced Service Providers, Indirect
SHANTEZ DEAN [C]	645378846-01 Contingent, Temporary Worker, Direct
Sharon Jones	P107680 Material Handler, Warehousing and Distribution
Sharon Springfield	P110964 Supervisor, Warehousing and Distribution
SHONTA DAVIS [C]	645379607-01 Contingent, Temporary Worker, Direct
SID HURT [C]	P114874 Contingent, Outsourced Service Providers, Indirect
Siera Dixon	P111378 Clerk, Warehousing and Distribution
Suzan Hicks-Hurt	P108768 Specialist, Warehousing and Distribution
Terrance Lewis	P108685 Material Handler, Warehousing and Distribution
Terrence Byrd	P107875 Material Handler, Warehousing and Distribution
Terrence Vaughn	P109700 Analyst, Data Analytics and Data Management
Tevarus Evans	P108346 Clerk, Warehousing and Distribution
Thomas Henderson Jr.	P107632 Supervisor, Warehousing and Distribution
Thomas Miles	P107661 Material Handler, Warehousing and Distribution
TONY BOWNES [C]	645374345-03 Contingent, Outsourced Service Providers, Indirect
Tony Smith	P107683 Material Handler, Warehousing and Distribution
Toya Tunstall	P110895 Material Handler, Warehousing and Distribution
TREVOR JACKSON [C]	645379762-01 Contingent, Temporary Worker, Direct
Troy Rule Jr	P108694 Material Handler, Warehousing and Distribution

ATTACHMENT 10

COPY OF CURRENT SEC 8K

The following is the first 15 pages of the current SEC 10K or and the most recent 8K for QuidelOrtho Corporation (QDEL).

10K Filed on February 27, 2025

8K Filed on November 10, 2025.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 29, 2024

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number: 001-41409

QUIDELORTHO CORPORATION

(Exact name of registrant as specified in its charter)

Delaware	**87-4496285**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)

9975 Summers Ridge Road, San Diego, California 92121

(Address of principal executive offices, including zip code)

(858) 552-1100

(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common stock, $0.001 par value	QDEL	The Nasdaq Stock Market

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☒	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒

The aggregate market value of the registrant's common stock held by non-affiliates of the registrant was $2,182,619,277 based on the closing sale price at which the common stock was last sold, as of the last business day of the registrant's most recently completed second fiscal quarter.

As of February 19, 2025, 67,446,544 shares of the registrant's common stock were outstanding.

DOCUMENTS INCORPORATED BY REFERENCE:

(To the Extent Indicated Herein)

Portions of the registrant's definitive proxy statement to be filed with the Securities and Exchange Commission in connection with the registrant's 2025 Annual Meeting of Stockholders (scheduled to be held on May 20, 2025) are incorporated by reference into Part III, Items 10, 11, 12, 13 and 14 of this Annual Report on Form 10-K.

QUIDELORTHO CORPORATION

FORM 10-K

FOR THE FISCAL YEAR ENDED DECEMBER 29, 2024

TABLE OF CONTENTS

		Page
	Future Uncertainties and Forward-Looking Statements	4
	Part I	
Item 1.	Business	5
Item 1A.	Risk Factors	25
Item 1B.	Unresolved Staff Comments	49
Item 1C.	Cybersecurity	49
Item 2.	Properties	51
Item 3.	Legal Proceedings	51
Item 4.	Mine Safety Disclosures	51
	Part II	
Item 5.	Market for Registrant's Common Equity, Related Stockholder Matters and Issuer Purchases of Equity Securities	52
Item 6.	[Reserved]	53
Item 7.	Management's Discussion and Analysis of Financial Condition and Results of Operations	53
Item 7A.	Quantitative and Qualitative Disclosures About Market Risk	65
Item 8.	Financial Statements and Supplementary Data	67
Item 9.	Changes in and Disagreements With Accountants on Accounting and Financial Disclosure	113
Item 9A.	Controls and Procedures	113
Item 9B.	Other Information	115
Item 9C.	Disclosure Regarding Foreign Jurisdictions that Prevent Inspections	115
	Part III	
Item 10.	Directors, Executive Officers and Corporate Governance	116
Item 11.	Executive Compensation	116
Item 12.	Security Ownership of Certain Beneficial Owners and Management and Related Stockholder Matters	116
Item 13.	Certain Relationships and Related Transactions, and Director Independence	116
Item 14.	Principal Accountant Fees and Services	116
	Part IV	
Item 15.	Exhibits and Financial Statement Schedules	117
Item 16.	Form 10-K Summary	119
	Summary of Abbreviated Terms	119
	Signatures	122

Future Uncertainties and Forward-Looking Statements

This Annual Report contains "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995, Section 27A of the Securities Act, and Section 21E of the Exchange Act. These statements are any statement contained herein that is not strictly historical, including, but not limited to, certain statements under Part I, Item 1, "Business," Part I, Item 1A, "Risk Factors," and Part II, Item 7, "Management's Discussion and Analysis of Financial Condition and Results of Operations," and located elsewhere herein regarding our commercial, integration and other strategic or sustainability-related goals, industry prospects, our expected results of operations or financial position, and future plans, objectives, strategies, expectations and intentions. Without limiting the foregoing, the words "may," "will," "could," "would," "should," "might," "expect," "anticipate," "believe," "estimate," "plan," "intend," "goal," "project," "strategy," "future," "continue," "aim," "strive," "seek" or similar words, expressions or the negative of such terms or other comparable terminology are intended to identify forward-looking statements. Such statements are based on the beliefs and expectations of our management as of the date of this Annual Report and are subject to significant known and unknown risks and uncertainties. Actual results or outcomes may differ significantly from those set forth or implied in the forward-looking statements. The following factors, among others, could cause actual results to differ from those set forth or implied in the forward-looking statements: fluctuations in demand for our non-respiratory and respiratory products; supply chain, production, logistics, distribution and labor disruptions and challenges; the challenges and costs of integrating, restructuring and achieving anticipated synergies as a result of the Combinations; and other macroeconomic, geopolitical, market, business, competitive and/or regulatory factors affecting our business generally, including those discussed under Part I, Item 1A, "Risk Factors" of this Annual Report. Investors should not rely on forward-looking statements as predictions of future events because these statements are based on assumptions that may not come true and are speculative by their nature. All forward-looking statements are based on information currently available to us and speak only as of the date of this Annual Report. We undertake no obligation to update any of the forward-looking information or time-sensitive information included in this Annual Report, whether as a result of new information, future events, changed expectations or otherwise, except as required by law.

Part I

Item 1. Business

All references to "the Company," "we," "our" and "us" in this Annual Report refer to QuidelOrtho Corporation ("QuidelOrtho") and its subsidiaries. References to "fiscal year ended 2024," "fiscal year ended 2023" and "fiscal year ended 2022" in this Annual Report refer to the Company's fiscal years ended December 29, 2024, December 31, 2023 and January 1, 2023, respectively. Refer to the Summary of Abbreviated Terms at the end of this Annual Report for definitions of terms used throughout this Annual Report.

Overview

Our vision is to advance diagnostics to power a healthier future. With our expertise in immunoassay and molecular testing, clinical chemistry and transfusion medicine, we aim to support clarity for clinicians and patients to help create better health outcomes. Our global infrastructure and commercial reach support our customers across more than 130 countries and territories with quality diagnostics, a broad test portfolio and market-leading service. We operate globally with manufacturing facilities in the U.S. and U.K. and with sales centers, administrative offices and warehouses located throughout the world.

We currently sell our products directly to end users through a direct sales force and through a network of distributors, for professional use in physician offices, hospitals, clinical laboratories, reference laboratories, urgent care clinics, leading universities, retail clinics, pharmacies, wellness screening centers, other POC settings, blood banks and donor centers, as well as for individual, non-professional, OTC use.

On May 27, 2022, pursuant to the BCA, Quidel and Ortho consummated the Combinations and each of Quidel and Ortho became a wholly owned subsidiary of QuidelOrtho. For additional information about the Combinations, refer to Part II, Item 8, "Financial Statements and Supplementary Data—Note 2. Business Combination."

We manage our business geographically to better align with the market dynamics of the specific geographic regions in which we operate. Effective January 1, 2024, Japan and Asia Pacific operating segments were combined into one operating segment: JPAC. North America, EMEA and China are the Company's reportable segments; Latin America and JPAC are immaterial operating segments that are not considered reportable segments and are included in "Other." We generate our revenue in the following business units: Labs, Transfusion Medicine (Immunohematology and Donor Screening product categories), Point of Care and Molecular Diagnostics. We also generate non-core revenue, including through our contract manufacturing business and certain business collaborations. In February 2024, we initiated a plan to transition out of our U.S. donor screening portfolio through the wind-down of the VIP platform and microplate assays, which are only sold in the U.S., and have a lower growth and margin profile. Information concerning revenues attributable to our reportable segments and business units is set forth in Part II, Item 8, "Financial Statements and Supplementary Data —Note 4. Revenue" and "—Note 5. Segment and Geographic Information."

Business Units and Products

We provide diagnostic testing solutions under various brand names, including, among others, the following: AdenoPlus™, BIOVUE®, FreshCells™, InflammaDry®, Lyra®, MeterPro®, MicroVue™, Ortho®, Ortho Clinical Diagnostics®, Ortho Connect®, Ortho Optix™, Ortho Plus®, ORTHO VISION®, QuickVue®, Quidel®, QuidelOrtho™, QVue™, Savanna®, Sofia®, Solana®, Thyretain®, Triage®, ValuMetrix®, Virena® and VITROS®. Solely for convenience, in some cases, the trademarks, service marks and trade names referred to in this Annual Report are listed without the applicable ® and ™ symbols, but we intend to enforce our rights to these trademarks, service marks and trade names.

We generate product revenue in the following business units:

Business Unit	Focus
Labs	Clinical chemistry laboratory instruments and tests, which measure target chemicals in bodily fluids for the evaluation of health and the clinical management of patients
	Immunoassay laboratory instruments and tests, which measure proteins as they act as antigens in the spread of disease, antibodies in the immune response spurred by disease, or markers of proper organ function and health
	Testing to detect and monitor disease progression across a broad spectrum of therapeutic areas
	Specialized diagnostic solutions
	Other product revenues primarily from contract manufacturing (1)
	Collaboration and license agreements pursuant to which we derive collaboration and royalty revenues (1)
Molecular Diagnostics	Tests for PCR thermocyclers with reduced process time and ready-to-use reagent configurations
	Molecular amplification systems with the ability to run multiple assays at the same time and tests for infectious disease diagnostics
	Sample-to-result molecular instruments and tests for syndromic infectious disease diagnostics
Point of Care	Instruments and tests to provide rapid results across a broad continuum of POC settings, including tests for professional healthcare providers and tests that can be performed at home
	Tests that are run on a range of portable, POC analyzers
	Tests that are visually read
Transfusion Medicine	Transfusion Medicine business unit includes two product categories:
	Immunohematology instruments and tests used for blood typing and antibody identification to help confirm patient-donor compatibility in blood transfusions
	Donor Screening instruments and tests used for blood and plasma screening for infectious diseases for global customers

(1) Represents our non-core revenue. All non-core revenue is recorded in the North America segment.

The products and platforms under each business unit are described below. Certain products and platforms are not available in all regions where we do business.

LABS

Product	Primary Application
Virology & Bioassays	Wide variety of traditional cell lines, specimen collection devices, media and controls for use in laboratories that culture and test for human viruses, including, among others, respiratory and herpes family viruses
	Cell-based products under the FreshCells brand in multiple formats, including tubes, shell vials and multi-well plates
	FDA-cleared bioassay, Thyretain, which is used for the differential diagnosis of an autoimmune disease called Graves' Disease
Specialty Products	Variety of biomarkers for bone health
	Clinical and research products for the assessment of osteoporosis and the evaluation of bone resorption/formation, which, including our metabolic bone markers, are used to monitor the effectiveness of therapy in pharmaceutical and related research
	Enzyme-linked immunosorbent assays and reagents for the detection of activation products from the three main complement pathways in autoimmune disease
	Assays developed on a microwell platform and marketed to clinicians and researchers under the Quidel and MicroVue brands

Clinical Chemistry	Unique, postage-stamp-sized, dry slide technology that combines the spreading, masking, scavenger and reagent layers into one slide, which provides: • high-quality results quickly, efficiently and economically; • improved storage, with longer shelf life and less shelf space required; • an eco-friendly design that eliminates water usage and reduces chemical waste and biohazards; and • a comprehensive menu covering 24 therapeutic areas and approximately 90% of a typical laboratory's testing needs
Immunodiagnostics	Enhanced chemiluminescent technology provides precision and accuracy along with a wide, dynamic testing range across over 60 immunoassay tests. Reagents are packaged in ready-to-use integrated packs that can be loaded continuously while testing is underway for high-throughput applications. These integrated packs also feature extended on-analyzer stability, enabling lower-throughput labs to maintain a broader test menu without incurring reagent waste due to expiry
VITROS Platform	Seven clinical chemistry, immunoassay and integrated (combined chemistry and immunoassay) systems for use in centralized, higher-throughput (hospitals and laboratories) and decentralized, lower-throughput (physician offices, clinics and specialty settings) testing sites
VITROS XT Platform	VITROS XT 7600 integrated system and VITROS XT 3400 clinical chemistry analyzer for use with new XT chemistry slides, combining pairs of tests that are frequently used together onto single slides, offering advancements over prior generations: • 40% greater test throughput when using XT slides; • 96% first-pass yield on test results; and • designed to offer high reliability with a 98% up-time guarantee for e-connected U.S. customers
VITROS Results Management	Advanced informatics software product designed for laboratories of all sizes. It is focused on automating a number of repetitive manual tasks such as sample auto-validation, quality control management, moving averages, STAT sample management, sample archiving, and the development and deployment of advanced rules to help laboratories easily manage their patient populations
VITROS Automation Solutions	A flexible and scalable track-based system that combines VITROS analyzers with a number of robotic modules to help laboratories enhance their operations by reducing or eliminating repetitive and redundant laboratory tasks and the total number of human interventions required to complete typical laboratory testing

Testing Menu

Anemia, Bone Disease, Cardiac, Diabetes, Drugs of Abuse, General Chemistry, Hepatic, Immunosuppressant Drugs, Infectious Diseases, Inflammatory, Lipids, Nutritional Assessment, Oncology, Pancreatic, Prenatal, Renal, Reproductive Endocrinology, Respiratory, Sepsis, Spinal, Therapeutic Drug Monitoring, Thyroid/Metabolic, Toxicology, Urine

MOLECULAR DIAGNOSTICS

Product	Primary Application
Lyra	Open platform, real-time PCR assays for high throughput, high quality molecular testing to detect and identify infectious diseases, offering room-temperature storage, reduced processing time, and ready-to-use reagent configurations
Solana	Simplified molecular testing platform using our proprietary isothermal helicase-dependent amplification technology that is easy to run and can process 12 patient samples at the same time
Savanna	CE-marked, 510(k) approved, multiplex, real-time PCR platform, with customizable flexible syndromic panels that run up to 12 unique analytes from a single patient sample in less than 25 minutes
	Savanna RVP4 assay offers simultaneous qualitative detection and differentiation of influenza A, influenza B, RSV, and SARS-CoV-2 RNA isolated from human nasal or nasopharyngeal swabs
Testing Menu	
Respiratory	Adenovirus, Bordetella Pertussis, Influenza A+B, Parainfluenza Virus, RSV/hMPV, Respiratory Viral Panel 4 (SARS-CoV-2, RSV, Flu A+B), SARS-CoV-2, Strep A, Strep Complete
Non-respiratory	Clostridium Difficile (organism), HSV 1+2/VZV, Group Strep B, Trichomonas

POINT OF CARE

Product	Primary Application
Rapid Immunoassay	
Sofia and Sofia 2	Easy-to-use, rapid testing using lateral-flow technology and advanced fluorescent immunoassay ("FIA") chemistry
	Combines unique software and Sofia FIA tests to yield automatic, objective results that are readily available on the instrument's screen, in a hard-copy printout and in a transmissible electronic form that can network via a lab information system to hospital and medical center databases
	Different operational modes to accommodate both small and large laboratories, as well as other features designed to facilitate use in a variety of healthcare settings, including hospitals, medical centers and small clinics
	Sofia 2 systems include additional benefits and features, such as enhanced optics for improved performance and speed, at a cost point that better addresses the lower-volume segment of the diagnostic testing market
QuickVue	Broad portfolio of rapid, visually read, lateral flow immunoassay products to diagnose a wide variety of infectious diseases and medical conditions, including the QuickVue At-Home OTC COVID-19 test, a leading at-home COVID-19 product available through many retail and online outlets
InflammaDry and AdenoPlus	Rapid, lateral-flow-based POC products for the detection of infectious and inflammatory diseases and conditions of the eye
Cardiometabolic Immunoassay	
Triage and Triage MeterPro	Portable, rapid testing platform offering a comprehensive menu of tests for diagnosis of critical diseases and health conditions, as well as the detection of certain drugs of abuse
	Aids in the diagnosis, assessment and risk stratification of patients having critical care issues, including congestive heart failure, acute coronary syndromes and acute myocardial infarction, which may reduce hospital admissions and potentially improve clinical and economic outcomes
Testing Menu	
Cardiac	BNP, NT-proBNP, Creatine Kinase-MB, D-Dimer, hsTroponin, Myoglobin, Troponin I ES
Drugs of Abuse	Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Methadone Metabolite (EDDP), Methamphetamines, Opiates, PCP, THC/Cannabinoids, Tricyclic Antidepressants
Eye Health	Acute Conjunctivitis, MMP-9 (a key inflammatory marker for dry eye)
Respiratory Infectious Diseases	Influenza A+B, Influenza A+B & SARS-CoV-2 Ag, RSV, Strep A, SARS-CoV-2 Ag
Non-respiratory Infectious Diseases	Adenoviral Conjunctivitis, Chlamydia, Clostridium Difficile (organism), Legionella, Lyme Disease, S. pneumoniae
Oncology	Colorectal Cancer
Reproductive Endocrinology	Human Chorionic Gonadotrophin, Placental Growth Factor

TRANSFUSION MEDICINE

Product	Primary Application
Immunohematology	
ORTHO VISION Platform	Flagship immunohematology analyzers that automate blood typing, antibody identification and crossmatching for patient and donor blood banks
	Models include ORTHO VISION, ORTHO VISION Max, and next-generation ORTHO VISION Swift and ORTHO VISION Swift Max, which are designed to be faster, quieter and even more cyber-secure than previous generations
Ortho Workstation	Semi-automated immunohematology benchtop analyzer for lower-volume blood centers or centers that need semi-automated testing
Ortho Optix	Semi-automated testing platform used to read manual test results, designed with improved software and ability to integrate with laboratory information systems and offers improved workflow and 99% concordance with ORTHO VISION test results
ID-Micro Typing System (ID-MTS) Gel Cards	Test consumables that utilize CAT for our immunohematology instruments sold in the U.S., designed to provide reliable test results and simplify test workflow
BIOVUE Cassettes	Test consumables that utilize CAT for our immunohematology instruments sold outside of the U.S., designed to provide reliable test results and simplify test workflow
Ortho Sera Reagents	Comprehensive immunohematology test menu that we believe covers more than 99% of most tested blood antigens regularly required for transfusion screening globally
Donor Screening	
VIP	Automated pipetting and processing system that combines the ORTHO VERSELA pipettor and ORTHO Summit Processor to enable end-to-end pipetting and processing for tests used for blood and plasma screening for infectious diseases
Donor Testing Serology	Comprehensive set of infectious disease screens, including important tests for tropical diseases like Chagas that are critical for care in emerging markets

Global Services

In addition to the products we provide, our services are a critical element of how we deliver value to our customers. As of December 29, 2024, we had approximately 1,100 service teammates globally. We employ highly trained service professionals, including laboratory specialists with advanced qualifications.

Our highly valued suite of solutions include:

- Guarantee 98% up-time to our e-connected U.S. customers–High instrument reliability and a proactive maintenance program.
- E-CONNECTIVITY Remote Monitoring Software–More than 75% of our installed base of VITROS 5600, XT 7600 and ORTHO VISION platforms are e-connected, enabling remote monitoring and improved analyzer availability.
- ValuMetrix–A highly valued consulting service proven to increase laboratory workflow, productivity and laboratory service levels utilizing lean principles and process excellence. This service offering provides actionable insights into demand for new products, services and workflow.
- Global Technical Solution Center–Five technical solution centers delivering first-line support in over 15 languages, meaning we can resolve service issues remotely without an on-site visit approximately two-thirds of the time.
- Smart Service Mobile App–First-in-class technology enabled on iPhone and Android devices that allows our service teams to receive up-to-date analyzer health checks, proactive alerts and performance monitoring to help achieve the highest levels of reliability.
- Training and Education–Flexible educational resources for the lifetime of the customer relationship, including virtual technical training, continuing education and professional development.
- Smart Start–Concierge implementation program led by certified project managers. Easier implementation using collaborative software to keep up to date with real-time progress reports, customized dashboards and status updates.

- Merged Reality–Enables product experts to provide remote 'side-by-side' assistance to field service engineers and customers through mobile devices, including smart glasses. This allows both parties to see the same thing at the same time and provide guided instruction leading to better and faster fix rates.
- Aquant AI–A field-based machine fed tool used to troubleshoot instrument issues with standardized solutions.

We also provide our Virena wireless cellular data management and surveillance system that operates as a cloud-based solution connecting Sofia and Solana instruments across a healthcare system and automatically transmitting de-identified test results to a secure database. With Virena, a health system, POL, urgent care center or retail clinic has the ability to compile, analyze, map and generate reports of de-identified test results, improving operational efficiencies, quality and patient outcome initiatives.

Digital Solutions and Innovation

We are building our enterprise digital product strategy, platform and portfolio, which we believe help improve our customers' clinical and operational outcomes. Our focus is on enabling our customers to deliver smart, connected care across a variety of clinical environments. We strive to connect our instruments to healthcare providers, labs and policymakers through proprietary and third-party solutions, creating valuable data assets. Our portfolio of workflow automation solutions, such as Ortho Connect, Ortho Plus and myVirena, help simplify the testing and instrument management process. We are also actively developing other products designed to help personalize and elevate individual test results, such as the QVue companion mobile application for our COVID-19 at-home tests, potentially resulting in specific clinical insights or actions.

Our Strategic Capabilities and Competitive Strengths

There is significant competition in the development and marketing of IVD products, and innovation, product development, regulatory clearance to market and commercial introduction of new IVD technologies can occur rapidly. We believe that some of the most significant competitive factors in the rapid diagnostic market include convenience, speed to result, specimen flexibility, product menu, clinical needs, price, reimbursement levels, product performance and customer service, as well as effective distribution, advertising, promotion and brand recognition. The competitive factors in the central laboratory market are also significant and include price, product performance, reimbursement, compatibility with routine specimen procurement methods, and manufacturing products in testing formats that meet the workflow demands of larger volume laboratories. There are several global companies with whom we compete, as well as regional and local companies focused on particular markets and/or technologies. Some of our principal competitors include, among others, Abbott Laboratories, Roche, Thermo Fisher Scientific, Danaher, Siemens Healthineers, Diasorin, Bio-Rad, Hologic, Qiagen, Becton-Dickinson, bioMérieux and Revitty. Some of these competitors have substantially greater financial, marketing and other resources than we have.

We believe we are well positioned to drive sustained and profitable growth through an ethos of customer-centric decision making and behavior, which informs everything we do from product development to commercial execution. This disciplined focus on serving customers has resulted in, and we believe will continue to create, a business model that can deliver profitable growth and stockholder returns.

The competitive strengths that serve as our foundation of success today and can drive future growth include three key aspects, all of which benefit from our talented people and loyal customers:

- **Superior customer experience and brand loyalty.** Over our more than 80 years supporting the IVD testing needs of our customers, we have developed deep and enduring relationships with our customers. Our service program allows us to retain and grow our customer base by providing an industry-leading customer experience driven by quality of service, innovation and access to a diverse product portfolio.
- **Strong commercial footprint.** We leverage our commercial team of more than 2,700 teammates in sales, service and marketing across more than 130 countries to facilitate successful delivery of innovative solutions to meet customer and patient needs across the healthcare continuum.
- **POC Leadership.** We are a recognized leader in POC diagnostics, providing rapid, accurate and reliable solutions that empower providers to make informed decisions at the moment of care. Our Sofia and Triage platforms are trusted across urgent care clinics, physician offices and other decentralized settings.

Business Strategy

We are driven to transform diagnostics into action for more people in more places. To achieve this, we serve a broad range of market segments across the healthcare continuum, from large centralized laboratories to physicians' offices and other decentralized settings. While these care settings have traditionally been less integrated, the healthcare landscape continues to become more integrated. This

consolidation is bringing together labs, hospitals, physicians' offices and urgent care clinics into unified healthcare systems. This integration means that success in one care setting often creates opportunities in others within the same system.

Central to our strategy is a focus on economic profit and return on invested capital (ROIC) across all aspects of our business. We are committed to allocating resources and capital efficiently and seek to deliver sustainable returns above the cost of capital. By prioritizing opportunities that can maximize economic profit, we aim to create value for our stakeholders while maintaining a disciplined approach to growth.

In the near term, we are focusing on a set of strategic initiatives across our lines of business and geographies to improve the underlying business and deliver greater stockholder value.

Our near-term priorities include:

- capturing market share in high-value profit pools where we hold a strong competitive position;
- building a culture focused on driving sales growth, profitability, cash flow and returns for stockholders;
- aligning incentive structures with both customer and stockholder value creation; and
- developing and executing a comprehensive talent management strategy.

Longer term, we plan to continue to build and enhance our award-winning customer service, invest in platform capabilities and improve our assay menus. Recognizing the complexity and speed of innovation in these areas, we will explore partnerships where we find strategic and financial alignment. This approach allows us to mitigate risk, accelerate innovation and deliver solutions to market more efficiently.

Research and Development

We continue to focus our R&D efforts on the following areas:

- creation of new and improved products for use on our installed base, including new and improved assays and software;
- support of important life-cycle-management efforts to maintain our current on-market portfolio of products; and
- pursuit of collaboration with other companies for new and existing products and markets.

We balance our R&D efforts against our R&D team's capacity, development timelines and overall cost. Our R&D team is comprised of a balanced mix of experienced professionals with years of experience in the diagnostics industry and recently trained technologists, and together, they have know-how and technical capabilities in key areas, such as biomedical science, IT and engineering. Key strengths of our team include new assay format development, new instrument systems development and the complex integration of the two. In addition, in order to create new opportunities, manage costs and adapt to a rapidly changing industry, we are also exploring strategic partnerships as part of our R&D process.

R&D expenses were $218.7 million, $245.0 million and $187.9 million for fiscal years ended 2024, 2023 and 2022, respectively, which includes the impact of Ortho's operations from the date of the Combinations. We anticipate a continued appropriate investment of our financial resources to product and technology R&D for the foreseeable future, with increases and decreases as projects progress through the various development phases.

Sales, Marketing and Distribution

Our current business strategy is designed to serve the continuum of healthcare delivery needs globally, from POC clinicians located in doctor's office practices, to moderately complex POLs, and to highly complex hospitals, laboratories and blood and plasma centers. Within the inherent operational diversity of these various segments, we focus on differentiating ourselves and enhancing our market leadership by specializing in the diagnosis and monitoring of select disease states, conditions and wellness categories.

We manage our business geographically to better align with the market dynamics of the specific geographic regions in which we operate, with our reportable segments being North America, EMEA and China. Latin America and JPAC (Japan and Asia Pacific) are immaterial operating segments that are not considered reportable segments and are included in "Other." We generate our revenue in the following business units: Labs, Transfusion Medicine (Immunohematology and Donor Screening product categories), Point of Care and Molecular Diagnostics. We also generate non-core revenue, including through our contract manufacturing business and certain business collaborations.

Certain of our revenue is driven by a "razor/razor blade" business model. Through this model, we generally sell or place instruments under long-term contracts, which support the ongoing sale of our assays, reagents and consumables. Under this model, our customers are required to purchase the assays, reagents and consumables from us. These sales generate a high proportion of our recurring revenues.

Our sales team is comprised of highly skilled and experienced professionals. We sell products globally and market and distribute products worldwide in a variety of ways, including through a mix of direct, indirect and hybrid distribution strategies.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 8-K

CURRENT REPORT
PURSUANT TO SECTION 13 OR 15(d)
OF THE SECURITIES EXCHANGE ACT OF 1934

Date of Report (Date of earliest event reported): November 10, 2025

QUIDELORTHO CORPORATION
(Exact name of Registrant as specified in its Charter)

Delaware	001-41409	87-4496285
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

9975 Summers Ridge Road, San Diego, California 92121
(Address of principal executive offices, including zip code)

(858) 552-1100
(Registrant's telephone number, including area code)

N/A
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the Registrant under any of the following provisions (see General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading symbol(s)	Name of each exchange on which registered
Common Stock, $0.001 Par Value	QDEL	The Nasdaq Stock Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure.

On November 10, 2025, Brian J. Blaser, President and Chief Executive Officer of QuidelOrtho Corporation (the "Company"), will be providing a regular letter to stockholders providing an update on the results of the Company's third quarter ended September 28, 2025. A copy of the letter is furnished with this Current Report on Form 8-K ("Form 8-K") as Exhibit 99.1.

The information in this Form 8-K, including Exhibit 99.1, is being furnished and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference into any filing under the Securities Act of 1933, as amended, or the Exchange Act, regardless of any general incorporation language in such filing.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

The following exhibit is furnished with this Form 8-K:

Exhibit Number	Description of Exhibit
99.1	Stockholder letter from Brian J. Blaser, President and Chief Executive Officer of QuidelOrtho Corporation.
104	Cover Page Interactive Data File - the cover page XBRL tags are embedded within the Inline XBRL Document.

CAUTIONARY STATEMENT REGARDING FORWARD-LOOKING STATEMENTS

The information set forth in this Form 8-K contains "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995. These statements are any statement contained herein that is not strictly historical, including, but not limited to, QuidelOrtho's commercial, integration and other strategic goals, financial guidance and related assumptions and other future financial condition and operating results, including expected results of operations or financial position, cost-savings and operational improvement initiatives, and other future plans, objectives, strategies, expectations and intentions. Forward-looking statements are based on the beliefs and expectations of QuidelOrtho's management as of the date hereof and are subject to significant known and unknown risks and uncertainties. Actual results or outcomes may differ significantly from those set forth or implied in the forward-looking statements. You should not rely on forward-looking statements as predictions of future events because these statements are based on assumptions that may not come true and are speculative by their nature. All forward-looking statements are based on information currently available to QuidelOrtho and speak only as of the date hereof. QuidelOrtho undertakes no obligation to update any of the forward-looking information or time-sensitive information included in this Form 8-K, whether as a result of new information, future events, changed expectations or otherwise, except as required by law.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Date: November 10, 2025

QUIDELORTHO CORPORATION

By: /s/ Joseph M. Busky
Name: Joseph M. Busky
Its: Chief Financial Officer

4M

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 02041	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10) ■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10)

Section 1: General Information

Facility Name: AMERICAN PHARMACEUTICAL DISTRIBUTORS

Physical Address: 6650 HIGHLAND RD, SUITE 302

City: WATERFORD State: MICHIGAN Zip: 48327

Mailing Address (if different from physical address): SAME AS ABOVE

City: _____ State: _____ Zip: _____

Telephone: (855) 469-2300 Website: WWW.AMERICANAPD.COM

Name of Designated Representative (DR): ANTONIO ZOTTI

Licensing Company Email: Compliance@AmericanAPD.com DR Email: TonyZ@AmericanAPD.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies ■ Practitioners ■ Hospitals ■ Wholesalers ☐ Veterinarians ☐ Others:	■ Dangerous Drugs ■ Controlled Substances ☐ [a]Medical Products (medical devices, equipment, supplies, gases) ☐ Others:	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ■ Warehouse ☐ Retail pharmacy wholesale distributor ☐ Others:

Section 2: ONLY COMPLETE THIS SECTION IF THE COMPANY IS WHOLESALING [a]Medical Products (medical devices, equipment, supplies and gases). Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 3 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 4: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: R&S Northeast
Address: 10049 Sandmeyer Lane City: Philadelphia State: PA Zip: 19116

Name: Masters Drug Company Inc
Address: 4200 Binion Way #100 City: Mason State: OH Zip: 45036

Name: TopRX
Address: 2950 Brother Blvd City: Bartlett State: TN Zip: 38133

Name: SmartSource
Address: 6001 Global Distribution Way City: Louisville State: KY Zip: 40228

Section 5: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: MICHIGAN
Parent Company (if any): APD PARTNERS, LLC
Corporation/Organization Name: AMERICAN PHARMACEUTICAL INGREDIENTS LLC
Mailing Address: 6650 HIGHLAND RD, SUITE 302
City: WATERFORD State: MI Zip: 48327
Telephone: (855) 469-2300 Email: COMPLIANCE@AMERICANAPD.COM
Contact Person Name: AMEN RAMOUNI

Section 7: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 8: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 9: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✔	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 10: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale [a]Medical Products (medical devices, equipment, supplies, gases). (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Products (medical devices, equipment, supplies, gases), supply a copy of proof of insurance (NAC 639.6957).** The Medical Products wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 9)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20NRS%20639.500%20-%20Effective%2001.07.2026%20-%20Wholesaler%20-%20Post%20on%201.26.26.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

AMERICAN PHARMACEUTICAL DISTRIBUTORS

Facility Name

AMEN RAMOUNI

Print Name of Authorized Person Submitting Application

Amen Ramouni

Original signature of Authorized Person (copies or stamps not accepted)

06/24/2026 7/24/26

Date

Board Use Only	Date Received: 7/7/2026	Amount: $1,000.00

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

AMERICAN PHARMACEUTICAL DISTRIBUTORS

Facility Name

AMEN RAMOUNI

Print Name of Authorized Person Submitting Application

Amen Ramouni

Signer ID: ZBC689F614...

Original signature of Authorized Person (copies or stamps not accepted)

06/24/2026

Date

Board Use Only	Date Received: 7/20/26	Amount: $1000.00

NABP ACCREDITED
DRUG DISTRIBUTOR

American Pharmaceutical Ingredients, LLC
dba American Pharmaceutical Distributors

located at

6650 Highland Road, Unit 302, Waterford, MI 48327

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.



Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

0525

American Pharmaceutical Distributors®
Human Health Matters

FDA Registered | BOP Licensed | Dept. of Health Registered | DSCSA Compliant | NABP Accredited Distributor

APD Partners, LLC (FEIN: 99-3886917)

Date of Organization in Michigan: 07/09/2024

American Pharmaceutical Ingredients LLC is 100% wholly owned subsidiary of APD Partners, LLC

****Members****

Fadi Nuseibeh, Manager (94%)

[redacted]

Amen Ramouni, CEO (6%)

[redacted]

****Resident Agent****

USA Records

24530 Ford Rd
Dearborn Heights MI
48127

****Wholly (100%) Owned Subsidiary****

American Pharmaceutical Ingredients LLC

(FEIN: [redacted]

dba

American Pharmaceutical Distributors

CEO

Amen Ramouni

[redacted]

UNITED STATES OF AMERICA

The State of Michigan

Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to certify:

Entity Name: AMERICAN PHARMACEUTICAL INGREDIENTS LLC
Entity ID#: 801683527
Entity Type: Domestic Limited Liability Company
Initial Filing Date: 03/18/2013
Delayed Effective Date:
Formation Jurisdiction: Michigan
Act Formed Under: 023-1993 Michigan Limited Liability Company Act

That the above referenced entity was validly organized and is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued in conformity with the Act it is formed under to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

LICENSING AND REGULATORY AFFAIRS
Corporations, Securities & Commercial Licensing Bureau
TUEBOR
CIRCUMSPICE

In testimony whereof, I have hereunto set my hand, in the City of Lansing, on April 23, 2026.

Linda Clegg

Linda Clegg, Director
Corporations, Securities & Commercial Licensing Bureau

Certificate Number: 68619
Verify this certificate at: www.michigan.gov/corpverifycertificate

5306008268APP25

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
P.O. BOX 30670
LANSING, MI 48909

AMERICAN PHARMACEUTICAL INGREDIENTS
LLC
DBA - AMERICAN PHARMACEUTICAL
DISTRIBUTORS
6650 HIGHLAND RD
SUITE 302
WATERFORD, MI 48327

COMPLAINT INFORMATION:
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE CONSTRUED AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO ANY COMPLAINTS OR VIOLATIONS PENDING AGAINST THE LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BY EMAILING BPLHELP@MICHIGAN.GOV OR CALL (517) 241-0199

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
WHOLESALE DISTRIBUTOR LICENSE

AMERICAN PHARMACEUTICAL INGREDIENTS
LLC
DBA - AMERICAN PHARMACEUTICAL
DISTRIBUTORS
6650 HIGHLAND RD
SUITE 302
WATERFORD, MI 48327

LICENSE NO.	ORIGINAL ISSUE DATE	EXPIRATION DATE	
5306008268	09/17/2025	09/17/2027	25260100909

THIS DOCUMENT IS DULY ISSUED UNDER THE LAWS OF THE STATE OF MICHIGAN

5315262833APP25

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
P.O. BOX 30670
LANSING, MI 48909

ORIGINAL
ISSUE DATE
11/21/2025

AMERICAN PHARMACEUTICAL INGREDIENTS
LLC
DBA - AMERICAN PHARMACEUTICAL
DISTRIBUTORS
6650 HIGHLAND RD
SUITE 302
WATERFORD, MI 48327

COMPLAINT INFORMATION:
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE CONSTRUED AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO ANY COMPLAINTS OR VIOLATIONS PENDING AGAINST THE LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BY EMAILING BPLHELP@MICHIGAN.GOV OR CALL (517) 241-0199

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
CONTROLLED SUBSTANCE LICENSE

*THIS LICENSE IS ONLY VALID IF PROFESSIONAL LICENSE IS ACTIVE

AMERICAN PHARMACEUTICAL INGREDIENTS LLC
DBA - AMERICAN PHARMACEUTICAL DISTRIBUTORS
6650 HIGHLAND RD
SUITE 302
WATERFORD, MICHIGAN 48327

LICENSE NO.	ORIGINAL ISSUE DATE	EXPIRATION DATE	
5315262833	11/21/2025	09/17/2027	25325061152

THIS DOCUMENT IS DULY ISSUED UNDER THE LAWS OF THE STATE OF MICHIGAN

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	06-30-2027	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	03-17-2026

AMERICAN PHARMACEUTICAL INGREDIENTS LLC
6650 HIGHLAND RD
STE 302
WATERFORD, MI 483271665

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	06-30-2027	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	03-17-2026

AMERICAN PHARMACEUTICAL INGREDIENTS LLC
6650 HIGHLAND RD
STE 302
WATERFORD, MI 483271665

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0874768

Application/License No. WH02041

AMERICAN PHARMACEUTICAL INGREDIENTS LLC DBA AMERICAN PHARMACEUTICAL DISTRIBUTORS (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 6650 HIGHLAND ROAD #302, WATERFORD, MI 48327 (Address of Applicant/Principal), as PRINCIPAL, and HARCO NATIONAL INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of ILLINOIS (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is PO BOX 10800, RALEIGH, NC 27605 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on APRIL 16, 2026 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 29TH day of APRIL, 2026.

APPLICANT/PRINCIPAL

AMERICAN PHARMACEUTICAL INGREDIENTS LLC

Authorized Representative

SURETY COMPANY

HARCO NATIONAL INSURANCE COMPANY

Surety Company's Representative

DAVID C. JOSEPH, Attorney-in-fact

print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A

Nevada Resident Agent

POWER OF ATTORNEY

HARCO NATIONAL INSURANCE COMPANY

INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 4200 Six Forks Rd, Suite 1400, Raleigh, NC 27609

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

SARA S. DEJARNETTE, CONWAY C. MARSHALL, STEPHEN BEAHM, ELIZABETH SCHOTT, DAVID C. JOSEPH, JESSICA PALMERI, KELLI R. CROSS, AMANDA RIEDL, ANDRE AUTIN, VICTORIA SCRUGGS, CLARK P. FITZ-HUGH, CATHERINE C. KEHOE, KRISTINE DONOVAN

New Orleans, LA.

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2025

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Michael F. Zurcher
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2025 , before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

CATHY CRUZ NOTARY PUBLIC STATE OF NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Cathy Cruz a Notary Public of New Jersey
My Commission Expires April 16, 2029

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, April 29, 2026

A00586

Irene Martins, Assistant Secretary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: American Pharmaceutical Ingredients LLC dba American Pharmaceutical Distributors

Pharmacy/Wholesaler License # (if applicable): WH02041

Physical Address: 6650 Highland Road Suite 302

City: Waterford State: MI Zip: 48327-1665

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 734-418-4863 Website: www.americanapd.com

Licensing Company Email: Compliance@AmericanAPD.com

Section 2: Personal Information

First: Antonio Middle: N/A Last: Zotti

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITI: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Rochester Hills State: MI Z[redacted]

Telephon[redacted] Email: tonyz@AmericanAPD.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.329)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
William Hingston High School			Graduated in 1975	
Address		City	State	Zip
419 Rue Saint-Roch		Montreal	Quebec	H3N-1K2
Diploma/Degree obtained, if any				
Highschool Diploma				
School Name			From - To (MM/YY – MM/YY)	
Barry University			Certified in 2013	
Address		City	State	Zip
11300 NE 2nd Ave.		Miami Shores	FL	33161
Diploma/Degree obtained, if any				
Pharmacy Tech Certification				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2022-present	[redacted]	Rochester Hills	MI	[redacted]
11/2021-10/2022		Rochester hills	MI	
06/2021-11/2021		Auburn Hills	MI	
07/2015-06/2021		Boynton Beach	FL	
From - To (MM/YY – MM/YY)		City	State	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7. A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record-keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
American Pharmaceutical Ingredients LLC dba American Pharmaceutical Distributors			09/2015-Present
Business Address	**City**	**State**	**Zip**
6650 Highland Road, Suite 302	Waterford	MI	48327-1665
Phone	**Title**	**Number of Employed Hours**	
734-418-4863	Warehouse Manager/CDR		
Description of Duties			
Ordering products, Incoming Product, shipping orders, DSCSA compliance, Inventory counts, Making sure employees comply with SOP's, Opening and closing facility.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, ANTONIO ZOTTI, **certify that as the designated representative for** AMERICAN PHARMACEUTICAL INTERMEDIATE LLC. DBA American Pharmaceutical Distributors **that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

ANTONIO ZOTTI

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/30/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Antonio Zaffi

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/30/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Michigan, ss. County of Oakland

I, Cathleen Hackett, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Cathleen Hackett

Original Signature

6-30-26

Date

Subscribed and Sworn to before me this 30th day of June.

Cathleen Hackett

Notary Public Signature

CATHLEEN HACKETT
Notary Public - State of Michigan
County of Oakland
My Commission Expires Dec 11, 2031
Acting in the County of Oakland

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

y

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: American Pharmaceutical Distributors

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): WH02041

Physical Address: 6650 Highland Rd Suite 302

City: Waterford State: MI Zip: 48327

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: (855) 469-2300 Website: www.AmericanAPD.com

Licensing Company Email: Compliance@AmericanAPD.com

Section 2: Personal Information

First: Fadi Middle: Mohammed Last: Nuseibeh

Alias(es, nicknames, name changes, etc.): N/A

Date of Birt[redacted] SSN or ITIN[redacted] Sex ☑ M ☐ F ☐ X

Mailing Address[redacted]

City: Dearborn State: MI Zip[redacted]

Telephon[redacted] Email: fadi826@aol.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Wayne State University		09/94 - 05/99	
Address	**City**	**State**	**Zip**
42 Warren Ave	Detroit	MI	48202
Diploma/Degree obtained, if any			
Bachelor of Science Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Fordson High School		09/90 - 06/94	
Address	**City**	**State**	**Zip**
13800 Ford rd	Dearborn	MI	48126
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/23 - present	[redacted]	Dearborn	MI	[redacted]
11/83 - 07/23		Dearborn	MI	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Central Pharmacy			02/09 - present	
Business Address		**City**	**State**	**Zip**
3955 Patient Care Drive		Lansing	MI	48911
Phone	**Title**			
517-393-1000	Pharmacy manager			
Description of Duties				
Pharmacist, filling scripts. Managing financials.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✔	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✔	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
07/12016		FL	Holly WOOD	MIAMI - DADE
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2016-010484-CA01		11th JUDICIAL COURT MIAMI DADE		
Reason/Charge				
FRAUD				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
REAL ESTATE SALES FORCE INC			LAWSUIT	
Name of Business/Industry/Entity				

Provide explanation below:

THE REAL ESTATE Company Committed FRAUD

Previously Disclosed

Original Signature (electronic, copies or stamps not accepted)

7/13/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

FADI NUSEIBEH

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/13/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Michigan, ss. County of Wayne

I, Fadi Nuseibeh, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/14/2026

Date

Subscribed and Sworn to before me this 14th day of July, 2026.

Notary Public Signature

HADI HARP
Notary Public - State of Michigan
County of Wayne
My Commission Expires May 3, 2032
Acting in County _____

(Seal)

Personnel List

Facility Name:
American Pharmaceutical Ingredients LLC

Facility Address:
6650 HIGHLAND RD, SUITE 302, WATERFORD, MI 48327

Nevada License Number: WH02041

Name: Amen Ramouni
Role: CEO

Name: Antonio Zotti
Role: Facility Designate/ Warehouse Manager

Name: Albretta L. Files
Role: Compliance Specialist

Name: Hussein Bazzi
Role: Purchasing Specialist

Name: Marisol Ortiz
Role: Warehouse Associate

Name: Tarun Acharya
Role: Customer Service Representative

Name: Amer Khamis
Role: Contracted Sales Organization

4N

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☑ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 01938	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10)

Section 1: General Information

Facility Name: Golden State Medical Supply, Inc.

Physical Address: 5187 Camino Ruiz

City: Camarillo State: CA Zip: 93012

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: (805) 477-9866 Website: www.gsms.us

Name of Designated Representative (DR): Cindy Phan

Licensing Company Email: compliance@gsms.us DR Email: cphan@gsms.us

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☑ Dangerous Drugs	☑ Manufacturer
☐ Practitioners	☑ Controlled Substances	☑ Repacker
☐ Hospitals	☐ [a]Medical Products (medical devices, equipment, supplies, gases)	☐ Reverse Distributor
☑ Wholesalers		☐ Warehouse
☐ Veterinarians	☐ Others:	☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: ONLY COMPLETE THIS SECTION IF THE COMPANY IS WHOLESALING [a]Medical Products (medical devices, equipment, supplies and gases). Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 3 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

06/24/2026
Date

Section 4: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Apotex Inc.
Address: 2400 North Commerce Parkway City: Weston State: FL Zip: 33326

Name: ScieGen Pharmaceuticals, INC.
Address: 89 Arkay Drive City: Hauppauge State: NY Zip: 11788

Name: Mylan Pharmaceuticals Inc.
Address: 2898 Manufacturers Rd City: Greensboro State: NC Zip: 27406

Name: ANI Pharmaceuticals, Inc.
Address: 210 Main Street West City: Baudette State: MN Zip: 56623

Section 5: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California
Parent Company (if any): N/A
Corporation/Organization Name: Golden State Medical Supply, Inc.
Mailing Address: 5187 Camino Ruiz
City: Camarillo State: CA Zip: 93012
Telephone: (805) 477-9866 Email: compliance@gsms.us
Contact Person Name: Doug Blackburn

Section 7: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 8: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 9: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	X	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 10: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale [a]Medical Products (medical devices, equipment, supplies, gases). (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Products (medical devices, equipment, supplies, gases), supply a copy of proof of insurance (NAC 639.6957).** The Medical Products wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 9)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20NRS%20639.500%20-%20Effective%2001.07.2026%20-%20Wholesaler%20-%20Post%20on%201.26.26.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

GOLDEN STATE MEDICAL SUPPLY, INC.

Facility Name

DOUG BEACHBOARD

Print Name of Authorized Person Submitting Application

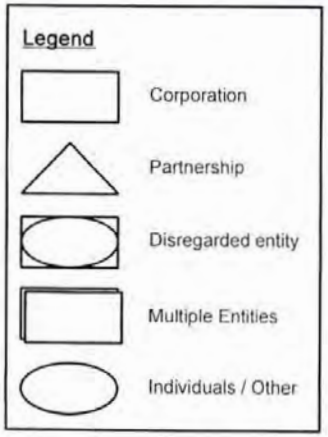
Original signature of Authorized Person (copies or stamps not accepted)

06/24/2026

Date

Board Use Only	Date Received: 6/29/26	Amount: $1000-CK 035390

GSMS Company Structure Chart



Pre-Closing



Post-Closing



NABP ACCREDITED

DRUG DISTRIBUTOR

COPY

Golden State Medical Supply, Inc

located at

5187 Camino Ruiz, Camarillo, CA 93012

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

Charley De Jesus

From: vawd@nabp.pharmacy
Sent: Thursday, July 17, 2025 12:18 PM
To: Charley De Jesus
Cc: Compliance
Subject: [EXTERNAL SENDER] NABP Drug Distributor Accreditation: Approved - Golden State Medical Supply, Inc, 5187 Camino Ruiz, Camarillo, CA 93012
Attachments: 1105706_DrugDistributorCertificate.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Hello Charley,

On behalf of the National Association of Boards of Pharmacy® (NABP®), I extend to you our sincere appreciation for choosing our organization to serve Golden State Medical Supply, Inc located at 5187 Camino Ruiz, Camarillo, CA 93012. NABP is pleased to inform you that your facility has successfully met the Drug Distributor Accreditation requirements.

Congratulations on achieving NABP Drug Distributor Accreditation. The details of your accreditation are as follows:

- **Accredited Entity:** Golden State Medical Supply, Inc
- **Address:** 5187 Camino Ruiz, Camarillo, CA 93012
- **Accreditation Period:** 01/18/2025 – 01/17/2028
- **Accreditation Contact:** Danielle McFarland vawd@nabp.pharmacy
- The Drug Distributor Accreditation Certificate is attached; please review the information on the certificate to ensure that it is correct.

We look forward to continuing working with you and your facility. If you have any questions, please contact us via phone at 847/391-4539 or via email at vawd@nabp.pharmacy.

Cordially,

Danielle McFarland
Drug Distributor Accreditation Team
847/391-4441

National Association of Boards of Pharmacy
1600 Feehanville Dr. Mount Prospect, IL 60056
www.nabp.pharmacy | vawd@nabp.pharmacy

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

Drug Establishments Current Registration Site

New Search (index.cfm)

Search Results for **golden state**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Golden State Medical Supply Inc.	3006458969	603184490	MANUFACTURE; RELABEL; REPACK;	5187 Camino Ruiz, Camarillo, California (CA) 93012, United States (USA)	12/31/2026

Showing 1 to 1 of 1 entries
Previous1Next
Data Current through: Tuesday, Nov 11, 2025

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

GSMS List of Officers

Name	Title	Address	Telephone Number
Benjamin Hall	Chief Executive Officer	5187 Camino Ruiz, Camarillo, CA 93012	(805) 477-9866
David Arnold	President; Chief Operating Officer	5187 Camino Ruiz, Camarillo, CA 93012	(805) 477-9866
Sonia De La Rosa	Chief Commercial Officer	5187 Camino Ruiz, Camarillo, CA 93012	(805) 477-9866
Doug Blackburn	Chief Compliance Officer	5187 Camino Ruiz, Camarillo, CA 93012	(805) 477-9866
Helen Jones	Vice President, Human Resources	5187 Camino Ruiz, Camarillo, CA 93012	(805) 477-9866

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	GOLDEN STATE MEDICAL SUPPLY, INC.
Entity No.:	1464053
Registration Date:	06/26/1989
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 16, 2026.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 447132028

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

CALIFORNIA STATE BOARD OF PHARMACY
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3100

Renewal License

Wholesale Drug Permit

License No. WLS 6061
Receipt No. 61270352

Valid Until: 7/1/2027

GOLDEN STATE MEDICAL SUPPLY INC
5187 CAMINO RUIZ
CAMARILLO, CA 93012

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

This permit is valid only at the address shown.

The official status of this license can be verified at www.pharmacy.ca.gov

---- NON-TRANSFERABLE ----- POST IN PUBLIC VIEW -----

FORM WPHWLS (09/30/19) WLS

COPY

CALIC100.RENWALR.05112026.33016.SEQID08194

GOLDEN STATE MEDICAL SUPPLY INC
5187 CAMINO RUIZ
CAMARILLO, CA 93012
08194

BOARD OF PHARMACY
2720 GATEWAY OAKS DR, SUITE 100
SACRAMENTO, CA 95833



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	09-30-2026	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	MANUFACTURER	08-12-2025

GOLDEN STATE MEDICAL SUPPLY, INC.
5187 CAMINO RUIZ
CAMARILLO, CA 93012

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	09-30-2026	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	MANUFACTURER	08-12-2025

GOLDEN STATE MEDICAL SUPPLY, INC.
5187 CAMINO RUIZ
CAMARILLO, CA 93012

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Verification Certificate

This is to certify that Bond No. 0611400 issued by Harco National Insurance Company subscribing this certificate, dated 06/19/2026 in the amount of Twenty-Five Thousand and No/100 Dollars ($ 25,000.00) on behalf of Golden State Medical Supply, Inc. as Principal, and in favor of Nevada State Board of Pharmacy as Obligee, covers an indefinite term which ends with the cancellation of said bond; that said bond is now in full force and effective and will continue in full force and effect until cancelled.

Wholesaler Permit # WH01938 (5187 Camino Ruiz), Wholesaler Permit # WH02447 (5247 Camino Ruiz)

ANNIVERSARY PREMIUM PERIOD: 09/23/2026 - 09/23/2027

Signed, Sealed, and Dated 06/19/2026

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Surety: Harco National Insurance Company

BY: _____
Steve Shike, Attorney-In-Fact

POWER OF ATTORNEY

Bond # 0611400

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 4200 Six Forks Rd, Suite 1400, Raleigh, NC 27609

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

Steve Shike

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2024

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Michael F. Zurcher
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2024, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

CATHY CRUZ NOTARY PUBLIC STATE OF NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Cathy Cruz a Notary Public of New Jersey
My Commission Expires April 16, 2029

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, June 19, 2026

A01919

Irene Martins, Assistant Secretary

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application
Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Golden State Medical Supply, Inc.
Pharmacy/Wholesaler License # (if applicable) WH01938
Physical Address 5187 Camino Ruiz
City Camarillo State CA Zip 93012
Mailing Address (if different from physical address) N/A
City N/A State N/A Zip N/A
Telephone (805) 477-9866 Website www.gsms.us
Licensing Company Email compliance@gsms.us

Section 2: Personal Information

First Cindy Middle Hong Last Phan
Alias(es, nicknames, name changes, etc.)
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X
Mailing Address 5187 Camino Ruiz
City Camarillo State ca Zip 93012
Telephone (805) 477-9866 Email cphan@gsms.us
Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Oxnard College		08/2008-08/2010	
Address	City	State	Zip
4000 South Rose Ave	Oxnard	CA	93033
Diploma/Degree obtained, if any			
AA Biology			
School Name		From - To (MM/YY – MM/YY)	
Hueneme High School		08/1996-06/2000	
Address	City	State	Zip
500 W Bard Rd	Oxnard	CA	93033
Diploma/Degree obtained, if any			
Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/2011-Current	[redacted]	Oxnard	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Golden State Medical Supply, Inc			08/2010-Current
Business Address	**City**	**State**	**Zip**
5187 Camino Ruiz	Camarillo	CA	93012
Phone	**Title**	**Number of Employed Hours**	
805-477-9866	Senior Packaging Manager	138,792	

Description of Duties
Responsible for overseeing all pharmaceutical packaging operations to ensure products are packaged safely, accurately, and in compliance with FDA regulations, Current Good Manufacturing Practices, company quality standards, and customer requirements. I manage packaging personnel, coordinate production schedules, maintain packaging equipment, and work closely with Quality Assurance Regulatory Affairs, Manufacturing, and Supply Chain teams to ensure efficient and compliant operations.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

06/23/2026
Date

I, Cindy Hong Phan, **certify that as the designated representative for**

_____,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CP I am at least 21 years of age;
3. CP I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. CP I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CP I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CP I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. CP I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Cindy Phan
Print Name (First, Last)

Cindy
Original Signature (electronic, copies or stamps not accepted)

06/23/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Cindy Phan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/24/2026

Date

(See attached acknowledgment)

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Ventura)

On 06/24/2026 before me, Brooke Johnson
(insert name and title of the officer)

personally appeared Cindy Phan,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

BROOKE JOHNSON
Comm. #2423887
California - Notary Public
Ventura County
Comm. Expires November 23, 2026

WITNESS my hand and official seal.

Signature _____ (Seal)

GSMS List of Employees		
Full Name	**Department**	**Job Title**
Acosta, Axel O.	3100 - Packaging Direct	Machine Operator I
Acosta, Monaliza O.	3200 - Quality Assurance Direct	Quality Inspector II
Alexander, Siddhartha	4210 - Reg Compliance & Qual Sys	Quality Systems Specialist
Allen, Scarlett	4510 - Finance	Accounting Manager
Allison, Caroline	4620 - Marketing	Sr. Marketing Analyst
Almanza, Ariana	3200 - Quality Assurance Direct	Quality Label Specialist III
Alvarado, Jose	4100 - Distribution	Warehouse Associate III
Alvarez Magana, Juana C.	3200 - Quality Assurance Direct	Quality Lead
Alvarez, Estefania	3100 - Packaging Direct	Packaging Associate II
Alvarez, Jose A.	4100 - Distribution	Warehouse Associate III
Ambriz, Oscar E.	4100 - Distribution	Warehouse Associate II
Amparo, Jerome	3100 - Packaging Direct	Packaging Associate I
Anderson, Chance	4210 - Reg Compliance & Qual Sys	Quality & Compliance Manager
Andreoli, Jeffrey D.	4530 - Client Services	Federal Account Manager
Arevalo, Anai	3100 - Packaging Direct	Packaging Associate I
Arias, Josefina	3100 - Packaging Direct	Packaging Associate II
Ariza, Erika D.	3200 - Quality Assurance Direct	Quality Receiving Inspector II
Arnold, David R.	4500 - Administration	President / COO
Arvari, Shahrzad	4640 - Business Development	Business Development Manager
Avendano, Francisco	4100 - Distribution	Warehouse Lead
Avendano, Jazmin R.	3210 - Quality Assurance - Indirect	Supervisor Quality
Averill, Lynette	4530 - Client Services	Federal Account Manager
Ayala, Nathan J.	3100 - Packaging Direct	Machine Operator II
Bailey, Stephen	4100 - Distribution	Distribution Material Handling Lead
Baltazar Montes, Angela A.	3100 - Packaging Direct	Packaging Associate II
Barrus, John P.	4400 - Technology	Associate VP, IT
Bennett, Timothy C.	3300 - Engineering	Sr. Manager, Engineering
Bertagna, Mark D.	4530 - Client Services	Federal Operations, Team Manager
Bislig, Charlene Rose B.	4610 - Customer Service Excellence	Customer Service Representative
Blackburn, Douglas J.	3310 - Operations	Vice President of Quality and Compliance
Blakely, Christopher R.	4120 - Facilities	Facilities Coordinator
Blank, Mikhail	4630 - Corporate Development	Sr. Director, Brand Strategy & Business Development
Bliven, Steven	4530 - Client Services	Federal Account Manager
Bonilla Alatorre, Jovehily	3100 - Packaging Direct	Machine Operator II
Briceno, Ivan B.	3100 - Packaging Direct	Machine Operator Lead
Broccolina, Shelby W.	4640 - Business Development	Business Development Specialist
Brueckner, Richard	4530 - Client Services	Federal Account Manager
Brumfield, Darren	4530 - Client Services	Federal Account Manager
Bugayong, Patricia Eunice A.	3200 - Quality Assurance Direct	Quality Receiving Inspector III
Bullock, Leonard M.	4530 - Client Services	Federal Account Manager
Cahuantzi, Ana	4100 - Distribution	Warehouse Associate I
Calica, Cepril	3200 - Quality Assurance Direct	Quality Lead
Camberos, Elvia V.	4510 - Finance	Accounting Lead
Cannon, Sean	4670 - Sales/Eagle	Federal Account Specialist
Carranza, Carlos	4400 - Technology	System Analyst II
Cash, Jennifer	4620 - Marketing	Marketing Communications Manager
Cazares, Vicente G.	3200 - Quality Assurance Direct	Quality Label Specialist III
Cervantes, Peter R.	4120 - Facilities	Facilities Coordinator
Cervito, Fanny P.	3100 - Packaging Direct	Packaging Associate II
Chacon Suarez, Francisco	3200 - Quality Assurance Direct	Quality Inspector I
Chavarria, Jaime J.	3100 - Packaging Direct	Machine Operator III
Churchbourne, Leigh	4530 - Client Services	Senior Federal Account Manager
Colebaugh, Joseph P.	4530 - Client Services	Federal Account Manager
Collazo, Oscar	3100 - Packaging Direct	Machine Operator I
Colton, Jonathan S.	4120 - Facilities	Facilities Supervisor
Colton, Richard G.	4100 - Distribution	Warehouse Associate III

Combs, Heike	4530 - Client Services	Senior Federal Account Manager
Cordova, Antonio	4300 - Supply Chain	Planner/Scheduler
Corey, George E.	4530 - Client Services	Senior Federal Account Manager
Coronado, Regina	4610 - Customer Service Excellence	Supervisor, Customer Service Excellence
Cruz, Crystal M.	3100 - Packaging Direct	Packaging Associate Lead
Current, Brian K.	4650 - Pricing and Contracts	VP, Pricing & Commercial Strategy
Davila, Victor E.	3100 - Packaging Direct	Packaging Associate I
De Casa Torres, Alan M.	3200 - Quality Assurance Direct	Quality Inspector I
De Jesus, Charley	4200 - Corporate Compliance	Regulatory and Compliance Specialist
De La Rosa, Marcus J.	4310 - Procurement	Buyer
De La Rosa, Sonia	4500 - Administration	Chief Commercial Officer
Dedeaux, Nina	4670 - Sales/Eagle	Federal Account Manager
Dorantes, Maria D.	3200 - Quality Assurance Direct	Quality Label Specialist II
Dority, David M.	4410 - Business Intelligence	Data Solutions Architect
Duarte, Cecilia	3200 - Quality Assurance Direct	Quality Inspector I
Duncan, Tre D.	4300 - Supply Chain	Sr. Supply Chain Analyst
Ebdane, Aita Linda I.	3100 - Packaging Direct	Packaging Associate II
Esquivel, Adam N.	4100 - Distribution	Warehouse Associate III
Fajardo, Maria T.	4120 - Facilities	Janitor
Farnsworth, Hugh	4530 - Client Services	Executive Federal Account Manager
Fields, Dino	4530 - Client Services	Federal Account Manager
Flores, Alyssa	4100 - Distribution	Warehouse Associate I
Flores, Samantha M.	3200 - Quality Assurance Direct	Quality Inspector II
Floyd, Robert A.	4620 - Marketing	Pricing & Market Analytics Manager
Franco, Arturo	3200 - Quality Assurance Direct	Quality Label Specialist III
Gadian, Glenn f.	3100 - Packaging Direct	Machine Operator III
Gamboa Parra, Isauz G.	3100 - Packaging Direct	Machine Operator II
Gamino, Viviana	3200 - Quality Assurance Direct	Quality Inspector III
Garcia, Issac A.	4100 - Distribution	Warehouse Associate II
Garcia, Ricardo M.	3100 - Packaging Direct	Machine Operator II
Gasca Jasso, Alejandra	3100 - Packaging Direct	Quality Inspector II
Giang, Belle X.	4210 - Reg Compliance & Qual Sys	Quality Systems Associate
Gibson, Angelina M.	4650 - Pricing and Contracts	Government Contracts Mgr.
Gmehlin, Markus	4530 - Client Services	Vice President Federal Business
Gomez, Fernando L.	3100 - Packaging Direct	Machine Operator I
Gomez, Luis F.	4100 - Distribution	Warehouse Associate I
Gonzalez Hernandez, Mara P.	3210 - Quality Assurance - Indirect	Supervisor Quality
Gonzalez Prado, Rigoberto	3110 - Packaging - Indirect	Packaging Supervisor
Gonzalez, Jesus N.	3100 - Packaging Direct	Machine Operator III
Gonzalez, Marisol	3200 - Quality Assurance Direct	Quality Label Specialist III
Gonzalez, Orlando	4100 - Distribution	Warehouse Associate I
Gonzalez, Ruben	4100 - Distribution	Warehouse Associate III
Guerrero, Emmanuel	4210 - Reg Compliance & Qual Sys	Quality Systems Associate
Gutierrez, Brenda Y.	3100 - Packaging Direct	Machine Operator II
Gutierrez, Hector F.	4100 - Distribution	Warehouse Associate II
Hall, Benjamin J.	4500 - Administration	President
Hamilton, Todd	4530 - Client Services	Federal Account Manager
Hendry, Paola B.	4530 - Client Services	Federal Operations, Team Manager
Hernandez, Sergio A.	4100 - Distribution	Warehouse Associate III
Hidalgo, Kalela N.	4300 - Supply Chain	Project Manager
Iles, Stephen	4530 - Client Services	Federal Account Specialist
Jessup, Jared A.	4670 - Sales/Eagle	Federal Account Specialist
Jimenez, Ray	4100 - Distribution	Distribution Supervisor
Johnson, Brooke	4650 - Pricing and Contracts	Commercial Contracts Manager
Johnson, Louis D.	4120 - Facilities	Janitor II
Johnson, Stephen E.	4530 - Client Services	Senior Federal Account Manager
Jolicoeur, David	4640 - Business Development	Sr. Manager, Business Development
Jones, Helen C.	4520 - Human Resources	VP of Human Resources
Juarez, Karina	3100 - Packaging Direct	Packaging Associate II

Justiss, Robert G.	4530 - Client Services	Sr. Federal Sales Manager
Kapocius, Michael G.	4530 - Client Services	Federal Account Manager
Kapp, Theodore G.	4530 - Client Services	Senior Federal Account Manager
Kaur, Harleen	3310 - Operations	Vice President Supply Chain
Kondyra, Mary E.	4530 - Client Services	Senior Federal Account Manager
Kurniawan, Kristianto	3100 - Packaging Direct	Packaging Associate I
LaFerr, Mark	4410 - Business Intelligence	Product Owner, Business Intelligence
Laird, Glenn L.	4530 - Client Services	Federal Account Manager
Lasche, Erin M.	4530 - Client Services	Senior Federal Account Manager
Leffler, Robert J.	4530 - Client Services	Executive Federal Account Manager
Li, Yuhang	4300 - Supply Chain	Sr. Supply Chain Manager
Licon-Crespo, Richard S.	3200 - Quality Assurance Direct	Quality Receiving Inspector II
Limon, Maria A.	3100 - Packaging Direct	Machine Operator II
Litel, Tyler	4640 - Business Development	Business Development Manager
Lopez, Angelica Y.	3110 - Packaging - Indirect	Packaging Supervisor
Lopez, Jannice J.	3100 - Packaging Direct	Machine Operator I
Mac Rae, Jason P.	4400 - Technology	Sr. Systems Administrator
Madrid, Angel A.	3100 - Packaging Direct	Machine Operator Lead
Magallon, Tomas P.	4100 - Distribution	Warehouse Lead
Magdaleno, Rosa	3100 - Packaging Direct	Machine Operator I
Manzo, Cristina G.	3100 - Packaging Direct	Packaging Associate I
Manzo, Sandra	3100 - Packaging Direct	Machine Operator II
Marquez, Diana C.	3200 - Quality Assurance Direct	Quality Inspector I
Marquez, Thomas R.	4100 - Distribution	Inventory Control Specialist II
Marsh, Robert	4530 - Client Services	Federal Account Manager
Martinez Torres, Luis M.	3300 - Engineering	Engineering Technician
Martinez, Cesar S.	4100 - Distribution	Distribution Supervisor
Martinez, Ofelia	4300 - Supply Chain	Product Launch Specialist
McCracken, Heidi L.	4530 - Client Services	Sr. Manager, Federal Sales
McCusker, Whitney S.	4520 - Human Resources	Human Resources Business Partner
McGrath, Michael J.	4530 - Client Services	Senior Federal Account Manager
McNamee, John	4530 - Client Services	Federal Account Manager
Medina, Alina	4210 - Reg Compliance & Qual Sys	Sr. Quality Systems Specialist
Medina, Stephanie Y.	3100 - Packaging Direct	Packaging Associate II
Mejia, Justin	4670 - Sales/Eagle	Federal Account Specialist
Mejia, Roger	4100 - Distribution	Warehouse Associate I
Melgarejo, Noe	4100 - Distribution	Warehouse Associate II
Mendoza, Rommel Angelov	3200 - Quality Assurance Direct	Quality Inspector I
Meza Narvaez, Diana	3200 - Quality Assurance Direct	Quality Receiving Inspector III
Miller, Mitchell R.	4410 - Business Intelligence	VP Business Analytics and Technology
Miller, Stephen	4530 - Client Services	Federal Account Manager
Mock, Robert	4530 - Client Services	Senior Federal Account Manager
Morales, Hector E.	3200 - Quality Assurance Direct	Quality Inspector III
Morales, Isai	4100 - Distribution	Warehouse Associate II
Moran, Ruben M.	3200 - Quality Assurance Direct	Supervisor Quality
Morante, Jarvis H.	3100 - Packaging Direct	Packaging Associate III
Moreno Salas, Jorge	4100 - Distribution	Inventory Control Specialist II
Morrish, Michael A.	4510 - Finance	Director of Financial Planning & Analysis
Mouwen, Rebecca	4640 - Business Development	Sr. Manager, Business Development
Munguia, Luis J.	4100 - Distribution	Warehouse Associate III
Najera Pacheco, Alexis	3100 - Packaging Direct	Packaging Associate I
Navarro, Vanessa	3100 - Packaging Direct	Packaging Associate III
Negrete, Alejandra	3100 - Packaging Direct	Packaging Associate II
Ngiratmab, Joshua A.	4100 - Distribution	Sr. Manager, Distribution
Novascone, James T.	4210 - Reg Compliance & Qual Sys	Compliance Specialist
Ocampo, Victor M.	3100 - Packaging Direct	Packaging Associate I
Ortega, Jose L.	4100 - Distribution	Warehouse Associate I
Padgett, Blake	3200 - Quality Assurance Direct	Quality Inspector I
Palau, Barbara Z.	4600 - Sales Operations	Director, Sales Operations & Communications

Palomares, Julio	3100 - Packaging Direct	Packaging Associate II
Pantess, Cathleen	4210 - Reg Compliance & Qual Sys	Sr. Manager, Quality Systems
Patel, Jasmin	4200 - Corporate Compliance	Sr. Manager, Regulatory & Compliance
Perez, Rodolfo	4310 - Procurement	Sr. Buyer
Phan, Cindy H.	3110 - Packaging - Indirect	Sr. Manager, Packaging
Powell, Mike	4400 - Technology	Systems Analyst III
Puga, Alvaro	3100 - Packaging Direct	Machine Operator I
Ramirez Rivera, Angel	3100 - Packaging Direct	Machine Operator I
Ramirez, Ana R.	3100 - Packaging Direct	Packaging Associate III
Ramos, Anthony	3110 - Packaging - Indirect	Packaging Supervisor
Ramos, Roberto R.	3300 - Engineering	Equipment Maintenance Tech I
Rangel, Jennifer	3100 - Packaging Direct	Packaging Associate III
Ravela, Noel A.	3100 - Packaging Direct	Packaging Associate III
Reynolds, Patrick	4530 - Client Services	Federal Account Manager
Rios, Francisco	4100 - Distribution	Warehouse Associate I
Rodriguez-Diaz, Ernesto	4100 - Distribution	Warehouse Associate III
Rodriguez, Irvin	4100 - Distribution	Distribution Material Handling Lead
Rodriguez, Ramiro	4100 - Distribution	Warehouse Associate III
Rodriguez, Rosa	3100 - Packaging Direct	Packaging Associate II
Romero Tellez, Luis A.	3100 - Packaging Direct	Machine Operator II
Romero, Alan M.	4210 - Reg Compliance & Qual Sys	Quality Systems Associate
Romero, Linda R.	4510 - Finance	Sr. Accounting Administrator
Rosales, Carlos	3310 - Operations	Operations Specialist
Rosales, Margaret E.	4510 - Finance	Accounting Administrator
Rothschiller, Kyle E.	4520 - Human Resources	Human Resources Generalist
Ryan, Richard M.	4530 - Client Services	President
Sackey, Sequince B.	4630 - Corporate Development	Sr. Manager, Brand Business Development
Salas, Maria M.	4650 - Pricing and Contracts	Pricing & Contracts Analyst
Sanchez, Jessie	3200 - Quality Assurance Direct	Quality Inspector II
Sandt, Isabella	4640 - Business Development	Business Development Analyst
Santiago, Marissa R.	4600 - Sales Operations	Sr. Sales Operations Analyst
Santos, Arlan M.	3100 - Packaging Direct	Machine Operator III
Santos, Celeste M.	3100 - Packaging Direct	Machine Operator III
Santos, Kyle Angelo D.	3200 - Quality Assurance Direct	Quality Inspector I
Sapien, Daniel I.	3100 - Packaging Direct	Machine Operator I
Saucedo, Katy	4210 - Reg Compliance & Qual Sys	Quality Systems Specialist
Sepulveda, Jucely R.	4210 - Reg Compliance & Qual Sys	Quality System Administrator
Sessions, Kyle	4400 - Technology	System Administrator I
Settle, Cherie M.	4530 - Client Services	Senior Federal Account Manager
Sharif, Amir H.	4640 - Business Development	AVP, Business Development
Sikora, Jennifer G.	4530 - Client Services	Federal Sales Manager
Silver, Ariel	4530 - Client Services	Federal Account Manager
Smith Jr, Mark A.	4600 - Sales Operations	Sales Operations Specialist
Smith, Carly	4530 - Client Services	Federal Account Manager
Smukler, Douglas	4620 - Marketing	Pricing Analyst
Solis, Javier	3200 - Quality Assurance Direct	Quality Inspector III
Sosa, Felipa	3100 - Packaging Direct	Packaging Associate I
Sotelo, Anthony P.	4100 - Distribution	Warehouse Associate I
Soto, Carolina A.	4300 - Supply Chain	Supply Chain Administrator
Starcher, Gregory R.	4530 - Client Services	Sr. Director Federal Sales
Sweeney, Eric J.	3310 - Operations	Vice President of Manufacturing
Szemansco, John	4530 - Client Services	Senior Federal Account Manager
Tapia, Carolina	3100 - Packaging Direct	Machine Operator II
Tapia, Jakob J.	3100 - Packaging Direct	Packaging Associate I
Tavira Ignacio, Dulce Y.	3100 - Packaging Direct	Machine Operator III
Tavira, Maria	3200 - Quality Assurance Direct	Quality Lead
Thomas, Andrew	4530 - Client Services	Federal Account Manager
Tibay, Gene	4210 - Reg Compliance & Qual Sys	Director, Quality & Regulatory Compliance
Torres, Jessica P.	4650 - Pricing and Contracts	Government Contracts Mgr.

Truong, Darline L.	4500 - Administration	Executive Assistant
Uppal, Arman	4640 - Business Development	Business Development Analyst
Urena, Karla L.	3100 - Packaging Direct	Packaging Supervisor
Uribe, Janessa	3200 - Quality Assurance Direct	Quality Inspector I
Vahidi, Robert	4100 - Distribution	Warehouse Associate III
Valadez, Francisco J.	3100 - Packaging Direct	Machine Operator I
Valdovinos, Angelica M.	4120 - Facilities	Janitor I
Vasquez, Eduardo I.	4100 - Distribution	Warehouse Associate II
Vasquez, Vernise	4300 - Supply Chain	Purchasing Manager
Vazquez, Gina	4310 - Procurement	Sr. Buyer
Vega, Christopher G.	3100 - Packaging Direct	Packaging Associate I
Velasco, Edward Y.	3100 - Packaging Direct	Machine Operator I
Velez, Cecilia	4100 - Distribution	Warehouse Associate II
Vicente, Dominic	4400 - Technology	IT Intern
Vicente, Michael N.	4400 - Technology	Systems Analyst III
Viernes, Gerard Kevin	4510 - Finance	Sr. Financial Analyst
Villa Garcia, Jose R.	3100 - Packaging Direct	Packaging Associate III
Villanueva, Claudia D.	4610 - Customer Service Excellence	Customer Service Representative
Villasenor, Denise	3100 - Packaging Direct	Packaging Associate II
Viveros, Alex	3100 - Packaging Direct	Machine Operator I
Watkins, John W.	4510 - Finance	Controller
Webber, Todd M.	4530 - Client Services	Federal Account Manager
West, Kevin	4530 - Client Services	Sr. Federal Sales Manager
Willeford, Adam L.	3210 - Quality Assurance - Indirect	Sr. Manager, Quality Assurance
Wilson, Cody	4310 - Procurement	Sr. Buyer
Wilson, Geoffrey A.	4530 - Client Services	Federal Sales Manager Med. Surg.
Wilson, Jason G.	4650 - Pricing and Contracts	Pricing & Contracts Analyst
Windsor, Melissa M.	4530 - Client Services	Federal Account Manager
Winter, Jacqueline M.	4210 - Reg Compliance & Qual Sys	Quality Systems Associate
Woelfle, Douglas	4530 - Client Services	Federal Account Manager
Wong, Simon	3100 - Packaging Direct	Machine Operator I
Wrublevski, Anita C.	4610 - Customer Service Excellence	SVP, Sales and Customer Service Excellence
Xicotencatl, Omar	4100 - Distribution	Warehouse Associate I
Young, Thomas	4410 - Business Intelligence	Business Intelligence - Intern

40

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☑ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 02447	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10)

Section 1: General Information

Facility Name: Golden State Medical Supply, Inc.

Physical Address: 5247 Camino Ruiz

City: Camarillo State: CA Zip: 93012

Mailing Address (if different from physical address): 5187 Camino Ruiz

City: Camarillo State: CA Zip: 93012

Telephone: (805) 477-9866 Website: www.gsms.us

Name of Designated Representative (DR): Joshua Ngiratmab

Licensing Company Email: compliance@gsms.us DR Email: jngiratmab@gsms.us

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☑ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☑ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical Products (medical devices, equipment, supplies, gases)	☐ Reverse Distributor
☑ Wholesalers		☑ Warehouse
☐ Veterinarians	☐ Others:	☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: ONLY COMPLETE THIS SECTION IF THE COMPANY IS WHOLESALING [a]Medical Products (medical devices, equipment, supplies and gases). Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 3 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

06/24/2026
Date

Section 4: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Apotex Inc.
Address: 2400 North Commerce Parkway City: Weston State: FL Zip: 33326

Name: ScieGen Pharmaceuticals, INC.
Address: 89 Arkay Drive City: Hauppauge State: NY Zip: 11788

Name: Mylan Pharmaceuticals Inc.
Address: 2898 Manufacturers Rd City: Greensboro State: NC Zip: 27406

Name: ANI Pharmaceuticals, Inc.
Address: 210 Main Street West City: Baudette State: MN Zip: 56623

Section 5: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California
Parent Company (if any): N/A
Corporation/Organization Name: Golden State Medical Supply, Inc.
Mailing Address: 5187 Camino Ruiz
City: Camarillo State: CA Zip: 93012
Telephone: (805) 477-9866 Email: compliance@gsms.us
Contact Person Name: Doug Blackburn

Section 7: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 8: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 9: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 10: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale [a]Medical Products (medical devices, equipment, supplies, gases). (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Products (medical devices, equipment, supplies, gases), supply a copy of proof of insurance (NAC 639.6957).** The Medical Products wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 9)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20NRS%20639.500%20-%20Effective%2001.07.2026%20-%20Wholesaler%20-%20Post%20on%201.26.26.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

GOLDEN STATE MEDICAL SUPPLY, INC.

Facility Name

DOUG BLACKBURN

Print Name of Authorized Person Submitting Application

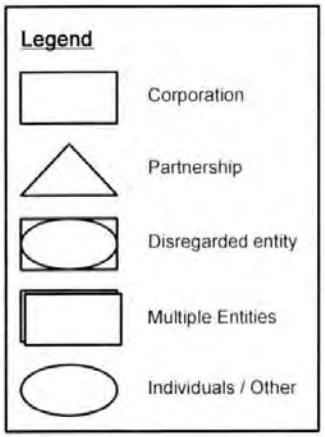
Original signature of Authorized Person (copies or stamps not accepted)

06/24/2026

Date

Board Use Only	Date Received: 6/29/26	Amount: $1000 CK 035391

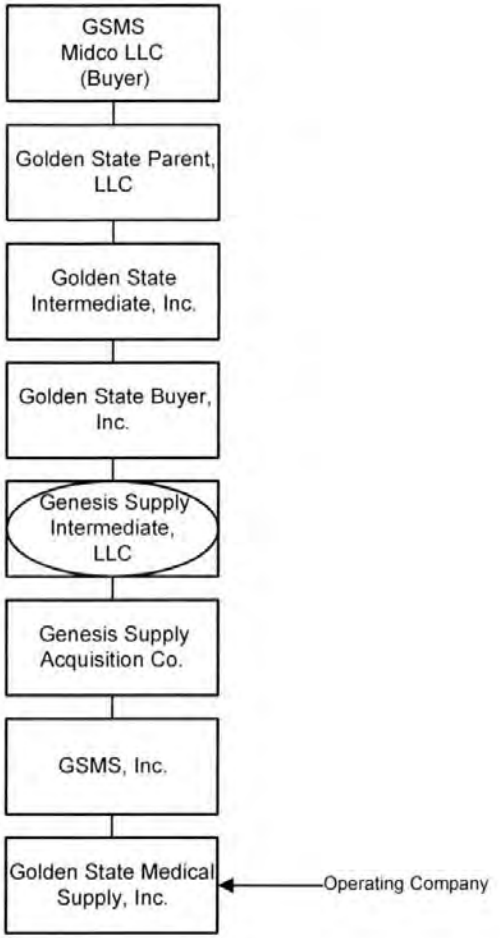
GSMS Company Structure Chart



Pre-Closing



Post-Closing



NABP ACCREDITED

DRUG DISTRIBUTOR

COPY

Golden State Medical Supply Inc

located at

5247 Camino Ruiz, Camarillo, CA 93012

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

0589

Charley De Jesus

From: vawd@nabp.pharmacy
Sent: Wednesday, June 11, 2025 2:34 PM
To: Charley De Jesus
Cc: Joshua Ngiratmab; Compliance
Subject: [EXTERNAL SENDER] NABP Drug Distributor Accreditation: Approved - Golden State Medical Supply Inc, 5247 Camino Ruiz, Camarillo, CA 93012
Attachments: 11502848_DrugDistributorCertificate.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Hello Charley,

On behalf of the National Association of Boards of Pharmacy® (NABP®), I extend to you our sincere appreciation for choosing our organization to serve Golden State Medical Supply Inc located at 5247 Camino Ruiz, Camarillo, CA 93012. NABP is pleased to inform you that your facility has successfully met the Drug Distributor Accreditation requirements.

Congratulations on achieving NABP Drug Distributor Accreditation. The details of your accreditation are as follows:

- **Accredited Entity:** Golden State Medical Supply Inc
- **Address:** 5247 Camino Ruiz, Camarillo, CA 93012
- **Accreditation Period:** 02/08/2025 -02/07/2028
- **Accreditation Contact:** Danielle McFarland vawd@nabp.pharmacy
- The Drug Distributor Accreditation Certificate is attached; please review the information on the certificate to ensure that it is correct.

We look forward to continuing working with you and your facility. If you have any questions, please contact us via phone at 847/391-4539 or via email at vawd@nabp.pharmacy.

Cordially,

Danielle McFarland
Drug Distributor Accreditation Team
847/391-4441

National Association of Boards of Pharmacy
1600 Feehanville Dr, Mount Prospect, IL 60056
www.nabp.pharmacy | vawd@nabp.pharmacy

GSMS List of Officers

Name	Title	Address	Telephone Number
Benjamin Hall	Chief Executive Officer	5187 Camino Ruiz, Camarillo, CA 93012	(805) 477-9866
David Arnold	President; Chief Operating Officer	5187 Camino Ruiz, Camarillo, CA 93012	(805) 477-9866
Sonia De La Rosa	Chief Commercial Officer	5187 Camino Ruiz, Camarillo, CA 93012	(805) 477-9866
Doug Blackburn	Chief Compliance Officer	5187 Camino Ruiz, Camarillo, CA 93012	(805) 477-9866
Helen Jones	Vice President, Human Resources	5187 Camino Ruiz, Camarillo, CA 93012	(805) 477-9866

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	GOLDEN STATE MEDICAL SUPPLY, INC.
Entity No.:	1464053
Registration Date:	06/26/1989
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 16, 2026.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 447132028

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

CALIFORNIA STATE BOARD OF PHARMACY
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3100

Renewal License

Wholesale Drug Permit

License No. WLS 6778
Receipt No. 53010447

Valid Until: 11/1/2026

GOLDEN STATE MEDICAL SUPPLY INC
5247 CAMINO RUIZ
CAMARILLO, CA 93012

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

This permit is valid only at the address shown.

The official status of this license can be verified at www.pharmacy.ca.gov

---- NON-TRANSFERABLE ----- POST IN PUBLIC VIEW -----

FORM WPHWLS (09/30/19) WLS

COPY

CALIC100 RENWALR.10272025 23362 SEQID07753

GOLDEN STATE MEDICAL SUPPLY INC
5247 CAMINO RUIZ
CAMARILLO, CA 93012
07753

BOARD OF PHARMACY
2720 GATEWAY OAKS DR, SUITE 100
SACRAMENTO, CA 95833

COPY

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	09-30-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	08-12-2025

GOLDEN STATE MEDICAL SUPPLY, INC.
5247 CAMINO RUIZ
CAMARILLO, CA 93012

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	09-30-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	08-12-2025

GOLDEN STATE MEDICAL SUPPLY, INC.
5247 CAMINO RUIZ
CAMARILLO, CA 93012

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Verification Certificate

This is to certify that Bond No. 0611400 issued by Harco National Insurance Company subscribing this certificate, dated 06/19/2026 in the amount of Twenty-Five Thousand and No/100 Dollars ($ 25,000.00) on behalf of Golden State Medical Supply, Inc. as Principal, and in favor of Nevada State Board of Pharmacy as Obligee, covers an indefinite term which ends with the cancellation of said bond; that said bond is now in full force and effective and will continue in full force and effect until cancelled.

Wholesaler Permit # WH01938 (5187 Camino Ruiz), Wholesaler Permit # WH02447 (5247 Camino Ruiz)

ANNIVERSARY PREMIUM PERIOD: 09/23/2026 - 09/23/2027

Signed, Sealed, and Dated 06/19/2026

Surety: Harco National Insurance Company

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

BY: _____
Steve Shike, Attorney-In-Fact

POWER OF ATTORNEY

Bond # 0611400

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 4200 Six Forks Rd, Suite 1400, Raleigh, NC 27609

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

Steve Shike

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2024

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Michael F. Zurcher
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2024, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

CATHY CRUZ NOTARY PUBLIC STATE OF NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Cathy Cruz a Notary Public of New Jersey
My Commission Expires April 16, 2029

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, June 19, 2026

A01919

Irene Martins, Assistant Secretary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Golden State Medical Supply, Inc.

Pharmacy/Wholesaler License # (if applicable) WH02447

Physical Address 5247 Camino Ruiz

City Camarillo State CA Zip 93012

Mailing Address (if different from physical address) 5187 Camino Ruiz

City Camarillo State CA Zip 93012

Telephone (805) 477-9866 Website www.gsms.us

Licensing Company Email compliance@gsms.us

Section 2: Personal Information

First Joshua Middle Adu Last Ngiratmab

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITI [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 5187 Camino Ruiz

City Camarillo State CA Zip 93012

Telephone (805) 477-9866 Email jngiratmab@gsms.us

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Technology Development Center		06/08 - 04/09	
Address	**City**	**State**	**Zip**
5200 Valentine Rd	Ventura	CA	93003
Diploma/Degree obtained, if any			
Graphics and Web Design Certificates			

School Name		From - To (MM/YY – MM/YY)	
Ventura College		01/00 - 05/05	
Address	**City**	**State**	**Zip**
4667 Telegraph Rd	Ventura	CA	93003
Diploma/Degree obtained, if any			
AA Liberal Arts			

School Name		From - To (MM/YY – MM/YY)	
Ventura Highschool		09/96 - 06/99	
Address	**City**	**State**	**Zip**
2 N Catalina St	Ventura	CA	93001
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/22 - Current	[redacted]	Oxnard	CA	[redacted]
02/12 - 05/22		Ventura	CA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Golden State Medical Supply, Inc.			07/12 - Current	
Business Address		**City**	**State**	**Zip**
5187 Camino Ruiz		Camarillo	CA	93012
Phone	**Title**		**Number of Employed Hours**	
(805) 477-9866	Senior Distribution Manager		122,712	
Description of Duties				
As a Distribution Manager at Golden State Medical Supply, I oversee all aspects of warehouse operations, including shipping, receiving, freight routing, material handling, inventory control, and waste management. I implement and enforce GMP company policies, ensuring operational efficiency through lean practices such as 5S and Kanban.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

06/17/2026
Date

I, Joshua Nghiratmab, **certify that as the designated representative for**

_____,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. SN I am at least 21 years of age;
3. SN I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. SN I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SN I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SN I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. SN I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Joshua Nghiratmab

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/17/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JOSHUA NIERATMAB

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/18/2026

Date

Please have this section completed in the presence of a Notary Public. (See attached acknowledgment)

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Ventura)

On 06/18/2026 before me, Brooke Johnson
(insert name and title of the officer)

personally appeared Joshua Ngiratmab,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

BROOKE JOHNSON
Comm. #2423887
California - Notary Public
Ventura County
Comm. Expires November 23, 2026

WITNESS my hand and official seal.

Signature _____ (Seal)

GSMS List of Employees		
Full Name	**Department**	**Job Title**
Acosta, Axel O.	3100 - Packaging Direct	Machine Operator I
Acosta, Monaliza O.	3200 - Quality Assurance Direct	Quality Inspector II
Alexander, Siddhartha	4210 - Reg Compliance & Qual Sys	Quality Systems Specialist
Allen, Scarlett	4510 - Finance	Accounting Manager
Allison, Caroline	4620 - Marketing	Sr. Marketing Analyst
Almanza, Ariana	3200 - Quality Assurance Direct	Quality Label Specialist III
Alvarado, Jose	4100 - Distribution	Warehouse Associate III
Alvarez Magana, Juana C.	3200 - Quality Assurance Direct	Quality Lead
Alvarez, Estefania	3100 - Packaging Direct	Packaging Associate II
Alvarez, Jose A.	4100 - Distribution	Warehouse Associate III
Ambriz, Oscar E.	4100 - Distribution	Warehouse Associate II
Amparo, Jerome	3100 - Packaging Direct	Packaging Associate I
Anderson, Chance	4210 - Reg Compliance & Qual Sys	Quality & Compliance Manager
Andreoli, Jeffrey D.	4530 - Client Services	Federal Account Manager
Arevalo, Anai	3100 - Packaging Direct	Packaging Associate I
Arias, Josefina	3100 - Packaging Direct	Packaging Associate II
Ariza, Erika D.	3200 - Quality Assurance Direct	Quality Receiving Inspector II
Arnold, David R.	4500 - Administration	President / COO
Arvari, Shahrzad	4640 - Business Development	Business Development Manager
Avendano, Francisco	4100 - Distribution	Warehouse Lead
Avendano, Jazmin R.	3210 - Quality Assurance - Indirect	Supervisor Quality
Averill, Lynette	4530 - Client Services	Federal Account Manager
Ayala, Nathan J.	3100 - Packaging Direct	Machine Operator II
Bailey, Stephen	4100 - Distribution	Distribution Material Handling Lead
Baltazar Montes, Angela A.	3100 - Packaging Direct	Packaging Associate II
Barrus, John P.	4400 - Technology	Associate VP, IT
Bennett, Timothy C.	3300 - Engineering	Sr. Manager, Engineering
Bertagna, Mark D.	4530 - Client Services	Federal Operations, Team Manager
Bislig, Charlene Rose B.	4610 - Customer Service Excellence	Customer Service Representative
Blackburn, Douglas J.	3310 - Operations	Vice President of Quality and Compliance
Blakely, Christopher R.	4120 - Facilities	Facilities Coordinator
Blank, Mikhail	4630 - Corporate Development	Sr. Director, Brand Strategy & Business Development
Bliven, Steven	4530 - Client Services	Federal Account Manager
Bonilla Alatorre, Jovehily	3100 - Packaging Direct	Machine Operator II
Briceno, Ivan B.	3100 - Packaging Direct	Machine Operator Lead
Broccolina, Shelby W.	4640 - Business Development	Business Development Specialist
Brueckner, Richard	4530 - Client Services	Federal Account Manager
Brumfield, Darren	4530 - Client Services	Federal Account Manager
Bugayong, Patricia Eunice A.	3200 - Quality Assurance Direct	Quality Receiving Inspector III
Bullock, Leonard M.	4530 - Client Services	Federal Account Manager
Cahuantzi, Ana	4100 - Distribution	Warehouse Associate I
Calica, Cepril	3200 - Quality Assurance Direct	Quality Lead
Camberos, Elvia V.	4510 - Finance	Accounting Lead
Cannon, Sean	4670 - Sales/Eagle	Federal Account Specialist
Carranza, Carlos	4400 - Technology	System Analyst II
Cash, Jennifer	4620 - Marketing	Marketing Communications Manager
Cazares, Vicente G.	3200 - Quality Assurance Direct	Quality Label Specialist III
Cervantes, Peter R.	4120 - Facilities	Facilities Coordinator
Cervito, Fanny P.	3100 - Packaging Direct	Packaging Associate II
Chacon Suarez, Francisco	3200 - Quality Assurance Direct	Quality Inspector I
Chavarria, Jaime J.	3100 - Packaging Direct	Machine Operator III
Churchbourne, Leigh	4530 - Client Services	Senior Federal Account Manager
Colebaugh, Joseph P.	4530 - Client Services	Federal Account Manager
Collazo, Oscar	3100 - Packaging Direct	Machine Operator I
Colton, Jonathan S.	4120 - Facilities	Facilities Supervisor
Colton, Richard G.	4100 - Distribution	Warehouse Associate III

Combs, Heike	4530 - Client Services	Senior Federal Account Manager
Cordova, Antonio	4300 - Supply Chain	Planner/Scheduler
Corey, George E.	4530 - Client Services	Senior Federal Account Manager
Coronado, Regina	4610 - Customer Service Excellence	Supervisor, Customer Service Excellence
Cruz, Crystal M.	3100 - Packaging Direct	Packaging Associate Lead
Current, Brian K.	4650 - Pricing and Contracts	VP, Pricing & Commercial Strategy
Davila, Victor E.	3100 - Packaging Direct	Packaging Associate I
De Casa Torres, Alan M.	3200 - Quality Assurance Direct	Quality Inspector I
De Jesus, Charley	4200 - Corporate Compliance	Regulatory and Compliance Specialist
De La Rosa, Marcus J.	4310 - Procurement	Buyer
De La Rosa, Sonia	4500 - Administration	Chief Commercial Officer
Dedeaux, Nina	4670 - Sales/Eagle	Federal Account Manager
Dorantes, Maria D.	3200 - Quality Assurance Direct	Quality Label Specialist II
Dority, David M.	4410 - Business Intelligence	Data Solutions Architect
Duarte, Cecilia	3200 - Quality Assurance Direct	Quality Inspector I
Duncan, Tre D.	4300 - Supply Chain	Sr. Supply Chain Analyst
Ebdane, Aita Linda I.	3100 - Packaging Direct	Packaging Associate II
Esquivel, Adam N.	4100 - Distribution	Warehouse Associate III
Fajardo, Maria T.	4120 - Facilities	Janitor
Farnsworth, Hugh	4530 - Client Services	Executive Federal Account Manager
Fields, Dino	4530 - Client Services	Federal Account Manager
Flores, Alyssa	4100 - Distribution	Warehouse Associate I
Flores, Samantha M.	3200 - Quality Assurance Direct	Quality Inspector II
Floyd, Robert A.	4620 - Marketing	Pricing & Market Analytics Manager
Franco, Arturo	3200 - Quality Assurance Direct	Quality Label Specialist III
Gadian, Glenn f.	3100 - Packaging Direct	Machine Operator III
Gamboa Parra, Isauz G.	3100 - Packaging Direct	Machine Operator II
Gamino, Viviana	3200 - Quality Assurance Direct	Quality Inspector III
Garcia, Issac A.	4100 - Distribution	Warehouse Associate II
Garcia, Ricardo M.	3100 - Packaging Direct	Machine Operator II
Gasca Jasso, Alejandra	3100 - Packaging Direct	Quality Inspector II
Giang, Belle X.	4210 - Reg Compliance & Qual Sys	Quality Systems Associate
Gibson, Angelina M.	4650 - Pricing and Contracts	Government Contracts Mgr.
Gmehlin, Markus	4530 - Client Services	Vice President Federal Business
Gomez, Fernando L.	3100 - Packaging Direct	Machine Operator I
Gomez, Luis F.	4100 - Distribution	Warehouse Associate I
Gonzalez Hernandez, Mara P.	3210 - Quality Assurance - Indirect	Supervisor Quality
Gonzalez Prado, Rigoberto	3110 - Packaging - Indirect	Packaging Supervisor
Gonzalez, Jesus N.	3100 - Packaging Direct	Machine Operator III
Gonzalez, Marisol	3200 - Quality Assurance Direct	Quality Label Specialist III
Gonzalez, Orlando	4100 - Distribution	Warehouse Associate I
Gonzalez, Ruben	4100 - Distribution	Warehouse Associate III
Guerrero, Emmanuel	4210 - Reg Compliance & Qual Sys	Quality Systems Associate
Gutierrez, Brenda Y.	3100 - Packaging Direct	Machine Operator II
Gutierrez, Hector F.	4100 - Distribution	Warehouse Associate II
Hall, Benjamin J.	4500 - Administration	President
Hamilton, Todd	4530 - Client Services	Federal Account Manager
Hendry, Paola B.	4530 - Client Services	Federal Operations, Team Manager
Hernandez, Sergio A.	4100 - Distribution	Warehouse Associate III
Hidalgo, Kalela N.	4300 - Supply Chain	Project Manager
Iles, Stephen	4530 - Client Services	Federal Account Specialist
Jessup, Jared A.	4670 - Sales/Eagle	Federal Account Specialist
Jimenez, Ray	4100 - Distribution	Distribution Supervisor
Johnson, Brooke	4650 - Pricing and Contracts	Commercial Contracts Manager
Johnson, Louis D.	4120 - Facilities	Janitor II
Johnson, Stephen E.	4530 - Client Services	Senior Federal Account Manager
Jolicoeur, David	4640 - Business Development	Sr. Manager, Business Development
Jones, Helen C.	4520 - Human Resources	VP of Human Resources
Juarez, Karina	3100 - Packaging Direct	Packaging Associate II

Justiss, Robert G.	4530 - Client Services	Sr. Federal Sales Manager
Kapocius, Michael G.	4530 - Client Services	Federal Account Manager
Kapp, Theodore G.	4530 - Client Services	Senior Federal Account Manager
Kaur, Harleen	3310 - Operations	Vice President Supply Chain
Kondyra, Mary E.	4530 - Client Services	Senior Federal Account Manager
Kurniawan, Kristianto	3100 - Packaging Direct	Packaging Associate I
LaFerr, Mark	4410 - Business Intelligence	Product Owner, Business Intelligence
Laird, Glenn L.	4530 - Client Services	Federal Account Manager
Lasche, Erin M.	4530 - Client Services	Senior Federal Account Manager
Leffler, Robert J.	4530 - Client Services	Executive Federal Account Manager
Li, Yuhang	4300 - Supply Chain	Sr. Supply Chain Manager
Licon-Crespo, Richard S.	3200 - Quality Assurance Direct	Quality Receiving Inspector II
Limon, Maria A.	3100 - Packaging Direct	Machine Operator II
Litel, Tyler	4640 - Business Development	Business Development Manager
Lopez, Angelica Y.	3110 - Packaging - Indirect	Packaging Supervisor
Lopez, Jannice J.	3100 - Packaging Direct	Machine Operator I
Mac Rae, Jason P.	4400 - Technology	Sr. Systems Administrator
Madrid, Angel A.	3100 - Packaging Direct	Machine Operator Lead
Magallon, Tomas P.	4100 - Distribution	Warehouse Lead
Magdaleno, Rosa	3100 - Packaging Direct	Machine Operator I
Manzo, Cristina G.	3100 - Packaging Direct	Packaging Associate I
Manzo, Sandra	3100 - Packaging Direct	Machine Operator II
Marquez, Diana C.	3200 - Quality Assurance Direct	Quality Inspector I
Marquez, Thomas R.	4100 - Distribution	Inventory Control Specialist II
Marsh, Robert	4530 - Client Services	Federal Account Manager
Martinez Torres, Luis M.	3300 - Engineering	Engineering Technician
Martinez, Cesar S.	4100 - Distribution	Distribution Supervisor
Martinez, Ofelia	4300 - Supply Chain	Product Launch Specialist
McCracken, Heidi L.	4530 - Client Services	Sr. Manager, Federal Sales
McCusker, Whitney S.	4520 - Human Resources	Human Resources Business Partner
McGrath, Michael J.	4530 - Client Services	Senior Federal Account Manager
McNamee, John	4530 - Client Services	Federal Account Manager
Medina, Alina	4210 - Reg Compliance & Qual Sys	Sr. Quality Systems Specialist
Medina, Stephanie Y.	3100 - Packaging Direct	Packaging Associate II
Mejia, Justin	4670 - Sales/Eagle	Federal Account Specialist
Mejia, Roger	4100 - Distribution	Warehouse Associate I
Melgarejo, Noe	4100 - Distribution	Warehouse Associate II
Mendoza, Rommel Angelov	3200 - Quality Assurance Direct	Quality Inspector I
Meza Narvaez, Diana	3200 - Quality Assurance Direct	Quality Receiving Inspector III
Miller, Mitchell R.	4410 - Business Intelligence	VP Business Analytics and Technology
Miller, Stephen	4530 - Client Services	Federal Account Manager
Mock, Robert	4530 - Client Services	Senior Federal Account Manager
Morales, Hector E.	3200 - Quality Assurance Direct	Quality Inspector III
Morales, Isai	4100 - Distribution	Warehouse Associate II
Moran, Ruben M.	3200 - Quality Assurance Direct	Supervisor Quality
Morante, Jarvis H.	3100 - Packaging Direct	Packaging Associate III
Moreno Salas, Jorge	4100 - Distribution	Inventory Control Specialist II
Morrish, Michael A.	4510 - Finance	Director of Financial Planning & Analysis
Mouwen, Rebecca	4640 - Business Development	Sr. Manager, Business Development
Munguia, Luis J.	4100 - Distribution	Warehouse Associate III
Najera Pacheco, Alexis	3100 - Packaging Direct	Packaging Associate I
Navarro, Vanessa	3100 - Packaging Direct	Packaging Associate III
Negrete, Alejandra	3100 - Packaging Direct	Packaging Associate II
Ngiratmab, Joshua A.	4100 - Distribution	Sr. Manager, Distribution
Novascone, James T.	4210 - Reg Compliance & Qual Sys	Compliance Specialist
Ocampo, Victor M.	3100 - Packaging Direct	Packaging Associate I
Ortega, Jose L.	4100 - Distribution	Warehouse Associate I
Padgett, Blake	3200 - Quality Assurance Direct	Quality Inspector I
Palau, Barbara Z.	4600 - Sales Operations	Director, Sales Operations & Communications

Palomares, Julio	3100 - Packaging Direct	Packaging Associate II
Pantess, Cathleen	4210 - Reg Compliance & Qual Sys	Sr. Manager, Quality Systems
Patel, Jasmin	4200 - Corporate Compliance	Sr. Manager, Regulatory & Compliance
Perez, Rodolfo	4310 - Procurement	Sr. Buyer
Phan, Cindy H.	3110 - Packaging - Indirect	Sr. Manager, Packaging
Powell, Mike	4400 - Technology	Systems Analyst III
Puga, Alvaro	3100 - Packaging Direct	Machine Operator I
Ramirez Rivera, Angel	3100 - Packaging Direct	Machine Operator I
Ramirez, Ana R.	3100 - Packaging Direct	Packaging Associate III
Ramos, Anthony	3110 - Packaging - Indirect	Packaging Supervisor
Ramos, Roberto R.	3300 - Engineering	Equipment Maintenance Tech I
Rangel, Jennifer	3100 - Packaging Direct	Packaging Associate III
Ravela, Noel A.	3100 - Packaging Direct	Packaging Associate III
Reynolds, Patrick	4530 - Client Services	Federal Account Manager
Rios, Francisco	4100 - Distribution	Warehouse Associate I
Rodriguez-Diaz, Ernesto	4100 - Distribution	Warehouse Associate III
Rodriguez, Irvin	4100 - Distribution	Distribution Material Handling Lead
Rodriguez, Ramiro	4100 - Distribution	Warehouse Associate III
Rodriguez, Rosa	3100 - Packaging Direct	Packaging Associate II
Romero Tellez, Luis A.	3100 - Packaging Direct	Machine Operator II
Romero, Alan M.	4210 - Reg Compliance & Qual Sys	Quality Systems Associate
Romero, Linda R.	4510 - Finance	Sr. Accounting Administrator
Rosales, Carlos	3310 - Operations	Operations Specialist
Rosales, Margaret E.	4510 - Finance	Accounting Administrator
Rothschiller, Kyle E.	4520 - Human Resources	Human Resources Generalist
Ryan, Richard M.	4530 - Client Services	President
Sackey, Sequince B.	4630 - Corporate Development	Sr. Manager, Brand Business Development
Salas, Maria M.	4650 - Pricing and Contracts	Pricing & Contracts Analyst
Sanchez, Jessie	3200 - Quality Assurance Direct	Quality Inspector II
Sandt, Isabella	4640 - Business Development	Business Development Analyst
Santiago, Marissa R.	4600 - Sales Operations	Sr. Sales Operations Analyst
Santos, Arlan M.	3100 - Packaging Direct	Machine Operator III
Santos, Celeste M.	3100 - Packaging Direct	Machine Operator III
Santos, Kyle Angelo D.	3200 - Quality Assurance Direct	Quality Inspector I
Sapien, Daniel I.	3100 - Packaging Direct	Machine Operator I
Saucedo, Katy	4210 - Reg Compliance & Qual Sys	Quality Systems Specialist
Sepulveda, Jucely R.	4210 - Reg Compliance & Qual Sys	Quality System Administrator
Sessions, Kyle	4400 - Technology	System Administrator I
Settle, Cherie M.	4530 - Client Services	Senior Federal Account Manager
Sharif, Amir H.	4640 - Business Development	AVP, Business Development
Sikora, Jennifer G.	4530 - Client Services	Federal Sales Manager
Silver, Ariel	4530 - Client Services	Federal Account Manager
Smith Jr, Mark A.	4600 - Sales Operations	Sales Operations Specialist
Smith, Carly	4530 - Client Services	Federal Account Manager
Smukler, Douglas	4620 - Marketing	Pricing Analyst
Solis, Javier	3200 - Quality Assurance Direct	Quality Inspector III
Sosa, Felipa	3100 - Packaging Direct	Packaging Associate I
Sotelo, Anthony P.	4100 - Distribution	Warehouse Associate I
Soto, Carolina A.	4300 - Supply Chain	Supply Chain Administrator
Starcher, Gregory R.	4530 - Client Services	Sr. Director Federal Sales
Sweeney, Eric J.	3310 - Operations	Vice President of Manufacturing
Szemansco, John	4530 - Client Services	Senior Federal Account Manager
Tapia, Carolina	3100 - Packaging Direct	Machine Operator II
Tapia, Jakob j.	3100 - Packaging Direct	Packaging Associate I
Tavira Ignacio, Dulce Y.	3100 - Packaging Direct	Machine Operator III
Tavira, Maria	3200 - Quality Assurance Direct	Quality Lead
Thomas, Andrew	4530 - Client Services	Federal Account Manager
Tibay, Gene	4210 - Reg Compliance & Qual Sys	Director, Quality & Regulatory Compliance
Torres, Jessica P.	4650 - Pricing and Contracts	Government Contracts Mgr.

Truong, Darline L.	4500 - Administration	Executive Assistant
Uppal, Arman	4640 - Business Development	Business Development Analyst
Urena, Karla L.	3100 - Packaging Direct	Packaging Supervisor
Uribe, Janessa	3200 - Quality Assurance Direct	Quality Inspector I
Vahidi, Robert	4100 - Distribution	Warehouse Associate III
Valadez, Francisco J.	3100 - Packaging Direct	Machine Operator I
Valdovinos, Angelica M.	4120 - Facilities	Janitor I
Vasquez, Eduardo I.	4100 - Distribution	Warehouse Associate II
Vasquez, Vernise	4300 - Supply Chain	Purchasing Manager
Vazquez, Gina	4310 - Procurement	Sr. Buyer
Vega, Christopher G.	3100 - Packaging Direct	Packaging Associate I
Velasco, Edward Y.	3100 - Packaging Direct	Machine Operator I
Velez, Cecilia	4100 - Distribution	Warehouse Associate II
Vicente, Dominic	4400 - Technology	IT Intern
Vicente, Michael N.	4400 - Technology	Systems Analyst III
Viernes, Gerard Kevin	4510 - Finance	Sr. Financial Analyst
Villa Garcia, Jose R.	3100 - Packaging Direct	Packaging Associate III
Villanueva, Claudia D.	4610 - Customer Service Excellence	Customer Service Representative
Villasenor, Denise	3100 - Packaging Direct	Packaging Associate II
Viveros, Alex	3100 - Packaging Direct	Machine Operator I
Watkins, John W.	4510 - Finance	Controller
Webber, Todd M.	4530 - Client Services	Federal Account Manager
West, Kevin	4530 - Client Services	Sr. Federal Sales Manager
Willeford, Adam L.	3210 - Quality Assurance - Indirect	Sr. Manager, Quality Assurance
Wilson, Cody	4310 - Procurement	Sr. Buyer
Wilson, Geoffrey A.	4530 - Client Services	Federal Sales Manager Med. Surg.
Wilson, Jason G.	4650 - Pricing and Contracts	Pricing & Contracts Analyst
Windsor, Melissa M.	4530 - Client Services	Federal Account Manager
Winter, Jacqueline M.	4210 - Reg Compliance & Qual Sys	Quality Systems Associate
Woelfle, Douglas	4530 - Client Services	Federal Account Manager
Wong, Simon	3100 - Packaging Direct	Machine Operator I
Wrublevski, Anita C.	4610 - Customer Service Excellence	SVP, Sales and Customer Service Excellence
Xicotencatl, Omar	4100 - Distribution	Warehouse Associate I
Young, Thomas	4410 - Business Intelligence	Business Intelligence - Intern

4P

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State
Type of Application (check applicable box)	**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only) * If making a change, provide current license number: WH 03220	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Almatica Pharma LLC

Physical Address: 44 Whippany Road, Suite 300

City: Morristown State: NV Zip: 07960

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 973-796-3400 Website: www.alvogen.com

Name of Designated Representative (DR): Christine Gordon

Licensing Company Email: mary.hutchason@alvogen.com DR Email: chris.gordon@alvogen.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	■ Manufacturer (Virtual)
☐ Practitioners	■ Controlled Substances	☐ Repacker
☐ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	[redacted]
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Norwich Pharmaceuticals, Inc.
Address: 6826 State Highway 12 City: Norwich State: NY Zip: 13815
Name: Exel D/B/A DHL Supply Chain
Address: 98 Excellence Way City: Vonore State: TN Zip: 37885
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Alvogen Inc.
Corporation/Organization Name: Almatica Pharma LLC
Mailing Address: 44 Whippany Road, Suite 300
City: Morristown State: NJ Zip: 07960
Telephone: 973-796-3400 Email: mary.hutchason@alvogen.com
Contact Person Name: Mary Hutchason

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration See attached Proof of FDA Labeler Code 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Almatica Pharma LLC

Facility Name

Lumtunie Zaku

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

5/28/2026

Date

Board Use Only	Date Received: 6/11/26	Amount: $800-CK 6e7010

/ NDC (index.cfm)

National Drug Code Directory

Current through January 20, 2026

You have searched Finished drug products

Search Results: *'ALMATICA PHARMA'*

Back to Search Page () | Search Again ()

CSV Excel

Display All **records per page**

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
citalopram	52427-691-30	30 mg/1	CAPSULE	ORAL	NDA215428	Almatica Pharma LLC	52427-691	citalopram	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTION DRUG	03/01/2022	N/A	NDA	30 CAPSULE in 1 BOTTLE (52427-691-30)
escitalopram	52427-795-30	15 mg/1	CAPSULE	ORAL	NDA219130	Almatica Pharma LLC	52427-795	escitalopram	ESCITALOPRAM OXALATE	HUMAN PRESCRIPTION DRUG	12/06/2025	N/A	NDA	30 CAPSULE in 1 BOTTLE (52427-795-30)
Fluoxetine HCl	52427-576-30	60 mg/1	TABLET, FILM COATED	ORAL	NDA207133	Almatica Pharma Inc.	52427-576	Fluoxetine HCl	FLUOXETINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	09/01/2017	04/01/2026	NDA	30 TABLET, FILM COATED in 1 BOTTLE (52427-576-30)
Gralise	52427-803-90	300 mg/1	TABLET, FILM COATED	ORAL	NDA022544	Almatica Pharma LLC	52427-803	gabapentin	GABAPENTIN	HUMAN PRESCRIPTION DRUG	10/01/2020	N/A	NDA	90 TABLET, FILM COATED in 1 BOTTLE (52427-803-90)
Gralise	52427-804-60	450 mg/1	TABLET, FILM COATED	ORAL	NDA022544	Almatica Pharma LLC	52427-804	gabapentin	GABAPENTIN	HUMAN PRESCRIPTION DRUG	12/31/2023	N/A	NDA	60 TABLET, FILM COATED in 1 BOTTLE (52427-804-60)
Gralise	52427-806-90	600 mg/1	TABLET, FILM COATED	ORAL	NDA022544	Almatica Pharma LLC	52427-806	gabapentin	GABAPENTIN	HUMAN PRESCRIPTION DRUG	10/01/2020	N/A	NDA	90 TABLET, FILM COATED in 1 BOTTLE (52427-806-90)
Gralise	52427-850-60	750 mg/1	TABLET, FILM COATED	ORAL	NDA022544	Almatica Pharma LLC	52427-850	gabapentin	GABAPENTIN	HUMAN PRESCRIPTION DRUG	12/31/2023	N/A	NDA	60 TABLET, FILM COATED in 1 BOTTLE (52427-850-60)

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
Gralise	52427-890-60	900 mg/1	TABLET, FILM COATED	ORAL	NDA022544	Almatica Pharma LLC	52427-890	gabapentin	GABAPENTIN	HUMAN PRESCRIPTION DRUG	12/31/2023	N/A	NDA	60 TABLET, FILM COATED in 1 BOTTLE (52427-890-60)
LOREEV XR	52427-658-30	1 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	NDA214826	Almatica Pharma LLC	52427-658	lorazepam	LORAZEPAM	HUMAN PRESCRIPTION DRUG	09/24/2021	N/A	NDA	30 CAPSULE, EXTENDED RELEASE in 1 BOTTLE (52427-658-30)
LOREEV XR	52427-661-30	1.5 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	NDA214826	Almatica Pharma LLC	52427-661	lorazepam	LORAZEPAM	HUMAN PRESCRIPTION DRUG	03/01/2022	N/A	NDA	30 CAPSULE, EXTENDED RELEASE in 1 BOTTLE (52427-661-30)
LOREEV XR	52427-663-30	2 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	NDA214826	Almatica Pharma LLC	52427-663	lorazepam	LORAZEPAM	HUMAN PRESCRIPTION DRUG	09/24/2021	N/A	NDA	30 CAPSULE, EXTENDED RELEASE in 1 BOTTLE (52427-663-30)
LOREEV XR	52427-667-30	3 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	NDA214826	Almatica Pharma LLC	52427-667	lorazepam	LORAZEPAM	HUMAN PRESCRIPTION DRUG	09/24/2021	N/A	NDA	30 CAPSULE, EXTENDED RELEASE in 1 BOTTLE (52427-667-30)
Macrobid	52427-285-01	25 mg/1; 75 mg/1	CAPSULE	ORAL	NDA020064	Almatica Pharma LLC	52427-285	Nitrofurantoin Monohydrate/Macrocrystalline	NITROFURANTOIN; NITROFURANTOIN MONOHYDRATE	HUMAN PRESCRIPTION DRUG	05/31/2011	N/A	NDA	100 CAPSULE in 1 BOTTLE (52427-285-01)
Macrodantin	52427-286-01	25 mg/1	CAPSULE	ORAL	NDA016620	Almatica Pharma LLC	52427-286	Nitrofurantoin macrocrystals	NITROFURANTOIN	HUMAN PRESCRIPTION DRUG	09/27/2010	N/A	NDA	100 CAPSULE in 1 BOTTLE, PLASTIC (52427-286-01)
Macrodantin	52427-287-01	50 mg/1	CAPSULE	ORAL	NDA016620	Almatica Pharma LLC	52427-287	Nitrofurantoin macrocrystals	NITROFURANTOIN	HUMAN PRESCRIPTION DRUG	09/27/2010	N/A	NDA	100 CAPSULE in 1 BOTTLE, PLASTIC (52427-287-01)
Macrodantin	52427-288-01	100 mg/1	CAPSULE	ORAL	NDA016620	Almatica Pharma LLC	52427-288	Nitrofurantoin macrocrystals	NITROFURANTOIN	HUMAN PRESCRIPTION DRUG	09/27/2010	N/A	NDA	100 CAPSULE in 1 BOTTLE, PLASTIC (52427-288-01)
Naprelan	52427-272-01	375 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	NDA020353	Almatica Pharma LLC	52427-272	Naproxen Sodium	NAPROXEN SODIUM	HUMAN PRESCRIPTION DRUG	01/17/2014	07/01/2027	NDA	100 TABLET, FILM COATED, EXTENDED RELEASE in 1 BOTTLE (52427-272-01)
Naprelan	52427-273-75	500 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	NDA020353	Almatica Pharma LLC	52427-273	Naproxen Sodium	NAPROXEN SODIUM	HUMAN PRESCRIPTION DRUG	01/17/2014	07/01/2027	NDA	75 TABLET, FILM COATED, EXTENDED RELEASE in 1 BOTTLE (52427-273-75)

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
Naprelan	52427-274-30	750 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	NDA020353	Almatica Pharma LLC	52427-274	Naproxen Sodium	NAPROXEN SODIUM	HUMAN PRESCRIPTION DRUG	01/17/2014	04/01/2026	NDA	30 TABLET, FILM COATED, EXTENDED RELEASE in 1 BOTTLE (52427-274-30)
sertraline HCl	52427-664-30	150 mg/1	CAPSULE	ORAL	NDA215133	Almatica Pharma LLC	52427-664	sertraline hydrochloride	SERTRALINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/01/2021	N/A	NDA	30 CAPSULE in 1 BOTTLE (52427-664-30)
sertraline HCl	52427-672-30	200 mg/1	CAPSULE	ORAL	NDA215133	Almatica Pharma LLC	52427-672	sertraline hydrochloride	SERTRALINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/01/2021	N/A	NDA	30 CAPSULE in 1 BOTTLE (52427-672-30)
Stalevo	52427-809-01	18.75 mg/1, 200 mg/1, 75 mg/1	TABLET, FILM COATED	ORAL	NDA021485	Almatica Pharma LLC	52427-809	carbidopa, levodopa, and entacapone	CARBIDOPA; ENTACAPONE; LEVODOPA	HUMAN PRESCRIPTION DRUG	10/05/2020	03/28/2026	NDA	1 BOTTLE in 1 CARTON (52427-809-01) / 100 TABLET, FILM COATED in 1 BOTTLE
TENORMIN	52427-429-90	25 mg/1	TABLET	ORAL	NDA018240	Almatica Pharma LLC	52427-429	Atenolol	ATENOLOL	HUMAN PRESCRIPTION DRUG	04/15/2015	09/31/2026	NDA	90 TABLET in 1 BOTTLE (52427-429-90)
TENORMIN	52427-430-90	50 mg/1	TABLET	ORAL	NDA018240	Almatica Pharma LLC	52427-430	Atenolol	ATENOLOL	HUMAN PRESCRIPTION DRUG	04/15/2015	09/30/2026	NDA	90 TABLET in 1 BOTTLE (52427-430-90)
TENORMIN	52427-431-90	100 mg/1	TABLET	ORAL	NDA018240	Almatica Pharma LLC	52427-431	Atenolol	ATENOLOL	HUMAN PRESCRIPTION DRUG	04/15/2015	09/01/2026	NDA	90 TABLET in 1 BOTTLE (52427-431-90)
venlafaxine	52427-632-30	112.5 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA215429	Almatica Pharma LLC	52427-632	venlafaxine	VENLAFAXINE BESYLATE MONOHYDRATE	HUMAN PRESCRIPTION DRUG	08/01/2022	N/A	NDA	30 TABLET, EXTENDED RELEASE in 1 BOTTLE (52427-632-30)
Zestoretic	52427-435-90	12.5 mg/1, 10 mg/1	TABLET	ORAL	NDA019888	Almatica Pharma Inc	52427-435	lisinopril and hydrochlorothiazide	HYDROCHLOROTHIAZIDE; LISINOPRIL	HUMAN PRESCRIPTION DRUG	04/15/2015	N/A	NDA	90 TABLET in 1 BOTTLE (52427-435-90)
Zestoretic	52427-436-90	12.5 mg/1, 20 mg/1	TABLET	ORAL	NDA019888	Almatica Pharma Inc	52427-436	lisinopril and hydrochlorothiazide	HYDROCHLOROTHIAZIDE; LISINOPRIL	HUMAN PRESCRIPTION DRUG	04/15/2015	N/A	NDA	90 TABLET in 1 BOTTLE (52427-436-90)
Zestoretic	52427-437-90	25 mg/1, 20 mg/1	TABLET	ORAL	NDA019888	Almatica Pharma Inc	52427-437	lisinopril and hydrochlorothiazide	HYDROCHLOROTHIAZIDE; LISINOPRIL	HUMAN PRESCRIPTION DRUG	04/15/2015	N/A	NDA	90 TABLET in 1 BOTTLE (52427-437-90)
zolpidem tartrate	52427-775-30	7.5 mg/1	CAPSULE	ORAL	NDA215721	Almatica Pharma LLC	52427-775	zolpidem tartrate	ZOLPIDEM TARTRATE	HUMAN PRESCRIPTION DRUG	05/24/2023	N/A	NDA	30 CAPSULE in 1 BOTTLE (52427-775-30)

Showing 1 to 30 of 30 entries

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Almatica Pharma, LLC

44 Whippany Road, Suite 300
Morristown, NJ 07960
FEIN: 26-2151850

Corporate Officers:

Divya Patel – Chief Executive Officer

Tunie Zaku – Chief Financial Officer

Gina Gencarelli – Secretary

Almatica Pharma, LLC Corporate Ownership as of February 2, 2026



Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALMATICA PHARMA LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF JANUARY, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

4479642 8300

SR# 20260127917

Authentication: 202801301

Date: 01-13-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0022809

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written noticeprior to the change of the address of such new location and the name and address of the individual to be in charge thereof.A fee of $20.00 shall accompanying such notification."

Registered as: ☑ Manufacturer ☑ Distributor which conducts business at the following locations:

Reg. No.:
5003865

ALVOGEN GROUP / ALVOGEN, INC.
ALMATICA PHARMA, LLC
44 WHIPPANY RD STE 300
MORRISTOWN, NJ 07960

ISSUED PURSUANT TO:
N.J.S.A. 24:6B
EXPIRES: January 31, 2027

Establishment Copy

VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond Number 20BSBIW6143 issued by

Hartford Fire Insurance Company, as Surety, dated the 8th

day of September, 2011, in the amount of

One Hundred Thousand & 00/100 ($ 100,000.00 Dollars), on behalf

of Alvogen, Inc., as Principal,

and in favor of Nevada State Board of Pharmacy, as Obligee,

covers a term which began on the 8th day of September, 2011,

for Pharmaceutical Wholesaler Surety Bond - added schedule of locations: Amatica Pharma, LLC; Amaject, Inc.; and County I

and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated this 14th day of April, 2026.

Hartford Fire Insurance Company

Surety

By: Cindy E Johnson

Cindy E. Johnson, Attorney-In-Fact

POWER OF ATTORNEY

Direct Inquiries, Bond Authenticity and Claims to:
THE HARTFORD
BOND, T-14
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT: **Agency Name:** MARSH USA LLC

- ☒ **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- ☒ **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- ☒ **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- ☐ **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, ***up to the amount of*** Unlimited:

of
Knoxville, TN

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Phyllis A. Clark
Phyllis A. Clark, Assistant Secretary

Joelle L. LaPierre
Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 1st day of March, 2024, before me personally came Joelle L. LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Mariluz Arce
Mariluz Arce
My Commission HH 287363
Expires July 13, 2026

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of April 14, 2026.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois
Keith D. Dozois, Assistant Vice President

*** Effective 06/01/2022 this bond cancels and replaces The Hanover Insurance Company bond #1000977. ***

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 20BSBIW6143

Application/License No. _____

Alvogen, Inc. and entities on attached schedule (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 44 Whippany Road, Morristown, NJ 07960 (Address of Applicant/Principal), as PRINCIPAL, and Hartford Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Hartford Plaza, Hartford, CT 06155 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 1, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

20BSBIW6143

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 1st day of June, 2022.

APPLICANT/PRINCIPAL

Alvogen, Inc.

Authorized Representative

SURETY COMPANY

Hartford Fire Insurance Company

Surety Company's Representative

Sandy McElhaney, Attorney in-fact

print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Marie Lett

Witness Andrea Allman

Countersigned by:

N/A

Nevada Resident Agent

Alvogen, Inc.
Pharmaceutical Wholesaler Surety Bond
Schedule of Applicant/Principal Names for bond 20BSBIW6143
as of 06/01/2022

Application/License No.:	Applicant/Principal Name	Address of Applicant/Principal
	Almatica Pharma, LLC	44 Whippany Road, Morristown, NJ 07960
	Almaject, Inc.	44 Whippany Road, Morristown, NJ 07960
	County Line Pharmaceuticals	44 Whippany Road, Morristown, NJ 07960
	Norwich Pharmaceuticals, Inc.	6826 State Highway 12, Norwich, NY 13815

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: [illegible]
Agency Code: [illegible]

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint Sandy M[illegible]

its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:
Bond No. [illegible]
Naming [illegible]
and Nev[illegible],
in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } **ss.** Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of June 1, 2022.

Signed and sealed in Lake Mary, Florida.

Keith Dozois

Keith D. Dozois, Assistant Vice President



SURETY BOND DIGITAL SEAL
The Hartford Financial Services Group, Inc.

To Our Valued Partners:

In efforts of continuing business during the pendency of the COVID-19 pandemic, The Hartford has authorized its Attorneys-in-Fact to affix the electronic corporate seal in a digital format, in lieu of its traditional raised seal to any bond document issued on its behalf by any such Attorney-in-Fact.

The Hartford agrees and affirms that the digital corporate seal affixed to any bond document is equivalent to its raised corporate seal had it been affixed to the bond document itself.

Effective this 30th day of March, 2020.

The Hartford

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

The Hartford Financial Services Group, Inc.
P.O. Box 958461
Lake Mary, FL 32795

P: 888-656-0817
F: 877-257-2166

www.thehartford.com/bond
www.thehartford.com
www.facebook.com/thehartford
www.twitter.com/thehartford

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Almatica Pharm LLC

Pharmacy/Wholesaler License # (if applicable) WH03220

Physical Address 44 Whippany Road, Suite 300

City Morristown State NJ Zip 07960

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone 973-796-3400 Website www.alvogen.com

Licensing Company Email mary.hutchason@alvogen.com

Section 2: Personal Information

First Christine Middle _____ Last Gordon

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Addr [redacted]

City Hillside State NJ Zip [redacted]

Telephone 973-796-3419 Email chris.gordon@alvogen.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
BayPath University		2019 to 2023	
Address	**City**	**State**	**Zip**
588 Longmeadow Street	Longmeadow	MA	01106
Diploma/Degree obtained, if any			
Associate in Science			

School Name		From - To (MM/YY – MM/YY)	
Cranford High School		09/1976 to 06/1979	
Address	**City**	**State**	**Zip**
201 West End PL	Cranford	NJ	07016
Diploma/Degree obtained, if any			
H.S. Degree			

School Name		From - To (MM/YY – MM/YY)	
Liberty University		2023 to Present	
Address	**City**	**State**	**Zip**
1971 University Blvd	Lynchburg	VA	24515
Diploma/Degree obtained, if any			
Attending now			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2021 to Present	[redacted]	Hillside	NJ	[redacted]
2000 to 2021		Roselle	NJ	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Almatica Pharma LLC			2011 to Present
Business Address	**City**	**State**	**Zip**
44 Whippany Road, Suite 300	Morristown	NJ	07960
Phone	**Title**	**Number of Employed Hours**	
973-796-3419	Director, Sales Operations	32,000	
Description of Duties			
Responsible for overseeing & driving the company's sales strategy, manages the sales team, and ensures revenue growth through strategic planning, client relationship management, &performance monitoring as it relates to distribution.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See attached information

Christine Gordon
Original Signature (electronic, copies or stamps not accepted)

4/28/2026
Date

I, Christine Gordon, **certify that as the designated representative for**

Almatica Pharma LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CG I am at least 21 years of age;
3. CG I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. CG I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CG I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CG I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. CG I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Christine Gordon

Print Name (First, Last)

Christine Gordon

Original Signature (electronic, copies or stamps not accepted)

4/28/2024

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christine Gordon

Print Name (First, Last)

Christine Gordon

Original Signature (electronic, copies or stamps not accepted)

4/28/2024

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, CHRISTINE GORDON, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Christine Gordon

Original Signature

4/28/2024

Date

Subscribed and Sworn to before me this 28th day of APRIL, 2024.

Marylea Hutchason

Notary Public Signature

Marylea Hutchason
NOTARY PUBLIC
State of New Jersey
ID # 2376861
My Commission Expires August 13, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Almatica Pharma LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): WH03220

Physical Address: 44 Whippany Road, Suite 300

City: Morristown State: NJ Zip: 07960

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 973-796-3400 Website: www.alvogen.com

Licensing Company Email: mary.hutchason@alvogen.com

Section 2: Personal Information

First: Tunie Middle: Last: Zaku

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Addr: [redacted]

City: Pine Brook State: NJ Zip: [redacted]

Telephon: [redacted] Email: tunie.zaku@alvogen.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Seton Hall University		Aug 1995 to May 1999	
Address	**City**	**State**	**Zip**
400 S Orange Ave	South Orange	NJ	07079
Diploma/Degree obtained, if any			
Bachelor's			

School Name		From - To (MM/YY – MM/YY)	
Boonton High School		Sept 1991 to June 1995	
Address	**City**	**State**	**Zip**
306 Lathrop Ave	Boonton	NJ	07005
Diploma/Degree obtained, if any			
H.S. Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/13 to Present	[redacted]	Pine Brook	NJ	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Almatica Pharma LLC			02/18 to Present
Business Address	**City**	**State**	**Zip**
44 Whippany Road, Suite 300	Morristown	NJ	07960
Phone	**Title**		
973-487-3957	Chief Financial Officer, Americas Region		
Description of Duties	Managing cash flow, financial planning and analysis (FP&A), financial reporting, risk management, and strategic decision-making regarding growth, mergers, and acquisitions		

Business Name			From - To (MM/YY – MM/YY)
Par Pharmaceutical Inc			11/06 to 02/18
Business Address	**City**	**State**	**Zip**
1 Ram Ridge Road	Chestnut Ridge	NJ	10977
Phone	**Title**		
845-364-4780	Generics Controller		
Description of Duties	Managing cash flow, financial planning and analysis (FP&A), financial reporting, risk management, and strategic decision-making regarding growth, mergers, and acquisitions		

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See attached information

Original Signature (electronic copies or stamps not accepted)

4/30/24
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

TUNIE ZAKU

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-30-24

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4-30-24

Date

Subscribed and Sworn to before me this 30th day of APRIL, 2024.

Notary Public Signature

Marylea Hutchason
NOTARY PUBLIC
State of New Jersey
ID # 2376861
My Commission Expires August 13, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Almatica Pharma, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): WH03220

Physical Address: 44 Whippany Road, Suite 300

City: Morristown State: NJ Zip: 07960

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 973-796-3400 Website: www.alvogen.com

Licensing Company Email: mary.hutchason@alvogen.com

Section 2: Personal Information

First: Gina Middle: Last: Gencarelli

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Addr[redacted]

City: Morristown State: NJ Zip: [redacted]

Telephone: [redacted] Email: gina.gencarelli@alvogen.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Seton Hall University School of Law		09/02-05/05	
Address	City	State	Zip
1109 Raymond Blvd	Newark	NJ	07102
Diploma/Degree obtained, if any			
Juris Doctor			

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin		08/00 - 05/02	
Address	City	State	Zip
500 Lincoln Dr	Madison	WI	53706
Diploma/Degree obtained, if any			
Master of Science in Organic Chemistry			

School Name		From - To (MM/YY – MM/YY)	
Lehigh University		08/96 - 01/00	
Address	City	State	Zip
27 Memorial Dr W	Bethlehem	PA	18015
Diploma/Degree obtained, if any			
Bachelor of Science in Chemistry			

School Name		From - To (MM/YY – MM/YY)	
Jefferson Township High School		09/92 - 06/96	
Address	City	State	Zip
1010 Weldon Rd	Oak Ridge	NJ	07438
Diploma/Degree obtained, if any			
H.S. Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2014 to Present	[redacted]	Morristown	NJ	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Almatica Pharma LLC			09/25 to Present
Business Address	**City**	**State**	**Zip**
44 Whippany Road, Suite 300	Morristown	NJ	07960
Phone	**Title**		
973-610-5175	Secretary		

Description of Duties

Head of Alvogen's legal department and Corporate Secretary. Responsible for managing all legal operations for the company, including intellectual property strategy, litigation, FDA counseling, commercial contracting, mergers and acquisitions, compliance, and records management. Provides support to cross-functional areas, including business development, R&D, supply chain, and sales and marketing.

Business Name			From - To (MM/YY – MM/YY)
Endo USA, Inc. (f/k/a Par Pharmaceutical)			05/14 to 09/25
Business Address	**City**	**State**	**Zip**
300 Tice Boulevard, Suite 230	Woodlcliff Lake	NJ	07677
Phone	**Title**		
314-654-2000	Executive Director, Intellectual Property		

Description of Duties

Responsible for managing all aspects of IP and related FDA counseling for the company's Generics and Sterile Injectables divisions. Includes IP litigation, patent and trademark prosecution, FDA work, diligence for transactions, contract drafting and negotiation, and selection of new products for development.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See attached information.

Nina Mencarelli
Original Signature (electronic, copies or stamps not accepted)

4/14/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

GINA GENCARELLI

Print Name (First, Last)

Gina Gencarelli — 4/14/2026

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, Gina Gencarelli, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Gina Gencarelli — 4/14/2026

Original Signature — **Date**

Subscribed and Sworn to before me this 14th day of APRIL, 2026

Marylea Hutchason

Notary Public Signature

Marylea Hutchason
NOTARY PUBLIC
State of New Jersey
ID # 2376861
My Commission Expires August 13, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Almatica Pharma LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): WH03220

Physical Address: 44 Whippany Road, Suite 300

City: Morristown State: NJ Zip: 07960

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 973-796-3400 Website: www.alvogen.com

Licensing Company Email: mary.hutchason@alvogen.com

Section 2: Personal Information

First: Divya Middle: C. Last: Patel

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Addr[redacted]

City: Lincoln Park State: NJ Zi[redacted]

Telephone: 973-796-3400 Email: divya.patel@alvogen.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Charlotte, NC		1/91 - 12/93	
Address	**City**	**State**	**Zip**
9201 University City Blvd	Charlotte	NC	28223
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
University of Rochester		9/84 - 05/88	
Address	**City**	**State**	**Zip**
186 Cumberland St	Rochester	NY	14605
Diploma/Degree obtained, if any			
BS Optical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Indian Hills High School		9/79 - 6/84	
Address	**City**	**State**	**Zip**
97 Yawpo Ave	Oakland	NJ	07436
Diploma/Degree obtained, if any			
H.S. Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1998 to Present	[redacted]	Lincoln Park	NJ	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Almatica Pharma LLC			02/26 - Present
Business Address	**City**	**State**	**Zip**
44 Whippany Road, Suite 300	Morristown	NJ	07960
Phone	**Title**		
973-796-3400	Chief Executive Officer		

Description of Duties

Develop and implement high-level business strategies, responsible for all operations and resources, primary point of communication between shareholders and corporation

Business Name			From - To (MM/YY – MM/YY)
Alvogen Inc.			06/12 - 02/26
Business Address	**City**	**State**	**Zip**
44 Whippany Road, Suite 300	Morristown	NJ	07960
Phone	**Title**		
973-796-3400	Executive Director		

Description of Duties

Oversight of global generic pharmaceutical business, participation in key global initiatives, day-to-day activities include strategic sourcing and business development support

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See attached information.

D C. Pohl

Original Signature (electronic, copies or stamps not accepted)

4/15/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

DIVYA PATEL

Print Name (First, Last)

D. C. Patel

Original Signature (electronic, copies or stamps not accepted)

1/15/2026

Date

Please have this section completed in the presence of a Notary Public.

State of NEW JERSEY, ss. County of MORRIS

I, DIVYA C. PATEL, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

D. C. Patel

Original Signature

1/15/2026

Date

Subscribed and Sworn to before me this 15th day of APRIL, 2026

Maryiea Hutchason

Notary Public Signature

Maryiea Hutchason
NOTARY PUBLIC
State of New Jersey
ID # 2376861
My Commission Expires August 13, 2028

(Seal)

Employee List - 44 Whippany Road - Suite 300, Morristown, NJ 07960
NAME
Abisaleh, Hilda
Adams, Susie Jennifer
Amankwaa, Kwaku
Andre, Elvila
Baez, Johanna
Baker, Ivana
Beffert, Jordan
Bersey, Joshua A
Billemeyer, Carolyn
Bound, James E.
Buenviaje, Agustin Abarquez
Cestaro, Frank
Christian, Cory
Clendennen, Catherine
David, Andrew D
Deng, Li
Dinh, Daniel
Dixit, Karuna
Doria, Carlos
Dunne, Cathleen
Elvin, Lisa
Engdahl, Alex
Froes, Natalie
Garbarini, John
Gencarelli, Gina
Gonzales, Jan Michael
Gordon, Christine
Guerrero, Pilar
Guida, Emily
Haddad, Ali
Hamblin, Stacey Sun
Hou, Morgan C.
Hutchason, Marylea
Kake, Nitin
Kondepudi, Lakshmi Madhavi
Kushner, Phillip
Kusmick, Michael
Lad, Kishor N
Lartigue, Samuel
Lasser, Robert
Lau, Christopher
Lee, Alyssa
Lee, Evan
Lin, Howie
Ludwig, Matthew B
Luo, Min
Michalowski, Rafal
Miranda, Roberto

Mistry, Nima
Mokebo, Vincent A.
Mucha, Darek
Neely, Katherine
Oliveira, Damiana
Palmer, Joana
Panicaro, Michael
Patel, Amy J
Patel, Manish Ishverlal
Patel, Sehul
Patel, Sonal
Peele, Tonya
Perry, Charles
Puzanova, Svetlana
Ramirez, Myreen
Ramkishun, Nadina
Rashid, Zoya
Referente, Michael S
Rivas, Harry
Rodriguez, Isamar Jimena
Shah, Kaushik
Shah, Mihir
Shinn, Jeremy
Simeon, JC
Singh, Harvinder
Singh, Jasmit
Sinha, Neela
Spears, Twonna L.
Spinelli, Leonard
Spruill, Natasha
Suchy, William
Sumler, Heather L.
Tibbetts, Lynn N.
Titcombe, Anthony Olumide
Tricarico, Daniel
Uzelac, Djordje
Valiga, Richard Michael
Vieru, Oleg
Walton, Joshua
White, James P.
Zagmot, Robert J
Zaku, Lumtunie
Zamor, Wendy
Anderson, Allyson M.
Avery, Robert
DaCosta, Ramona A.
Damoci, Sherri
Deodhar, Archana
Fernandes Dias, Samantha
Kaur, Harpreet

Marshall, Robert J
Mitchell, Marissa J.
Pall, Jaspreet
Tarnofsky, Brian Harold
Bullock, Darlene D
Cerbone, Allison
Cineus, Moise
Ferreira, Samantha
Mathew, Tracey A
Ng, Ka Man
Sansevera, Jeff A
Smith, Emily
Nargashna, Riddhi
Seymore, Taneka
Demera, Luis

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

~~N/A~~ See Attached information

5/28/2020

Original Signature (electronic, copies or stamps not accepted)

Date

Response to Disciplinary Question #3:

Almatica Pharma, LLC, was under investigation by the State of Alaska Board of Pharmacy ("Alaska Board") with Case No. 2023-000527 and by Oregon Board of Pharmacy ("Oregon Board") with Case No. 2024-0071, due to Almatica' s alleged failure to disclose to both the Alaska Board and Oregon Board previous disciplinary actions imposed by the Alabama Board of Pharmacy. On November 16, 2023, the Alaska Board of Pharmacy ordered an Imposition of Civil Fine on Almatica which resolved the case. On May 8, 2024, The Oregon Board entered a Consent Order with Almatica resolving that case. Copies of those orders are attached hereto.

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development

DIVISION OF CORPORATIONS, BUSINESS, AND PROFESSIONAL LICENSING
Anchorage Office

550 West Seventh Avenue, Suite 1500
Anchorage, AK 99501-3567
Main: 907.269.8160
Toll free fax: 907.269.8156

CERTIFIED# 7019 2970 0001 2072 4351
RETURN RECEIPT REQUESTED

RECEIVED
DEC 05 2023
SEDOR, WENDLANDT, EVANS & FILIPPI

December 4, 2023

Almatica Pharma, LLC.
Attn: Carolyn Heyman, Representing Attorney
500 L Street, Suite 500
Anchorage, AK 9501

RE: Case No. 2023-000527

To Whom It May Concern

This letter shall serve as formal notice to you that the Alaska Board of Pharmacy, during its November 16, 2023 meeting, adopted the Imposition of Civil Fine, presented to the Board by members of the staff from the Division of Corporations, Business and Professional Licensing. A copy of the Imposition of Civil Fine and Order, as adopted, is enclosed.

If you wish to pay with a credit card, a payment form has been included for your convenience.

Please be advised that you were under official investigation by the Alaska Board and this subsequent disciplinary action is a public record. You may be required to report this license action and to disclose it when applying for licensure in other states. Should you have any questions regarding this matter, please do not hesitate to contact me at the address and telephone number listed above.

Sincerely,

DocuSigned by:
Erika Prieksat
34F98CE5F1DF46C...
Erika Prieksat,
Chief Investigator

cc: Sylvan Robb, Director CBPL
Glenn Saviers, CBPL Deputy Director
Michael Bowles, Executive Administrator
Holly Handley, Investigator
Marilyn Zimmerman, Paralegal II
Julienne Kim, Paralegal II
Litigation File 2023-000527 (Original)

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE ALASKA BOARD OF PHARMACY

IMPOSITION OF CIVIL FINE

Case # 2023-000527

I, Andrea Sweet, as an agent for Almatica Pharma LLC, admit and agree the Alaska Board of Pharmacy (Board) has jurisdiction over the subject matter of Out-of-State Wholesale Drug Distributor License No. 211089, and over this Imposition of Civil Fine.

1. April 25, 2023, we submitted an initial Out-of-State Wholesale Drug Distributor pharmacy license application and provided a "no" response to all Professional Fitness Questions.
2. On June 13, 2023, Investigations determined the Almatica Pharma LLC failed to properly disclose two Alabama Board of Pharmacy actions issued in 2015 and 2022.
3. On June 27, 2023, we submitted a letter of explanation to the Division indicating we inadvertently failed to disclose two disciplinary actions from the Alabama Board of Pharmacy issued in 2015 and 2022.
4. This is a violation of 12 AAC 52.920(a)(13), AS 08.80.261(a)(1), 12 AAC 52.991(a), 12 AAC 52.991(b), and AS 08.80.261(a)(6).

We admit that as a result of these facts, grounds exist for possible denial of licensure or other disciplinary sanctions of my license pursuant to AS 08.01.075, 12 AAC 52.920(a)(13), AS 08.80.261(a)(1), 12 AAC 52.991(a), 12 AAC 52.991(b), and AS 08.80.261(a)(6). We are agreeing to this Imposition of a Civil Fine of five hundred dollars ($500) in cash, certified check, or money order payable to the **"State of Alaska"** within ninety (90) days after this Imposition of Civil Fine is accepted by the Board.

We have the right to consult with an attorney, and a right to an administrative hearing on the facts in this case. We understand and agree by voluntarily signing this Imposition of Civil Fine, we are waiving our rights to counsel and to a hearing on this matter.

Andrea Sweet
Agent for Almatica Pharma LLC (Signature)

9/20/2023
Date

SUBSCRIBED AND SWORN TO before me this 20th day of SEPTEMBER, 2023, at MORRISTOWN, NJ
(city) (state)

SEAL

Marylea Hutchason
Notary Public in and for NJ
(state)

BH
BH

MARYLEA HUTCHASON
Notary Printed Name
My commission expires: 8-13-28

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

FORM REVISED 5/01/2015

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE ALASKA BOARD OF PHARMACY

In the Matter of:)
)
Almatica Pharma LLC)
)
Respondent)
Case No. 2023-000527

ORDER

The Alaska Board of Pharmacy (Board), having examined the Imposition of Civil Fine, Case No. 2023-000527, regarding License No. #211089, for failure to disclose previous license disciplinary actions appropriately on a State of Alaska Pharmacy application, hereby adopts the Imposition of Civil Fine.

The Board has determined this is a technical violation of professional licensing statutes and regulations, therefore this matter can be resolved with a civil fine.

This Imposition of Civil Fine takes effect immediately upon signature of this Order in accordance with the approval of the Board.

DATED this 16th day of November, 2023, at Anchorage, Alaska.

ALASKA BOARD OF PHARMACY

By: Ashley Schaber
Board Chair

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

FOR DIVISION USE ONLY

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West. 7th Avenue. Suite 1500, Anchorage, AK 99501-3567
Phone: (907) 269-8124

Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number *(if applicable)*: _____

I wish to make payment by credit card for the following *(check all that apply)*: **AMOUNT**

- ☐ Application Fee: _____ _____
- ☐ License or Renewal Fee: _____ _____
- ☐ Other *(name change, wall certificate, fine, duplicate license, exam, etc.)*:
  1. _____ _____
  2. _____ _____

TOTAL: _____

Name *(as shown on credit card)*: _____

Mailing Address: _____

Phone Number: _____ Email *(optional)*: _____

Signature of Credit Card Holder: _____

08-4438 Rev 12/26/18 Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Account Number: _____
2. Expiration Date: _____
3. Billing ZIP Code: _____
4. Security Code: _____

All four fields **MUST** be completed!

This section will be destroyed after the payment is processed.



Received
Anchorage
DEC 11 2023
CBPL
cc 500 - mg

FINE PAYMENT – INVESTIGATIONS

DATE	12/11/2023	
CASE #	2023-000527	
RESPONDENT	Almatica Pharma, LLC	
BOARD NAME	PHA	
PAYMENT TYPE (CHECK, MONEY ORDER, ETC.)	CC 2003	
AMOUNT	$500.00	~~Partial Payment~~ Full Payment
PREPARER NAME	Ed Decker	
CBP Receipt #		

Notes:

Lic # 211089

8/29/13

Oregon
Tina Kotek, Governor

Oregon Board of Pharmacy
800 NE Oregon St., Suite 150
Portland, OR, 97232
Phone: 971-673-0001
Fax: 971-673-0002
pharmacy.board@bop.oregon.gov
www.oregon.gov/pharmacy

January 29, 2024

Almatica Pharma LLC
44 WHIPPANY ROAD STE 300
MORRISTOWN NJ 07960
Sent via email to: mary.hutchason@alvogen.com

Re: Case No. 2024-0071

The Board of Pharmacy is investigating an allegation that Almatica Pharma LLC (Almatica) failed to report the following disciplinary actions:

1. 04/07/2015 Alabama Board of Pharmacy Consent Order on Almatica's 07/20/2020 Ownership Change Application; and
2. 04/06/2022 Alabama Board of Pharmacy Consent Order on Almatica's 07/25/2022 Manufacturer Registration Renewal.

Please respond by submitting a typed and signed statement **by February 16, 2024**. The statement should indicate if the allegations are true or not. If the allegations are true, describe the problems, what happened, and any steps you have taken to prevent this type of incident from reoccurring.

PLEASE NOTE: Your response is the formal statement to the Board's inquiry in this investigation. The Board may use the information provided in the response statement to determine whether disciplinary action is warranted.

If you have any questions, please contact me at ***erin.richmond@bop.oregon.gov.*** Please include the Case Number listed above with all Board correspondence regarding this case.

Sincerely,

Erin Richmond, Pharm.D., M.S., R.Ph.
Compliance Officer

From: RICHMOND Erin * BOP <Erin.RICHMOND@bop.oregon.gov>
Sent: Friday, March 29, 2024 8:09 PM
To: Mary Hutchason <mary.hutchason@alvogen.com>
Subject: Board Meeting Notification: Oregon Board of Pharmacy Case 2024-0071

EXTERNAL EMAIL
This case is to be presented at the April 10 – 12, 2024 Board meeting.

After conclusion of the Board meeting, notification of the Board decision will be sent within approximately 12 – 24 weeks. Board staff are not able to discuss the Board decision until after notifications have been sent. Please wait until after you receive the Board's notification before asking questions about the Board decision. Board minutes are posted at https://www.oregon.gov/pharmacy/Pages/Board-Minutes.aspx

If the Board proposes disciplinary action, you will receive notification regarding the decision made by the Board via US Certified mail. To receive the documents being mailed by the Board, the US Postal Service requires that you sign for the certified mail upon delivery.

It is imperative to let the Board office know of any changes to your physical or mailing address, email, phone number or employment so you may receive pertinent information in a timely manner. Failure to provide the Board with current contact information will result in a delay of receiving notification of the board's decision in your case.

If you need to update contact information, please log in here:
https://orbop.mylicense.com/EGOV/Login.aspx?ReturnUrl=/EGOV/

Best,

Erin Richmond, Pharm.D., M.S., R.Ph. | she/her/hers
Compliance Officer

Oregon Board of Pharmacy
800 NE Oregon St, Suite 150
Portland, OR 97232-2142
P: (971)-673-0001 | F: (971)-673-0002

Oregon.Gov/Pharmacy

Any and all statements provided herein shall not be construed as an official policy, position, opinion or statement of the Oregon Board of Pharmacy (OBOP). OBOP staff cannot and do not provide legal advice. OBOP staff provide assistance to the public by

providing reference to the OBOP statutes and regulations; however, any such assistance provided by OBOP staff shall not be construed as legal advice for any particular situation, nor shall any such assistance be construed to communicate all applicable rules and regulations governing any particular situation or occupation. Please consult an attorney regarding any legal questions related to state or federal laws and regulations including the interpretation and application of the laws and regulations governing the OBOP.

CONFIDENTIALITY NOTICE
This e-mail may contain information that is privileged, confidential, or otherwise exempt from disclosure under applicable law. If you are not the addressee or it appears from the context or otherwise that you have received this e-mail in error, please advise me immediately by reply e-mail, keep the contents confidential, and immediately delete the message and any attachments from your system.

The information contained herein is intended only for the addressee identified above. It may be or may include material which is confidential. If you are not the intended recipient, or a person responsible for delivering this message to the intended recipient, you are hereby notified that the unauthorized use, disclosure, distribution or copying is prohibited. If it has been sent to you in error, please reply to advise the sender of the error and then immediately delete this message. Complete details on our privacy policy and contact information can be found here.

Oregon
Tina Kotek, Governor

Oregon Board of Pharmacy
800 NE Oregon St., Suite 150
Portland, OR, 97232
Phone: 971-673-0001
Fax: 971-673-0002
pharmacy.compliance@bop.oregon.gov
www.oregon.gov/pharmacy

May 8, 2024

ALMATICA PHARMA LLC
44 WHIPPANY ROAD STE 300
MORRISTOWN NJ 07960

RE: Case Number 2024-0071

Enclosed is a copy of the completed consent order for case number 2024-0071 which has been finalized as of 5/8/2024. Please retain this copy with your records.

Failure to meet any of your Consent Order requirements may result in additional disciplinary action, including the revocation of your license.

In accordance with the consent order, your civil penalty is due in the Board office by 5/18/2024. Payments may be made by check or money order using the enclosed remittance form mailed to our office or if you would like to pay online through your eGov account, please send an invoice request to pharmacy.compliance@bop.oregon.gov.

If you have any questions, or need further assistance, please contact our office at pharmacy.compliance@bop.oregon.gov. Please provide your name, your preferred contact information, case number as it appears above, and your concerns.

Sincerely,
Elizabeth Hughes
Compliance Secretary

The Oregon Board of Pharmacy serves to promote and protect public health, safety, and welfare by ensuring high standards in the practice of pharmacy and through effective regulation of the manufacture and distribution of drugs.

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Manufacturer Registration of dba: ALMATICA PHARMA LLC Registrant	)	Case No. 2024-0071 CONSENT ORDER

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action ("Notice"), hereby incorporated by reference, regarding the registrant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the registrant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the registrant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the registrant admits that the facts alleged in the above-noted Notice are true, that legal cause exists pursuant to ORS 689.405 and ORS 689.445 for disciplinary action and imposition of a civil penalty by the Board; and

WHEREAS, the registrant consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

1. The registrant shall pay a civil penalty to the Board in the amount of $5,000 with $4,000 stayed pending no further similar violations for three years. If Registrant violates any term or condition of this Consent Order, within three years of the effective date of this Consent Order, the Board may take action to lift the stayed portion of the civil penalty. Payment of the $1,000 portion of the civil penalty not stayed to be made within ten days from the date this Consent Order becomes final.

2. Failure of the registrant to pay the civil penalty as required under this Consent Order may, after notice and hearing, result in further disciplinary action.

3. This Consent Order is effective when signed by the Board.

CONSENT

I hereby acknowledge that I am the authorized representative of registrant. On behalf of the registrant, I hereby acknowledge that I have read and understand the above-noted Notice and the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order with incorporated Notice is a public record and shall be available via the Board's online licensure verification; is available upon written request pursuant to public disclosure laws; and shall be reported to the National Practitioner Data Bank as required by federal law. I agree to the Board entering the Consent Order.

5/1/2024

Authorized Representative
dba
ALMATICA PHARMA LLC
Registrant (Reg. No. M-0002223)

Date

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

5/8/2024

Brianne Efremoff, Pharm.D, R.Ph.,
Compliance Director

Date

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Manufacturer Registration dba: ALMATICA PHARMA LLC Registrant	)	Case No. 2024-0071 NOTICE OF PROPOSED DISCIPLINARY ACTION

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy proposes to take disciplinary action against your Certificate of Registration No. M-0002223 because Almatica Pharma LLC violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

On or about 07/20/2020 Registrant submitted a manufacturer ownership change application to the board. The application includes the question, "Has disciplinary action ever been taken, or is any such action currently pending or proposed against any of the persons or the facility listed on this application, by any State or Federal Authority in connection with a violation of any federal or state drug law or regulation?" Registrant responded, "No."

Registrant failed to disclose on their registration application disciplinary action on or about 04/14/2015 by the Alabama Board of Pharmacy.

The failure to provide accurate and complete information regarding prior disciplinary actions in response to the board request on the 07/20/2020 application is a failure to cooperate under OAR 855-001-0035(1)[1] which is unprofessional conduct under OAR 855-006-0020(k), which is grounds for discipline under ORS 689.405(1)(a) and (i). Based on these alleged violations, the Board proposes to impose a $2,500 civil penalty.

On or about 07/25/2022 Registrant submitted a manufacturer renewal application to the board. The application includes the question, "Since the date of your last renewal has any investigation been initiated, or has any pharmacy or drug related disciplinary action been taken, or is any such action currently pending against any of the persons or facilities listed on this renewal application by any state (other than Oregon), federal district, US territory or Federal Authority?" Registrant responded, "No."

Registrant failed to disclose on their registration application disciplinary action on or about 04/06/2022 by the Alabama Board of Pharmacy.

The failure to provide accurate and complete information regarding prior disciplinary actions in response to the board request on the 07/25/2022 application is a failure to cooperate under OAR 855-001-0035(1)[1] which is unprofessional conduct under OAR 855-006-0020(k), which is grounds for discipline under ORS 689.405(1)(a) and (i). Based on these alleged violations, the Board proposes to impose a $2,500 civil penalty.

1 Regulation at time of conduct

Based on all of these alleged violations, the Board proposes to impose a total civil penalty in the amount of $5,000.

HEARING RIGHTS

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation must file a written request for hearing with the Board within 21 days from the date this notice was mailed, and if the hearing request is not filed by the corporation's attorney, it must be ratified by the corporation's attorney within 28 days of Board's receipt of the hearing request. The corporation's attorney may send or deliver a request for hearing to:

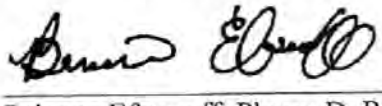
Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

If the corporation requests a hearing, the corporation's attorney will be notified of the time and place of the hearing. Before the commencement of the hearing, the corporation will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing.

If the corporation does not request a hearing within 21 days, or if it withdraws a hearing request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

BOARD OF PHARMACY
FOR THE STATE OF OREGON



Brianne Efremoff, Pharm.D, R.Ph.,
Compliance Director

4/23/24
Date

DATE OF MAILING 4/23/24

CIVIL PENALTY **$ 1,000.00**

CASE # **2024-0071**

PAYER: ALMATICA PHARMA LLC
MORRISTOWN, NJ
M-0002223

REMIT TO: OREGON BOARD OF PHARMACY
800 NE OREGON ST, SUITE 150
PORTLAND, OR 97232

Office use:	
Date	
Check/MO	
Receipt	
Entered by	
Allocated	

THIS FORM MUST ACCOMPANY PAYMENT TO ENSURE PROPER FILING

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

ALMATICA PHARMA LLC

OR STATE BOARD OF PHARMACY

STATE LICENSURE OR CERTIFICATION ACTION

Date of Action: 05/08/2024

Initial Action

- PUBLICLY AVAILABLE FINE/MONETARY PENALTY

Basis for Initial Action

- FAILURE TO MEET LICENSURE REQUIREMENTS/LICENSING BOARD REPORTING REQUIREMENTS
- DISCIPLINARY ACTION TAKEN BY ANOTHER FEDERAL, STATE OR LOCAL LICENSING AUTHORITY

A. REPORTING ENTITY

Entity Name:	OR STATE BOARD OF PHARMACY
Address:	800 NE OREGON ST STE 150
City, State, Zip:	PORTLAND, OR 97232-2142
Country:	
Name or Office:	ELIZABETH HUGHES
Title or Department:	COMPLIANCE SECRETARY
Telephone:	(971) 673-0001
Entity Internal Report Reference:	
Type of Report:	INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (ORGANIZATION)

Organization Name:	ALMATICA PHARMA LLC
Other Organization Name(s) Used:	
Business Address:	44 WHIPPANY ROAD SUITE 300
City, State, ZIP:	MORRISTOWN, NJ 07960
Organization Type:	PHARMACEUTICAL MANUFACTURER (346)
Names and Titles of Principal Officers and Owners (POO):	
Federal Employer Identification Numbers (FEIN):	262151850
Social Security Numbers (SSN):	
Individual Taxpayer Identification Numbers (ITIN):	
State License Number, State of Licensure:	M-0002223, OR
Is the Subject a health care entity that provides health care services and engages in a formal peer review process for the purpose of furthering quality health care?:	YES
Drug Enforcement Administration (DEA) Numbers:	
Clinical Laboratory Act (CLIA) Numbers:	
Food and Drug Administration (FDA) Numbers:	
National Provider Identifiers (NPI):	
Medicare Provider/Supplier Numbers:	
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):	
Business Address of Affiliate:	
City, State, ZIP:	
Nature of Relationship(s):	

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

C. INFORMATION REPORTED

Type of Adverse Action:	STATE LICENSURE OR CERTIFICATION
Basis for Action:	FAILURE TO MEET LICENSURE REQUIREMENTS/LICENSING BOARD REPORTING REQUIREMENTS (A1) DISCIPLINARY ACTION TAKEN BY ANOTHER FEDERAL, STATE OR LOCAL LICENSING AUTHORITY (39)
Name of Agency or Program That Took the Adverse Action Specified in This Report:	OREGON BOARD OF PHARMACY
Adverse Action Classification Code(s):	PUBLICLY AVAILABLE FINE/MONETARY PENALTY (3233)
Date Action Was Taken:	05/08/2024
Date Action Became Effective:	05/08/2024
Total Amount of Monetary Penalty, Assessment and/or Restitution:	$ 1,000.00
Is the subject automatically reinstated after the adverse action period is completed?:	
Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:	The registrant shall pay a civil penalty to the Board in the amount of $5,000 with $4,000 stayed pending no further similar violations for three years pursuant to on or about 07/20/2020 Registrant submitted a manufacturer ownership change application to the board. Registrant failed to disclose on their registration application disciplinary action on or about 04/06/2022 by the Alabama Board of Pharmacy.

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission:	05/09/2024
Date of Most Recent Change:	05/09/2024

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
ALMATICA PHARMA, LLC	)	**BOARD OF PHARMACY**
	)	
Private Label Distributor Permit No. 194176	)	**CASE NO: 21-L-0284**
	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Almatica Pharma, LLC (hereinafter referred to as "AP, LLC") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement"), alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and AP, LLC, through its counsel, engaged in negotiations and as a result, the matters at issue were resolved informally by the parties who agreed to the entry of this Consent Order which includes the following terms:

1. The Board finds that AP, LLC violated the applicable provision of law based upon the conduct set out in Count One of the Statement.

2. AP, LLC shall pay to the Board an administrative fine in the amount of Two Thousand dollars ($2,000.00) within thirty (30) days of the effective date of this Consent Order which is the date it is executed on behalf of the Board. This obligation of payment to the Board shall not be dischargeable in bankruptcy and AP, LLC shall not attempt to discharge the same in any bankruptcy proceeding.

3. As to this matter only, AP, LLC expressly waives its rights pursuant to the

Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20, and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. AP, LLC further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, AP, LLC hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. That AP, LLC acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against AP, LLC's permit, including, but not limited to revocation.

6. That AP, LLC acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. AP, LLC acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the advice of their attorney.

DONE this the _____day of _____, 2022.

Almatica Pharma, LLC

By:_____
Its:_____

_____
Andrea J. Sweet, VP Legal Affairs, Almatica Pharma, LLC

DONE this the _____day of _____, 2022.

ALABAMA STATE BOARD OF PHARMACY

By:_____
Chris Phung, R.Ph., President

By:_____
James S. Ward
Its Attorney

WARD & COOPER, LLC
2100 Southbridge Parkway
Suite 645
Birmingham, Alabama 35209
(205) 871-5404

EXHIBIT "A"

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
ALMATICA PHARMA, LLC	)	**BOARD OF PHARMACY**
	)	
Private Label Distributor Permit No. 194176	)	**CASE NO: 21-L-0284**
	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Almatica Pharma, LLC
44 Whippany Road
Suite 300
Morristown, New Jersey 07960

Pursuant to the provisions of Code of Alabama (1975), § 34-23-92(12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board) on April 19, 2022 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine whether any of the discipline allowed by Board Rule 680-X-2.23(h)(2)(i)(2) should not be imposed based upon any or all of the following:

COUNT ONE

Violating Board Rule 680-X-2.23(2)(h)(1)(ii) in that you failed to notify the Board within ten (10) days of the change in a designated representative, i.e. the change of your designated representative was effective August 20, 2021 but the Board did not receive notification until September 17, 2021 and/or as of the date of this Statement of Charges and Notice of Hearing, violating Board Rule 680-X-2.23(2)(h)(i)(vi), which provides that a designated representative shall serve for only one (1) entity at a time, in that the new designated representative submitted was already listed as a designated

representative at a facility possessing a permit issued by the Board.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 11th day of February 2021.

ALABAMA STATE BOARD OF PHARMACY

By: Donna C. Yeatman
Executive Secretary

DONE this the _____day of _____, 2022.

State of: New Jersey
County of: Morris
The forgoing document was acknowledged before me 7th day of April, 2022

Marylea Hutchason, Notary Public
My Commission Expires 8/13/2023

Almatica Pharma, LLC

By: Andrea Sweet
Its: Andrea Sweet, Secretary & VP Legal

Andrea J. Sweet, VP Legal Affairs, Almatica Pharma, LLC

DONE this the _____day of _____, 2022.

ALABAMA STATE BOARD OF PHARMACY

By:_____
Chris Phung, R.Ph., President

By:_____
James S. Ward
Its Attorney

WARD & COOPER, LLC
2100 Southbridge Parkway
Suite 645
Birmingham, Alabama 35209
(205) 871-5404

Almatica Pharma LLC
44 Whippany Road
07960 Morristown

HSBC Bank, USA

50-682/213

34588

04/04/2022

PAY TO THE ORDER OF ALABAMA STATE BOARD of PHARMACY

**********2,000.00*

$

*** TWO THOUSAND***

DOLLARS

ALABAMA STATE BOARD of PHARMACY
111 VILLAGE STREET
BIRMINGHAM AL 35242

MEMO

VOID AFTER 6 MONTHS

AUTHORIZED SIGNATURE

[redacted]

ALMATICA PHARMA LLC **34588**

Document	Your document	Comment	Date	Deductions	Gross amount
1900013006	04042022FEE		04/04/2022	0.00	2,000.00
Sum total				0.00	2,000.00

ALMATICA PHARMA LLC **34588**
ALABAMA STATE BOARD of PHARMACY

Payment document		Check number	Date	Currency	Payment amount
2000015271	34588		04/04/2022	USD	**********2,000.00*

Document	Your document	Comment	Date	Deductions	Gross amount
1900013006	04042022FEE		04/04/2022	0.00	2,000.00
Sum total				0.00	2,000.00

SUSAN ALVERSON D.P.A., R.Ph.
Executive Secretary

111 Village Street
Birmingham, AL 35242

(205) 981-2280
(205) 981-2330 Fax
www.albop.com

ALABAMA
BOARD OF PHARMACY

MEMBERS 2015

DAN McCONAGHY R.Ph.
President

TIM MARTIN, PharmD.
Vice-President

BUDDY BUNCH, R.Ph.
Treasurer

DAVID DARBY, R.Ph.

DONNA C. YEATMAN, R.Ph.

April 15, 2015

ALMATICA PHARMA, INC.
10 Bloomfield Avenue
Pine Brook, New Jersey 07058

To Whom It May Concern:

Please find enclosed a copy of your fully executed Consent Order for your files.

If you have any questions, please feel free to contact this office.

Sincerely,

Susan P. Alverson

Susan P. Alverson, R,Ph
Secretary

Cc Jim Ward, Attorney at Law
Susan Alverson, Secretary

/me

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
ALMATICA PHARMA, INC.	)	
MANUFACTURER/WHOLESALER/	)	
DISTRIBUTOR	)	
Permit #194176	)	BOARD OF PHARMACY

CONSENT ORDER

THIS CAUSE came before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against ALMATICA PHARMA, INC. (hereinafter referred to as "ALMATICA") relating to engaging in activities as a manufacturer/wholesaler/distributor during 2015 without first renewing your permit from the Board required by Code of Alabama (1975) §34-23-32 and in violation of Code of Alabama (1975) §34-23-33 (7) as more specifically set forth in Exhibit "A" hereto:

Prior to a hearing in this cause, ALMATICA pled guilty to violating Code of Alabama (1975) §34-23-33(7) based upon engaging in activities as a manufacturer/wholesaler/distributor during the year 2015 without first having renewed your permit with the Board as evidenced by your execution of Exhibit "A". Accordingly, pursuant to Code of Alabama (1975) §§34-23-33 and 41-22-12(e), the matters at issue have been resolved informally by the parties and the parties have agreed that this Consent Order can be entered and include the following terms:

1. That ALMATICA is guilty of violating Code of Alabama (1975) §34-23-33(7) by engaging in activities as a manufacturer/wholesaler/distributor during the year 2015 without ALMATICA having renewed your permit with the Board in violation of Code of Alabama (1975) §34-23-32.

APR 07 2015

2. That ALMATICA shall pay to the Board simultaneously with the execution of this Consent Order a fine in the amount of Five Hundred dollars ($500.00). This obligation of payment to the Board shall not be dischargeable in bankruptcy and it shall not attempt to discharge the same in any bankruptcy proceeding.

3. By execution of this Consent Order, ALMATICA hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

4. That ALMATICA expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, Code of Alabama (1975) §34-23-1 et seq. and the Alabama Administrative Procedure Act, Code of Alabama (1975) §41-22-1 et seq., including but not limited to Code of Alabama (1975) §§ 34-23-34, 34-23-92(7) and (12), 34-23-94, 41-22-12 and 41-22-20, and including but not limited to a statement or notice of charges and the opportunity for a hearing before the Board in connection with any charges against them ALMATICA further waives any obligation to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975) §41-22-18.

5. That ALMATICA agrees that any future violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

Ar[illegible]5

That ALMATICA acknowledges, stipulates and agrees that they have read this Consent Order and that it fully understands the terms, conditions and contents of the same. ALMATICA acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress or threats or pursuant to any promises.

DONE this the 6th day of April, 2015.

ALMATICA PHARMA, INC.

DONE this the 14th day of April, 2015.

ALABAMA STATE BOARD OF PHARMACY

BY: Dan McConaghy
Dan McConaghy, R.Ph.
Its President

By:
James S. Ward
Its Attorney

WARD & WILSON, LLC
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
205/871-5404

ALABAMA
BOARD OF PHARMACY

MEMBERS 2015

DAN McCONAGHY R.Ph.
President

TIM MARTIN, PharmD.
Vice-President

BUDDY BUNCH, R.Ph.
Treasurer

DAVID DARBY, R.Ph.

DONNA C. YEATMAN, R.Ph.

March 26, 2015

ALMATICA PHARMA, INC.
Mary Hutchason
10 Bloomfield Avenue
Pine Brook, New Jersey 07058

Dear Ms. Hutchason:

According to our records and investigation, you have engaged in activities as a manufacturer/wholesaler/distributor during 2015 without first having renewed your permit in violation of Code of Alabama (1975) §34-23-32. Based on this conduct, you are subject to discipline pursuant to Code of Alabama (1975) §34-23-33(7).

As a result, this letter is to inform you of two (2) options. First, you can waive various rights to which you are entitled, including but not limited to, a notice of charges, hearing, counsel, presentation of evidence against you, cross-examination, etc., admit your guilt and sign a Consent Order. This sanction will be a fine in the amount of Five Hundred Dollars ($500.00), which must be submitted at the same time as the signed Consent Order.

Your second option is to contest the allegations set forth in this letter and in that case the Board will schedule an administrative disciplinary hearing and serve you with a notice of charges.

If you desire to accept the first option set forth above, please sign where indicated below. By accepting this option, you understand and acknowledge that you are freely and voluntarily waiving certain rights to which you are entitled as set forth in the Alabama Pharmacy Practice Act and the Alabama Administrative Procedure Act, including but not limited to those rights set forth in this letter. If your acceptance of this option is not received within ten (10) days from the date of this letter, the Board will assume you contest the referenced allegations and will schedule a hearing.

Sincerely,

FOR THE ALABAMA STATE BOARD OF PHARMACY

Susan P. Alverson

Susan P. Alverson, D.P.A., RPh
Executive Secretary

APR 07 2015

Exhibit 'A'

I hereby agree to plead guilty to a violation of Code of Alabama (1975) §34-23-33(6), (7) and (12) and accept the sanctions set forth in this letter. I understand that I will be required to sign a Consent Order which will incorporate my plea of guilt, punishment and other standard provisions, such as a provision acknowledging my waiver of rights and procedures pursuant to the Alabama Pharmacy Practice Act and the Alabama Administrative Procedure Act and my release of the Board or its agents from any liability in connection with this matter.

Andrea Sweet

OWNER/REPRESENTATIVE
ALMATICA PHARMA, INC.

April 6, 2015

(Date signed)

APR 07 2015

Response to Disciplinary Question #6 :

Almatica Pharma, LLC, was under investigation by the State of Alaska Board of Pharmacy ("Alaska Board") with Case No. 2023-000527 and by Oregon Board of Pharmacy ("Oregon Board") with Case No. 2024-0071, due to Almatica' s alleged failure to disclose to both the Alaska Board and Oregon Board previous disciplinary actions imposed by the Alabama Board of Pharmacy. On November 16, 2023, the Alaska Board of Pharmacy ordered an Imposition of Civil Fine on Almatica which resolved the case. On May 8, 2024, The Oregon Board entered a Consent Order with Almatica resolving that case. Copies of those orders are attached hereto.

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development

DIVISION OF CORPORATIONS, BUSINESS, AND PROFESSIONAL LICENSING
Anchorage Office

550 West Seventh Avenue, Suite 1500
Anchorage, AK 99501-3567
Main: 907.269.8160
Toll free fax: 907.269.8156

CERTIFIED# 7019 2970 0001 2072 4351
RETURN RECEIPT REQUESTED

RECEIVED
DEC 05 2023
SEDOR, WENDLANDT, EVANS & FILIPPI

December 4, 2023

Almatica Pharma, LLC.
Attn: Carolyn Heyman, Representing Attorney
500 L Street, Suite 500
Anchorage, AK 9501

RE: Case No. 2023-000527

To Whom It May Concern

This letter shall serve as formal notice to you that the Alaska Board of Pharmacy, during its November 16, 2023 meeting, adopted the Imposition of Civil Fine, presented to the Board by members of the staff from the Division of Corporations, Business and Professional Licensing. A copy of the Imposition of Civil Fine and Order, as adopted, is enclosed.

If you wish to pay with a credit card, a payment form has been included for your convenience.

Please be advised that you were under official investigation by the Alaska Board and this subsequent disciplinary action is a public record. You may be required to report this license action and to disclose it when applying for licensure in other states. Should you have any questions regarding this matter, please do not hesitate to contact me at the address and telephone number listed above.

Sincerely,

DocuSigned by:
Erika Prieksat
34F08CE5F1DF46C...
Erika Prieksat,
Chief Investigator

cc: Sylvan Robb, Director CBPL
Glenn Saviers, CBPL Deputy Director
Michael Bowles, Executive Administrator
Holly Handley, Investigator
Marilyn Zimmerman, Paralegal II
Julienne Kim, Paralegal II
Litigation File 2023-000527 (Original)

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE ALASKA BOARD OF PHARMACY

IMPOSITION OF CIVIL FINE
Case # 2023-000527

I, Andrea Sweet, as an agent for Almatica Pharma LLC, admit and agree the Alaska Board of Pharmacy (Board) has jurisdiction over the subject matter of Out-of-State Wholesale Drug Distributor License No. 211089, and over this Imposition of Civil Fine.

1. April 25, 2023, we submitted an initial Out-of-State Wholesale Drug Distributor pharmacy license application and provided a "no" response to all Professional Fitness Questions.
2. On June 13, 2023, Investigations determined the Almatica Pharma LLC failed to properly disclose two Alabama Board of Pharmacy actions issued in 2015 and 2022.
3. On June 27, 2023, we submitted a letter of explanation to the Division indicating we inadvertently failed to disclose two disciplinary actions from the Alabama Board of Pharmacy issued in 2015 and 2022.
4. This is a violation of 12 AAC 52.920(a)(13), AS 08.80.261(a)(1), 12 AAC 52.991(a), 12 AAC 52.991(b), and AS 08.80.261(a)(6).

We admit that as a result of these facts, grounds exist for possible denial of licensure or other disciplinary sanctions of my license pursuant to AS 08.01.075, 12 AAC 52.920(a)(13), AS 08.80.261(a)(1), 12 AAC 52.991(a), 12 AAC 52.991(b), and AS 08.80.261(a)(6). We are agreeing to this Imposition of a Civil Fine of five hundred dollars ($500) in cash, certified check, or money order payable to the **"State of Alaska"** within ninety (90) days after this Imposition of Civil Fine is accepted by the Board.

We have the right to consult with an attorney, and a right to an administrative hearing on the facts in this case. We understand and agree by voluntarily signing this Imposition of Civil Fine, we are waiving our rights to counsel and to a hearing on this matter.

Andrea Sweet
Agent for Almatica Pharma LLC (Signature)

9/20/2023
Date

SUBSCRIBED AND SWORN TO before me this 20th day of SEPTEMBER, 2023, at MORRISTOWN, NJ
(city) (state)

SEAL

Marylea Hutchason
Notary Public in and for NJ
(state)

BH
BH

MARYLEA HUTCHASON
Notary Printed Name
My commission expires: 8-13-28

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

FORM REVISED 5/01/2015

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE ALASKA BOARD OF PHARMACY

In the Matter of:)
)
Almatica Pharma LLC)
)
Respondent)
Case No. 2023-000527

ORDER

The Alaska Board of Pharmacy (Board), having examined the Imposition of Civil Fine, Case No. 2023-000527, regarding License No. #211089, for failure to disclose previous license disciplinary actions appropriately on a State of Alaska Pharmacy application, hereby adopts the Imposition of Civil Fine.

The Board has determined this is a technical violation of professional licensing statutes and regulations, therefore this matter can be resolved with a civil fine.

This Imposition of Civil Fine takes effect immediately upon signature of this Order in accordance with the approval of the Board.

DATED this 16th day of November, 2023, at Anchorage, Alaska.

ALASKA BOARD OF PHARMACY

By: Ashley Schaber
Board Chair

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

FOR DIVISION USE ONLY

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500, Anchorage, AK 99501-3567
Phone: (907) 269-8124

Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number *(if applicable)*: _____

I wish to make payment by credit card for the following *(check all that apply)*: **AMOUNT**

- ☐ Application Fee: _____ _____
- ☐ License or Renewal Fee: _____ _____
- ☐ Other *(name change, wall certificate, fine, duplicate license, exam, etc.)*:
  1. _____ _____
  2. _____ _____

TOTAL: _____

Name *(as shown on credit card)*: _____

Mailing Address: _____

Phone Number: _____ Email *(optional)*: _____

Signature of Credit Card Holder: _____ _____

08-4438 Rev 12/26/18 Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Account Number: _____
2. Expiration Date: _____
3. Billing ZIP Code: _____
4. Security Code: _____

All four fields **MUST** be completed!

This section will be destroyed after the payment is processed.

1007041176

Received
Anchorage
DEC 11 2023
CBPL

cc 500 - SM

FINE PAYMENT – INVESTIGATIONS

DATE	12/11/2023	
CASE #	2023-000527	
RESPONDENT	Almatica Pharma, LLC	
BOARD NAME	PHA	
PAYMENT TYPE (CHECK, MONEY ORDER, ETC.)	CC	2003
AMOUNT	$500.00	~~Partial Payment~~ Full Payment
PREPARER NAME	Ed Decker	
CBP Receipt #		

Notes:

Lic # 211089

8/29/13

Oregon
Tina Kotek, Governor

Oregon Board of Pharmacy
800 NE Oregon St., Suite 150
Portland, OR, 97232
Phone: 971-673-0001
Fax: 971-673-0002
pharmacy.board@bop.oregon.gov
www.oregon.gov/pharmacy

January 29, 2024

Almatica Pharma LLC
44 WHIPPANY ROAD STE 300
MORRISTOWN NJ 07960
Sent via email to: mary.hutchason@alvogen.com

Re: Case No. 2024-0071

The Board of Pharmacy is investigating an allegation that Almatica Pharma LLC (Almatica) failed to report the following disciplinary actions:

1. 04/07/2015 Alabama Board of Pharmacy Consent Order on Almatica's 07/20/2020 Ownership Change Application; and
2. 04/06/2022 Alabama Board of Pharmacy Consent Order on Almatica's 07/25/2022 Manufacturer Registration Renewal.

Please respond by submitting a typed and signed statement **by February 16, 2024**. The statement should indicate if the allegations are true or not. If the allegations are true, describe the problems, what happened, and any steps you have taken to prevent this type of incident from reoccurring.

PLEASE NOTE: Your response is the formal statement to the Board's inquiry in this investigation. The Board may use the information provided in the response statement to determine whether disciplinary action is warranted.

If you have any questions, please contact me at ***erin.richmond@bop.oregon.gov.*** Please include the Case Number listed above with all Board correspondence regarding this case.

Sincerely,

Erin Richmond, Pharm.D., M.S., R.Ph.
Compliance Officer

From: RICHMOND Erin * BOP <Erin.RICHMOND@bop.oregon.gov>
Sent: Friday, March 29, 2024 8:09 PM
To: Mary Hutchason <mary.hutchason@alvogen.com>
Subject: Board Meeting Notification: Oregon Board of Pharmacy Case 2024-0071

EXTERNAL EMAIL
This case is to be presented at the April 10 – 12, 2024 Board meeting.

After conclusion of the Board meeting, notification of the Board decision will be sent within approximately 12 – 24 weeks. Board staff are not able to discuss the Board decision until after notifications have been sent. Please wait until after you receive the Board's notification before asking questions about the Board decision. Board minutes are posted at https://www.oregon.gov/pharmacy/Pages/Board-Minutes.aspx

If the Board proposes disciplinary action, you will receive notification regarding the decision made by the Board via US Certified mail. To receive the documents being mailed by the Board, the US Postal Service requires that you sign for the certified mail upon delivery.

It is imperative to let the Board office know of any changes to your physical or mailing address, email, phone number or employment so you may receive pertinent information in a timely manner. Failure to provide the Board with current contact information will result in a delay of receiving notification of the board's decision in your case.

If you need to update contact information, please log in here:
https://orbop.mylicense.com/EGOV/Login.aspx?ReturnUrl=/EGOV/

Best,

Erin Richmond, Pharm.D., M.S., R.Ph. | she/her/hers
Compliance Officer

Oregon Board of Pharmacy
800 NE Oregon St, Suite 150
Portland, OR 97232-2142
P: (971)-673-0001 | F: (971)-673-0002

Oregon.Gov/Pharmacy

Any and all statements provided herein shall not be construed as an official policy, position, opinion or statement of the Oregon Board of Pharmacy (OBOP). OBOP staff cannot and do not provide legal advice. OBOP staff provide assistance to the public by

providing reference to the OBOP statutes and regulations; however, any such assistance provided by OBOP staff shall not be construed as legal advice for any particular situation, nor shall any such assistance be construed to communicate all applicable rules and regulations governing any particular situation or occupation. Please consult an attorney regarding any legal questions related to state or federal laws and regulations including the interpretation and application of the laws and regulations governing the OBOP.

CONFIDENTIALITY NOTICE
This e-mail may contain information that is privileged, confidential, or otherwise exempt from disclosure under applicable law. If you are not the addressee or it appears from the context or otherwise that you have received this e-mail in error, please advise me immediately by reply e-mail, keep the contents confidential, and immediately delete the message and any attachments from your system.

The information contained herein is intended only for the addressee identified above. It may be or may include material which is confidential. If you are not the intended recipient, or a person responsible for delivering this message to the intended recipient, you are hereby notified that the unauthorized use, disclosure, distribution or copying is prohibited. If it has been sent to you in error, please reply to advise the sender of the error and then immediately delete this message. Complete details on our privacy policy and contact information can be found here.

Oregon
Tina Kotek, Governor

Oregon Board of Pharmacy
800 NE Oregon St., Suite 150
Portland, OR, 97232
Phone: 971-673-0001
Fax: 971-673-0002
pharmacy.compliance@bop.oregon.gov
www.oregon.gov/pharmacy

May 8, 2024

ALMATICA PHARMA LLC
44 WHIPPANY ROAD STE 300
MORRISTOWN NJ 07960

RE: Case Number 2024-0071

Enclosed is a copy of the completed consent order for case number 2024-0071 which has been finalized as of 5/8/2024. Please retain this copy with your records.

Failure to meet any of your Consent Order requirements may result in additional disciplinary action, including the revocation of your license.

In accordance with the consent order, your civil penalty is due in the Board office by 5/18/2024. Payments may be made by check or money order using the enclosed remittance form mailed to our office or if you would like to pay online through your eGov account, please send an invoice request to pharmacy.compliance@bop.oregon.gov.

If you have any questions, or need further assistance, please contact our office at pharmacy.compliance@bop.oregon.gov. Please provide your name, your preferred contact information, case number as it appears above, and your concerns.

Sincerely,
Elizabeth Hughes
Compliance Secretary

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Manufacturer Registration of dba: ALMATICA PHARMA LLC Registrant	)	Case No. 2024-0071 CONSENT ORDER

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action ("Notice"), hereby incorporated by reference, regarding the registrant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the registrant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the registrant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the registrant admits that the facts alleged in the above-noted Notice are true, that legal cause exists pursuant to ORS 689.405 and ORS 689.445 for disciplinary action and imposition of a civil penalty by the Board; and

WHEREAS, the registrant consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

1. The registrant shall pay a civil penalty to the Board in the amount of $5,000 with $4,000 stayed pending no further similar violations for three years. If Registrant violates any term or condition of this Consent Order, within three years of the effective date of this Consent Order, the Board may take action to lift the stayed portion of the civil penalty. Payment of the $1,000 portion of the civil penalty not stayed to be made within ten days from the date this Consent Order becomes final.

2. Failure of the registrant to pay the civil penalty as required under this Consent Order may, after notice and hearing, result in further disciplinary action.

3. This Consent Order is effective when signed by the Board.

CONSENT

I hereby acknowledge that I am the authorized representative of registrant. On behalf of the registrant, I hereby acknowledge that I have read and understand the above-noted Notice and the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order with incorporated Notice is a public record and shall be available via the Board's online licensure verification; is available upon written request pursuant to public disclosure laws; and shall be reported to the National Practitioner Data Bank as required by federal law. I agree to the Board entering the Consent Order.

5/1/2024

Authorized Representative — Date

dba
ALMATICA PHARMA LLC
Registrant (Reg. No. M-0002223)

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

5/8/2024

Brianne Efremoff, Pharm.D, R.Ph., — Date
Compliance Director

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Manufacturer Registration	)	Case No. 2024-0071
dba: ALMATICA PHARMA LLC	)	NOTICE OF PROPOSED DISCIPLINARY ACTION
Registrant	)	

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy proposes to take disciplinary action against your Certificate of Registration No. M-0002223 because Almatica Pharma LLC violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

On or about 07/20/2020 Registrant submitted a manufacturer ownership change application to the board. The application includes the question, "Has disciplinary action ever been taken, or is any such action currently pending or proposed against any of the persons or the facility listed on this application, by any State or Federal Authority in connection with a violation of any federal or state drug law or regulation?" Registrant responded, "No."

Registrant failed to disclose on their registration application disciplinary action on or about 04/14/2015 by the Alabama Board of Pharmacy.

The failure to provide accurate and complete information regarding prior disciplinary actions in response to the board request on the 07/20/2020 application is a failure to cooperate under OAR 855-001-0035(1)[1] which is unprofessional conduct under OAR 855-006-0020(k), which is grounds for discipline under ORS 689.405(1)(a) and (i). Based on these alleged violations, the Board proposes to impose a $2,500 civil penalty.

On or about 07/25/2022 Registrant submitted a manufacturer renewal application to the board. The application includes the question, "Since the date of your last renewal has any investigation been initiated, or has any pharmacy or drug related disciplinary action been taken, or is any such action currently pending against any of the persons or facilities listed on this renewal application by any state (other than Oregon), federal district, US territory or Federal Authority?" Registrant responded, "No."

Registrant failed to disclose on their registration application disciplinary action on or about 04/06/2022 by the Alabama Board of Pharmacy.

The failure to provide accurate and complete information regarding prior disciplinary actions in response to the board request on the 07/25/2022 application is a failure to cooperate under OAR 855-001-0035(1)[1] which is unprofessional conduct under OAR 855-006-0020(k), which is grounds for discipline under ORS 689.405(1)(a) and (i). Based on these alleged violations, the Board proposes to impose a $2,500 civil penalty.

---

1 Regulation at time of conduct

Based on all of these alleged violations, the Board proposes to impose a total civil penalty in the amount of $5,000.

HEARING RIGHTS

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation must file a written request for hearing with the Board within 21 days from the date this notice was mailed, and if the hearing request is not filed by the corporation's attorney, it must be ratified by the corporation's attorney within 28 days of Board's receipt of the hearing request. The corporation's attorney may send or deliver a request for hearing to:

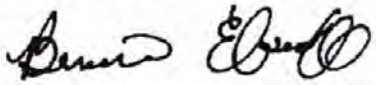
Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

If the corporation requests a hearing, the corporation's attorney will be notified of the time and place of the hearing. Before the commencement of the hearing, the corporation will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing.

If the corporation does not request a hearing within 21 days, or if it withdraws a hearing request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

BOARD OF PHARMACY
FOR THE STATE OF OREGON



Brianne Efremoff, Pharm.D, R.Ph., Compliance Director

4/23/24
Date

DATE OF MAILING 4/23/24

CIVIL PENALTY **$ 1,000.00**

CASE # **2024-0071**

PAYER: ALMATICA PHARMA LLC
MORRISTOWN, NJ
M-0002223

REMIT TO: OREGON BOARD OF PHARMACY
800 NE OREGON ST, SUITE 150
PORTLAND, OR 97232

Office use:	
Date	
Check/MO	
Receipt	
Entered by	
Allocated	

THIS FORM MUST ACCOMPANY PAYMENT TO ENSURE PROPER FILING

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

ALMATICA PHARMA LLC

OR STATE BOARD OF PHARMACY

STATE LICENSURE OR CERTIFICATION ACTION

Date of Action: 05/08/2024

Initial Action

- PUBLICLY AVAILABLE FINE/MONETARY PENALTY

Basis for Initial Action

- FAILURE TO MEET LICENSURE REQUIREMENTS/LICENSING BOARD REPORTING REQUIREMENTS
- DISCIPLINARY ACTION TAKEN BY ANOTHER FEDERAL, STATE OR LOCAL LICENSING AUTHORITY

A. REPORTING ENTITY

Entity Name:	OR STATE BOARD OF PHARMACY
Address:	800 NE OREGON ST STE 150
City, State, Zip:	PORTLAND, OR 97232-2142
Country:	
Name or Office:	ELIZABETH HUGHES
Title or Department:	COMPLIANCE SECRETARY
Telephone:	(971) 673-0001
Entity Internal Report Reference:	
Type of Report:	INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (ORGANIZATION)

Organization Name:	ALMATICA PHARMA LLC
Other Organization Name(s) Used:	
Business Address:	44 WHIPPANY ROAD SUITE 300
City, State, ZIP:	MORRISTOWN, NJ 07960
Organization Type:	PHARMACEUTICAL MANUFACTURER (346)
Names and Titles of Principal Officers and Owners (POO):	
Federal Employer Identification Numbers (FEIN):	262151850
Social Security Numbers (SSN):	
Individual Taxpayer Identification Numbers (ITIN):	
State License Number, State of Licensure:	M-0002223, OR
Is the Subject a health care entity that provides health care services and engages in a formal peer review process for the purpose of furthering quality health care?:	YES
Drug Enforcement Administration (DEA) Numbers:	
Clinical Laboratory Act (CLIA) Numbers:	
Food and Drug Administration (FDA) Numbers:	
National Provider Identifiers (NPI):	
Medicare Provider/Supplier Numbers:	
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):	
Business Address of Affiliate:	
City, State, ZIP:	
Nature of Relationship(s):	

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

C. INFORMATION REPORTED

Type of Adverse Action:	STATE LICENSURE OR CERTIFICATION
Basis for Action:	FAILURE TO MEET LICENSURE REQUIREMENTS/LICENSING BOARD REPORTING REQUIREMENTS (A1) DISCIPLINARY ACTION TAKEN BY ANOTHER FEDERAL, STATE OR LOCAL LICENSING AUTHORITY (39)
Name of Agency or Program That Took the Adverse Action Specified in This Report:	OREGON BOARD OF PHARMACY
Adverse Action Classification Code(s):	PUBLICLY AVAILABLE FINE/MONETARY PENALTY (3233)
Date Action Was Taken:	05/08/2024
Date Action Became Effective:	05/08/2024
Total Amount of Monetary Penalty, Assessment and/or Restitution:	$ 1,000.00
Is the subject automatically reinstated after the adverse action period is completed?:	
Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:	The registrant shall pay a civil penalty to the Board in the amount of $5,000 with $4,000 stayed pending no further similar violations for three years pursuant to on or about 07/20/2020 Registrant submitted a manufacturer ownership change application to the board. Registrant failed to disclose on their registration application disciplinary action on or about 04/06/2022 by the Alabama Board of Pharmacy.

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 05/09/2024
Date of Most Recent Change: 05/09/2024

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
ALMATICA PHARMA, LLC	)	**BOARD OF PHARMACY**
	)	
Private Label Distributor Permit No. 194176	)	**CASE NO: 21-L-0284**
	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Almatica Pharma, LLC (hereinafter referred to as "AP, LLC") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement"), alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and AP, LLC, through its counsel, engaged in negotiations and as a result, the matters at issue were resolved informally by the parties who agreed to the entry of this Consent Order which includes the following terms:

1. The Board finds that AP, LLC violated the applicable provision of law based upon the conduct set out in Count One of the Statement.

2. AP, LLC shall pay to the Board an administrative fine in the amount of Two Thousand dollars ($2,000.00) within thirty (30) days of the effective date of this Consent Order which is the date it is executed on behalf of the Board. This obligation of payment to the Board shall not be dischargeable in bankruptcy and AP, LLC shall not attempt to discharge the same in any bankruptcy proceeding.

3. As to this matter only, AP, LLC expressly waives its rights pursuant to the

Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20, and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. AP, LLC further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, AP, LLC hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. That AP, LLC acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against AP, LLC's permit, including, but not limited to revocation.

6. That AP, LLC acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. AP, LLC acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the advice of their attorney.

DONE this the _____day of _____, 2022.

Almatica Pharma, LLC

By:_____
Its:_____

_____
Andrea J. Sweet, VP Legal Affairs, Almatica Pharma, LLC

DONE this the _____day of _____, 2022.

ALABAMA STATE BOARD OF PHARMACY

By:_____
Chris Phung, R.Ph., President

By:_____
James S. Ward
Its Attorney

WARD & COOPER, LLC
2100 Southbridge Parkway
Suite 645
Birmingham, Alabama 35209
(205) 871-5404

EXHIBIT "A"

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
ALMATICA PHARMA, LLC	)	**BOARD OF PHARMACY**
	)	
Private Label Distributor Permit No. 194176	)	**CASE NO: 21-L-0284**
	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Almatica Pharma, LLC
44 Whippany Road
Suite 300
Morristown, New Jersey 07960

Pursuant to the provisions of Code of Alabama (1975), § 34-23-92(12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board) on April 19, 2022 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine whether any of the discipline allowed by Board Rule 680-X-2.23(h)(2)(i)(2) should not be imposed based upon any or all of the following:

COUNT ONE

Violating Board Rule 680-X-2.23(2)(h)(1)(ii) in that you failed to notify the Board within ten (10) days of the change in a designated representative, i.e. the change of your designated representative was effective August 20, 2021 but the Board did not receive notification until September 17, 2021 and/or as of the date of this Statement of Charges and Notice of Hearing, violating Board Rule 680-X-2.23(2)(h)(i)(vi), which provides that a designated representative shall serve for only one (1) entity at a time, in that the new designated representative submitted was already listed as a designated

representative at a facility possessing a permit issued by the Board.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the _____ day of _____, 2021.

ALABAMA STATE BOARD OF PHARMACY

By: Donna C. Yeatman
Executive Secretary

DONE this the _____day of _____, 2022.

State of: New Jersey
County of: Morris
The forgoing document was acknowledged before me 12th day of March, 2022

Marylea Hutchason, Notary Public
My Commission Expires 8/13/2023

Almatica Pharma, LLC

By: Andrea Sweet
Its: Andrea Sweet, Secretary & VP Legal

Andrea J. Sweet, VP Legal Affairs, Almatica Pharma, LLC

DONE this the _____day of _____, 2022.

ALABAMA STATE BOARD OF PHARMACY

By:_____
Chris Phung, R.Ph., President

By:_____
James S. Ward
Its Attorney

WARD & COOPER, LLC
2100 Southbridge Parkway
Suite 645
Birmingham, Alabama 35209
(205) 871-5404

Almatica Pharma LLC
44 Whippany Road
07960 Morristown

HSBC Bank, USA

50-682/213

34588

04/04/2022

PAY TO THE ORDER OF ALABAMA STATE BOARD of PHARMACY

**********2,000.00

$

*** TWO THOUSAND***

DOLLARS

ALABAMA STATE BOARD of PHARMACY
111 VILLAGE STREET
BIRMINGHAM AL 35242

MEMO

VOID AFTER 6 MONTHS

AUTHORIZED SIGNATURE

[redacted]

ALMATICA PHARMA LLC 34588

Document	Your document	Comment	Date	Deductions	Gross amount
1900013006	04042022FEE		04/04/2022	0.00	2,000.00
Sum total				0.00	2,000.00

ALMATICA PHARMA LLC 34588
ALABAMA STATE BOARD of PHARMACY

Payment document		Check number	Date	Currency	Payment amount
2000015271	34588		04/04/2022	USD	**********2,000.00

Document	Your document	Comment	Date	Deductions	Gross amount
1900013006	04042022FEE		04/04/2022	0.00	2,000.00
Sum total				0.00	2,000.00

SUSAN ALVERSON D.P.A., R.Ph.
Executive Secretary

111 Village Street
Birmingham, AL 35242

(205) 981-2280
(205) 981-2330 Fax
www.albop.com

ALABAMA
BOARD OF PHARMACY

MEMBERS 2015

DAN McCONAGHY R.Ph.
President

TIM MARTIN, PharmD.
Vice-President

BUDDY BUNCH, R.Ph.
Treasurer

DAVID DARBY, R.Ph.

DONNA C. YEATMAN, R.Ph.

April 15, 2015

ALMATICA PHARMA, INC.
10 Bloomfield Avenue
Pine Brook, New Jersey 07058

To Whom It May Concern:

Please find enclosed a copy of your fully executed Consent Order for your files.

If you have any questions, please feel free to contact this office.

Sincerely,

Susan P. Alverson

Susan P. Alverson, R,Ph
Secretary

Cc Jim Ward, Attorney at Law
Susan Alverson, Secretary

/me

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
ALMATICA PHARMA, INC.	)	
MANUFACTURER/WHOLESALER/	)	
DISTRIBUTOR	)	
Permit #194176	)	BOARD OF PHARMACY

CONSENT ORDER

THIS CAUSE came before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against ALMATICA PHARMA, INC. (hereinafter referred to as "ALMATICA") relating to engaging in activities as a manufacturer/wholesaler/distributor during 2015 without first renewing your permit from the Board required by Code of Alabama (1975) §34-23-32 and in violation of Code of Alabama (1975) §34-23-33 (7) as more specifically set forth in Exhibit "A" hereto:

Prior to a hearing in this cause, ALMATICA pled guilty to violating Code of Alabama (1975) §34-23-33(7) based upon engaging in activities as a manufacturer/wholesaler/distributor during the year 2015 without first having renewed your permit with the Board as evidenced by your execution of Exhibit "A". Accordingly, pursuant to Code of Alabama (1975) §§34-23-33 and 41-22-12(e), the matters at issue have been resolved informally by the parties and the parties have agreed that this Consent Order can be entered and include the following terms:

1. That ALMATICA is guilty of violating Code of Alabama (1975) §34-23-33(7) by engaging in activities as a manufacturer/wholesaler/distributor during the year 2015 without ALMATICA having renewed your permit with the Board in violation of Code of Alabama (1975) §34-23-32.

APR 07 2015

2. That ALMATICA shall pay to the Board simultaneously with the execution of this Consent Order a fine in the amount of Five Hundred dollars ($500.00). This obligation of payment to the Board shall not be dischargeable in bankruptcy and it shall not attempt to discharge the same in any bankruptcy proceeding.

3. By execution of this Consent Order, ALMATICA hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

4. That ALMATICA expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, Code of Alabama (1975) §34-23-1 et seq. and the Alabama Administrative Procedure Act, Code of Alabama (1975) §41-22-1 et seq., including but not limited to Code of Alabama (1975) §§ 34-23-34, 34-23-92(7) and (12), 34-23-94, 41-22-12 and 41-22-20, and including but not limited to a statement or notice of charges and the opportunity for a hearing before the Board in connection with any charges against them ALMATICA further waives any obligation to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975) §41-22-18.

5. That ALMATICA agrees that any future violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

Ar[illegible]5

That ALMATICA acknowledges, stipulates and agrees that they have read this Consent Order and that it fully understands the terms, conditions and contents of the same. ALMATICA acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress or threats or pursuant to any promises.

DONE this the 6th day of April, 2015.

Andrea Sweet

ALMATICA PHARMA, INC.

DONE this the 14th day of April, 2015.

ALABAMA STATE BOARD OF PHARMACY

BY: Dan C McConaghy

Dan McConaghy, R.Ph.
Its President

By:

James S. Ward
Its Attorney

WARD & WILSON, LLC
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
205/871-5404

ALABAMA
BOARD OF PHARMACY

MEMBERS 2015

DAN McCONAGHY R.Ph.
President

TIM MARTIN, PharmD.
Vice-President

BUDDY BUNCH, R.Ph.
Treasurer

DAVID DARBY, R.Ph.

DONNA C. YEATMAN, R.Ph.

March 26, 2015

ALMATICA PHARMA, INC.
Mary Hutchason
10 Bloomfield Avenue
Pine Brook, New Jersey 07058

Dear Ms. Hutchason:

According to our records and investigation, you have engaged in activities as a manufacturer/wholesaler/distributor during 2015 without first having renewed your permit in violation of Code of Alabama (1975) §34-23-32. Based on this conduct, you are subject to discipline pursuant to Code of Alabama (1975) §34-23-33(7).

As a result, this letter is to inform you of two (2) options. First, you can waive various rights to which you are entitled, including but not limited to, a notice of charges, hearing, counsel, presentation of evidence against you, cross-examination, etc., admit your guilt and sign a Consent Order. This sanction will be a fine in the amount of Five Hundred Dollars ($500.00), which must be submitted at the same time as the signed Consent Order.

Your second option is to contest the allegations set forth in this letter and in that case the Board will schedule an administrative disciplinary hearing and serve you with a notice of charges.

If you desire to accept the first option set forth above, please sign where indicated below. By accepting this option, you understand and acknowledge that you are freely and voluntarily waiving certain rights to which you are entitled as set forth in the Alabama Pharmacy Practice Act and the Alabama Administrative Procedure Act, including but not limited to those rights set forth in this letter. If your acceptance of this option is not received within ten (10) days from the date of this letter, the Board will assume you contest the referenced allegations and will schedule a hearing.

Sincerely,

FOR THE ALABAMA STATE BOARD OF PHARMACY

Susan P. Alverson

Susan P. Alverson, D.P.A., RPh
Executive Secretary

APR 07 2015

Exhibit 'A'

I hereby agree to plead guilty to a violation of Code of Alabama (1975) §34-23-33(6), (7) and (12) and accept the sanctions set forth in this letter. I understand that I will be required to sign a Consent Order which will incorporate my plea of guilt, punishment and other standard provisions, such as a provision acknowledging my waiver of rights and procedures pursuant to the Alabama Pharmacy Practice Act and the Alabama Administrative Procedure Act and my release of the Board or its agents from any liability in connection with this matter.

Andrea Sweet

OWNER/REPRESENTATIVE
ALMATICA PHARMA, INC.

April 6, 2015

(Date signed)

APR 07 2015

4Q

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH N/A	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Aroa Biosurgery Incorporated

Physical Address: 9155 Brown Deer Rd. #2

City: San Diego State: CA Zip: 92121

Mailing Address (if different from physical address): Same as physical address.

City: State: Zip:

Telephone: 877-627-6224 Website: www.aroa.com

Name of Designated Representative (DR): Pier Capasso

Licensing Company Email: pier.capasso@aroa.com DR Email: pier.capasso@aroa.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☑ Practitioners	☐ Controlled Substances	☐ Repacker
☑ Hospitals	☑ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☑ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☑ Others: Clinics, distributors and nursing home pharmacies		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A - This facility does not sell, dispense or distribute any pharmaceutical products, only prescription devices.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

N/A

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Aroa Biosurgery Limited

Corporation/Organization Name: Aroa Biosurgery Incorporated

Mailing Address: 9155 Brown Deer Rd. #2

City: San Diego State: CA Zip: 92121

Telephone: 877-627-6224 Email: pier.capasso@aroa.com

Contact Person Name: Pier Capasso

N/A

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

N/A

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration See Attachment A 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See Attachment B		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment C	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** N/A	✓			
• **List of all corporation shareholders and their percent ownership.** See Attachment C		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** See Attachment D	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment E		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - wholly owned by Aroa Biosurgery Limited		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) N/A	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment C	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment F	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ See Attachment G	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). See Attachment I	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. N/A - See Attachment A		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Aroa Biosurgery Incorporated

Facility Name

Pier Capasso

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

30 Dec 2025

Date

Board Use Only	Date Received: 1/5/26	Amount: CK-1000 - 1495939956

FDA U.S. FOOD & DRUG ADMINISTRATION

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
AROA BIOSURGERY INC.
9155 Brown Deer Road
Unit 2
San Diego, CA 92121
Registration Number: 3015908545
FEI Number*: 3015908545
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2024

Owner/Operator:
Aroa Biosurgery Ltd[6]
2 Kingsford Smith Place
Airport Oaks, Auckland NZ 2022
Owner/Operator Number: 10028943[7]

Official Correspondent:
Tina O'brien
2 Kingsford Smith Place
Airport Oaks, Auckland NZ 2022
Phone: 064-09-8693035

Verified M.H 1/5/26

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10028943&OwnerOperato
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10028943&OwnerOperato

Page Last Updated: 01/22/2024

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10028943&OwnerOperato

Attachment C

Personnel Information

Aroa Biosurgery Incorporated
9155 Brown Deer Rd. #2
San Diego, CA 92121

Aroa Biosurgery Incorporated is wholly-owned by its parent company, Aroa Biosurgery Limited.

Corporate Officers:

Brian R. Ward
Chief Executive Officer

James B. Agnew
Chief Financial Officer / Secretary

Board of Directors:

Brian R. Ward
John Pinion

Enclosed please find a list of all employees.

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AROA BIOSURGERY INCORPORATED" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF NOVEMBER, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6560549 8300

SR# 20254451206

Authentication: 205212102

Date: 11-03-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

CALIFORNIA STATE BOARD OF PHARMACY
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3100

Renewal License

Wholesale Drug Permit

License No. WLS 8271
Receipt No. 00200196

Valid Until: 9/1/2026

AROA BIOSURGERY INCORPORATED
9155 BROWN DEER RD #2
SAN DIEGO, CA 92121

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

This permit is valid only at the address shown.

The official status of this license can be verified at www.pharmacy.ca.gov

---- NON-TRANSFERABLE ----- POST IN PUBLIC VIEW -----

FORM WPHWLS (09/30/19) WLS

CALIC100.RENWALR.08252025.46540.SEQID8222

AROA BIOSURGERY INCORPORATED
9155 BROWN DEER RD #2
SAN DIEGO, CA 92121
8222

BOARD OF PHARMACY
2720 GATEWAY OAKS DR, SUITE 100
SACRAMENTO, CA 95833

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/31/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Rene Hattingh	
Howden Broking Limited	PHONE (A/C, No, Ext): +64 27 319 9423	FAX (A/C, No):
	E-MAIL ADDRESS: rene.hattingh@howdengroup.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Insurance Company	27154
INSURED	INSURER B : Newline NWL1218 an underwriter for Lloyds of London	
Aroa Biosurgery Incorporated 9155 Brown Deer RD, Unit 2 San Diego CA 92121	INSURER C : Liberty Specialty Markets for Liberty Mutual Ins Co	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X COMMERCIAL GENERAL LIABILITY			2303775	11/01/2025	11/01/2026	EACH OCCURRENCE	$ 5,000,000
	X CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$ 5,000,000
	X POLICY ☐ PRO-JECT ☐ LOC						GENERAL AGGREGATE	$ 5,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$ 5,000,000
								$
A	AUTOMOBILE LIABILITY			7110180650000	11/01/2025	11/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$ 1,000,000
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$ 1,000,000
								$
A	X UMBRELLA LIAB X OCCUR			7110180650000	11/01/2025	11/01/2026	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N / A						E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$
C	Cyber Liability Insurance			CY-SY-25-618146	11/01/2025	11/01/2026	Total limit USD$1,000,000	

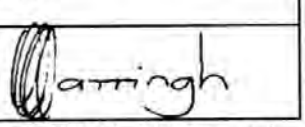
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
For Howden Broking Ltd



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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 800179903

Application/License No. _____

Aroa Biosurgery Incorporated
_____, doing or intending to do business as a
Applicant/Principal

pharmaceutical wholesaler, whose address for purposes of service is
9155 Brown Deer Rd #2, San Diego CA 92121
_____, as
Address of Applicant/Principal

PRINCIPAL, and Atlantic Specialty Insurance Company, a
Surety Company

corporation organized under the laws of the state of New York
State of Incorporation

and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
605 Highway 169 North, Suite 800, Plymouth, MN 55441 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 9, 2026.
Effective Date

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 16th day of June, 2026.

APPLICANT/PRINCIPAL

PIER CAPASSO
Authorized Representative

SURETY COMPANY

Surety Company's Representative

Sara McNeill, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

intact INSURANCE

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Cynthia Cooper, Sara McNeill**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this first day of January, 2026.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Sarah A. Kolar, Vice President and General Counsel

STATE OF MINNESOTA
HENNEPIN COUNTY

On this first day of January, 2026, before me personally came Sarah A. Kolar, Vice President and General Counsel of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and she acknowledged the execution of the same, and being by me duly sworn, that she is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON D. NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2030

_____
Notary Public

I, the undersigned, Assistant Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 16th day of June, 2026.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

This Power of Attorney expires
January 31, 2030

_____
Nicole L. Pelletier, Assistant Secretary

Please direct bond verifications to surety@intactinsurance.com

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Aroa Biosurgery Incorporated MDEG License # (if applicable) N/A

Physical Address 9155 Brown Deer Rd. #2

City San Diego State CA Zip 92121

Mailing Address (if different from physical address) Same as physical address.

City _____ State _____ Zip _____

Telephone 877-277-6224 Website www.aroa.com

Licensing Company Email pier.capasso@aroa.com

Section 2: Personal Information

First: Pier Middle: Andrea Last: Capasso

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 9155 Brown Deer Rd. #2

City San Diego State CA Zip 92121

Telephone 877-627-6224 Email pier.capasso@aroa.com

Are you a citizen of the United States? Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Auckland		03/15 - 09/18	
Address	**City**	**State**	**Zip**
34 Princes Street	Auckland, New Zealand		1010
Diploma/Degree obtained, if any: Master of Bioscience Enterprise			

School Name		From - To (MM/YY – MM/YY)	
University of Kentucky		08/11 - 05/14	
Address	**City**	**State**	**Zip**
410 Administration Drive	Lexington	KY	40508
Diploma/Degree obtained, if any: Master of Public Health			

School Name		From - To (MM/YY – MM/YY)	
Illinois Wesleyan University		08/07 - 04/11	
Address	**City**	**State**	**Zip**
1312 Park St	Bloomington	IL	61701
Diploma/Degree obtained, if any: Bachelor of Arts - Biology; Bachelor of Arts - Chemistry			

School Name		From - To (MM/YY – MM/YY)	
Boylan Catholic High School		08/03 - 05/07	
Address	**City**	**State**	**Zip**
4000 St Francis Dr	Rockford	IL	61103
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/22 - present	[redacted]	San Diego	CA	[redacted]
11/15 - 08/22		Auckland, New Zealand		
04/14 - 11/15		Auckland, New Zealand		
From - To (MM/YY – MM/YY)		City	State	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Aroa Biosurgery Incorporated			01/23 - Present	
Business Address		**City**	**State**	**Zip**
9155 Brown Deer Rd. #2		San Diego	CA	92121
Phone	**Title**		**Number of Employed Hours**	
877-627-6224	Senior Manager - Sales Operations		4,000+ hours	

Description of Duties
Oversight / repsonsiblity for the distribution of AROA's products
Oversight / responsibility for the safe storage and appropriate handling of AROA's products

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		N/A
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I, Pier Capasso, **certify that as the MDEG Administrator for**

Aroa Biosurgery Incorporated,

that I (initial that you have read and meet the following requirements):

1. PR Have a high school diploma or its equivalent;
2. PR Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. PR Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. PR Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Pier Capasso
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

30 Dec 2025
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Aroa Biosurgery Incorporated

Pharmacy/Wholesaler License # (if applicable): Pending

Physical Address: 9155 Brown Deer Rd. #2

City: San Diego State: CA Zip: 92121

Mailing Address (if different from physical address): Same as physical address.

City: State: Zip:

Telephone: 833-349-7351 Website: www.aroa.com

Licensing Company Email: pier.capasso@aroa.com

Section 2: Personal Information

First: Pier Middle: Andrea Last: Capasso

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: 9155 Brown Deer Rd. #2

City: San Diego State: CA Zip: 92121

Telephone: 877-627-6224 Email: pier.capasso@aroa.com

Are you a citizen of the United States? ☐ Yes ☑ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Auckland		03/15 - 09/18	
Address	City	State	Zip
34 Princes St	Auckland, New Zealand		1010
Diploma/Degree obtained, if any			
Master of Bioscience Enterprise			
School Name		From - To (MM/YY – MM/YY)	
University of Kentucky		08/11 - 05/14	
Address	City	State	Zip
410 Administration Dr	Lexington	KY	40508
Diploma/Degree obtained, if any			
Master of Public Health (MPH)			
School Name		From - To (MM/YY – MM/YY)	
Illinois Wesleyan University		08/07 - 04/11	
Address	City	State	Zip
1312 Park St	Bloomington	IL	61701
Diploma/Degree obtained, if any			
Bachelor of Arts - Biology; Bachelor of Arts - Chemistry			
School Name		From - To (MM/YY – MM/YY)	
Boylan Catholic High School		08/03 - 05-07	
Address	City	State	Zip
4000 St Francis Dr	Rockford	IL	61103
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/22 - present	[redacted]	San Diego	CA	[redacted]
11/15 - 08/22		Auckland, New Zealand		
04/14 - 11/15		Auckalnd, New Zealand		
From - To (MM/YY – MM/YY)		City	State	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Aroa Biosurgery Incorporated			01/23 - Present	
Business Address		**City**	**State**	**Zip**
9155 Brown Deer Rd. #2		San Diego	CA	92121
Phone	**Title**		**Number of Employed Hours**	
877-627-6224	Senior Manager - Sales Operations		4,000 hours	
Description of Duties				
Oversight / responsiblity for the distribution of AROA's products Oversight / responsibility for the safe storage and appropriate handling of AROA's products				

Business Name			From - To (MM/YY – MM/YY)	
Aroa Biosurgery Incorporated			01/22 - 12/22	
Business Address		**City**	**State**	**Zip**
7220 Trade St, Suite 306		San Diego	CA	2022
Phone	**Title**		**Number of Employed Hours**	
877-627-6224	Sales Operations Manager		2,000 hours	
Description of Duties				
Oversight / responsibility for the distribution of AROA's products Oversight / responsibility for the safe storage and appropriate handling of AROA's products				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Pier Capasso, **certify that as the designated representative for**

Aroa Biosurgery Incorporated,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. PC I am at least 21 years of age;

3. PC I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. PC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. PC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. PC I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. PC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Pier Capasso

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

13 Nov 24

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Pier Capasso

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

13 Nov 24

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this _____ day of _____.

Please see attached Notary certificate

Notary Public Signature

Pranathi

11/13/2024

(Seal)

CALIFORNIA JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

County of San Diego)

Subscribed and sworn to (or affirmed) before me on this 13th day

of November, 2024, by Pier Andrea CaPasso

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

PRANATHI KOMANDLA
COMM. #2416729
Notary Public - California
San Diego County
My Comm. Expires Oct. 7, 2026

(Seal)

Signature Pranathi

Optional Information

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this jurat to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

This certificate is attached to a document titled/for the purpose of

Nevada Board of Pharmacy Application

containing _____ pages, and dated 11/13/2024.

Additional Information

Method of Affiant Identification

Proved to me on the basis of satisfactory evidence:
○ form(s) of identification ○ credible witness(es)

Notarial event is detailed in notary journal on:
Page # _____ Entry # _____

Notary contact: _____

Other

☐ Affiant(s) Thumbprint(s) ☐ Describe: _____

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Name	Job Title	Department	Location	Status
Matthew Hemingway	Distributor Operations Specialist	Distribution	USA - California	Full-Time
Hazel Viagedor	Customer Success Specialist	Distribution	USA - California	Full-Time
Anthony Gromovsky	Senior Medical Science Liaison	Research & Clinical Development	USA - Remote	Full-Time
Juan Robles	Customer Support Specialist	Distribution	USA - California	Full-Time
Marcella Herrera	Distribution Associate	Distribution	USA - California	Full-Time
John Achurch	Territory Manager	Direct Sales	USA - Remote	Full-Time
Marla Cuna	Executive Assistant	Direct Sales	USA - Remote	Full-Time
Jonathan Osborne	Territory Manager	Direct Sales	USA - Remote	Full-Time
Andrew Adrian	Territory Manager	Direct Sales	USA - Remote	Full-Time
Martin Pruett	Territory Manager	Direct Sales	USA - Remote	Full-Time
Jacob Johnstone	Customer Support Specialist	Distribution	USA - California	Full-Time
Earl James Catalasan	Distribution Associate	Distribution	USA - California	Full-Time
Douglas Rowe	Territory Manager	Direct Sales	USA - Remote	Full-Time
Giulia Crosio	Medical Writer	Research & Clinical Development	USA - Remote	Full-Time
Shannon Greeley	Territory Manager	Direct Sales	USA - Remote	Full-Time
Ruth Powers	Director - US Marketing	Marketing	USA - Remote	Full-Time
Christopher Johnson	Territory Manager	Direct Sales	USA - Remote	Full-Time
Rose Deggendorf	US Events & Engagement Coordinator	Marketing	USA - Remote	Full-Time
Alexa Sherm	People & Culture Business Partner	People & Culture	USA - California	Full-Time
Austin Ragans	Territory Manager	Direct Sales	USA - Remote	Full-Time
Paul Norman	Territory Manager	Direct Sales	USA - Remote	Full-Time
Charles Land	Territory Manager	Direct Sales	USA - Remote	Full-Time
Lisa Cadena	Director - Training & Clinician Engagement	Marketing	USA - Remote	Full-Time
Sandra Kohler	Territory Manager	Direct Sales	USA - Remote	Full-Time
Marshall Young	Territory Manager	Direct Sales	USA - Remote	Full-Time
Kelsey Gotcher	Territory Manager	Direct Sales	USA - Remote	Full-Time
Dallas McCutchan	Regional Manager - South Central	Direct Sales	USA - Remote	Full-Time
Owen Mize	Territory Manager	Direct Sales	USA - Remote	Full-Time
Allison Jones	Territory Manager	Direct Sales	USA - Remote	Full-Time
Peyton Pugh	Associate Territory Manager	Direct Sales	USA - Remote	Full-Time
Lacey Robin	Reimbursement Specialist	Reimbursement	USA - Remote	Full-Time
Erin Carr	Territory Manager	Direct Sales	USA - Remote	Full-Time
Andrew Rowell	Territory Manager	Direct Sales	USA - Remote	Full-Time
Dennis Young	VP - Medical Affairs	Research & Clinical Development	USA - California	Full-Time
Emily Petrosky	Territory Manager	Direct Sales	USA - Remote	Full-Time
Samara Johnsen	Territory Manager	Direct Sales	USA - Remote	Full-Time
Christopher Warner	Territory Manager	Direct Sales	USA - Remote	Full-Time
Paige Krepfle	Territory Manager	Direct Sales	USA - Remote	Full-Time
Howard Cohn	Territory Manager	Direct Sales	USA - California	Full-Time
Sophia Safadi	Territory Manager	Direct Sales	USA - Remote	Full-Time
Heather Hudock	Territory Manager	Direct Sales	USA - Remote	Full-Time
Andre Wortham	IT Application & Support Engineer	Information Technology	USA - California	Full-Time
Jessica Simon	Medical Science Liaison	Research & Clinical Development	USA - Remote	Full-Time
Anshu Gupta	Territory Manager	Direct Sales	USA - Remote	Full-Time
Tamara Spain	Territory Manager	Direct Sales	USA - Remote	Full-Time
Lisa Zuccarini	Territory Manager	Direct Sales	USA - Remote	Full-Time
Shelby Blyn	Territory Manager	Direct Sales	USA - Remote	Full-Time
Brian Scott	Territory Manager	Direct Sales	USA - Remote	Full-Time
Cameron Kinard	Field Marketing & Channel Manager	Direct Sales	USA - California	Full-Time
Richard Ramirez III	Territory Manager	Direct Sales	USA - Remote	Full-Time
John Gill	Regional Manager - Southeast	Direct Sales	USA - Remote	Full-Time
Alexis Franco	Customer Support Specialist	Distribution	USA - California	Full-Time
Andrew Kelber	Territory Manager	Direct Sales	USA - Remote	Full-Time
Kimberly Still	Territory Manager	Direct Sales	USA - Remote	Part-Time

Lien Phan	Senior Customer Support Specialist	Distribution	USA - California	Full-Time
Jessica Biel	Territory Manager	Direct Sales	USA - Remote	Full-Time
Manua Porotesano	Customer Support and Distribution Team Leader	Distribution	USA - California	Full-Time
David Ellzey	Territory Manager	Direct Sales	USA - Remote	Full-Time
Christopher Werle	Territory Manager	Direct Sales	USA - Remote	Full-Time
Elvis Garcia	US Distribution Network Manager	Direct Sales	USA - Remote	Full-Time
Mindy Teschner	Territory Manager	Direct Sales	USA - Remote	Full-Time
Valerie Abro	Territory Manager	Direct Sales	USA - Remote	Full-Time
McKensye Hall	Territory Manager	Direct Sales	USA - Remote	Full-Time
Thomas Cardwell	Territory Manager	Direct Sales	USA - Remote	Full-Time
Heather Friessen	Territory Manager	Direct Sales	USA - Remote	Full-Time
James Snodgrass	Director of National Accounts	Direct Sales	USA - Remote	Full-Time
Warren Frankl	Territory Manager	Direct Sales	USA - Remote	Full-Time
Mary Anne Nepomuceno	Territory Manager	Direct Sales	USA - California	Full-Time
Barry McClure	Regional Manager - Mid-Atlantic	Direct Sales	USA - Remote	Full-Time
Charles Ritley	Territory Manager	Direct Sales	USA - Remote	Full-Time
Jake Dine	Territory Manager	Direct Sales	USA - Remote	Full-Time
Taylor Russell	Territory Manager	Direct Sales	USA - Remote	Full-Time
Tori Bush	Territory Manager	Direct Sales	USA - California	Full-Time
Gabriela Leo	National Key Accounts Manager	Direct Sales	USA - Remote	Full-Time
Chad Eicher	Regional Manager - West	Direct Sales	USA - Remote	Full-Time
Mark Maerten	National Sales Director	Direct Sales	USA - Remote	Full-Time
Brandon Bosque	Senior Medical Science Liaison	Research & Clinical Development	USA - Remote	Full-Time
Ricardo Garcia	Field Marketing & Channel Manager	Direct Sales	USA - Remote	Full-Time
Charles Diggins	Regional Manager - Central	Direct Sales	USA - Remote	Full-Time
Evan Rose	Territory Manager	Direct Sales	USA - Remote	Full-Time
Michael Bart	Territory Manager	Direct Sales	USA - California	Full-Time
Pier Capasso	Senior Manager - Sales Operations	Direct Sales	USA - California	Full-Time

4R

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH N/A	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10) ■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10)

Section 1: General Information

Facility Name: bioMérieux, Inc.

Physical Address: 100 Rodolphe St

City: Durham State: NC Zip: 27712

Mailing Address (if different from physical address): Attn; Sandra Perreand c/o Mary Vomund, 595 Anglum Road

City: Hazelwood State: MO Zip: 63042

Telephone: 919-620-2000 Website: www.biomerieux.com

Name of Designated Representative (DR): Michael Valenti

Licensing Company Email: statelicensing@biomerieux.com DR Email: statelicensing@biomerieux.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies ☐ Practitioners ■ Hospitals ☐ Wholesalers ☐ Veterinarians ☐ Others:	☐ Dangerous Drugs ☐ Controlled Substances ■ [a]Medical Products (medical devices, equipment, supplies, gases) ☐ Others:	■ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ■ Others: Medical Devices

Section 2: ONLY COMPLETE THIS SECTION IF THE COMPANY IS WHOLESALING *Medical Products (medical devices, equipment, supplies and gases). Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 3 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 4: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Louisville IDC, UPS Healthcare
Address: 2260 Outer Loop City: Louisville State: KY Zip: 40219

Name: Mira Loma IDC, UPS Healthcare
Address: 11991 Landon Dr City: Mira Loma State: CA Zip: 91752

Name: Pedricktown IDC, UPS Healthcare
Address: 7 Gateway Blvd City: Pedricktown State: NJ Zip: 08067

Name:
Address: City: State: Zip:

Section 5: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Missouri
Parent Company (if any): bioMerieux SA (100 %)
Corporation/Organization Name: bioMérieux, Inc.
Mailing Address: 100 Rodolphe St
City: Durham State: NC Zip: 27712
Telephone: 636-399-4478 Email: statelicensing@biomerieux.com
Contact Person Name: Sandra Perreand

Section 7: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 8: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

bioMerieux, Inc.

Facility Name

Sarah Mauney

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

21 May 26

Date

Board Use Only	Date Received: 6/11/26	Amount: $1000 ch 00000830341

Section 9: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 10: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale [a]Medical Products (medical devices, equipment, supplies, gases). (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Products (medical devices, equipment, supplies, gases), supply a copy of proof of insurance (NAC 639.6957).** The Medical Products wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 9)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20NRS%20639.500%20-%20Effective%2001.07.2026%20-%20Wholesaler%20-%20Post%20on%201.26.26.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
BIOMERIEUX, INC.
100 RODOLPHE ST
DURHAM, NC 27712
Registration Number: 3002769706
FEI Number*: 3002769706
Status: Active
Date Of Registration Status: 2025

Owner/Operator:
BIOMERIEUX SA[6]
Chemin De L Orme
Marcy L Etoile, Rhone FR 69280
Owner/Operator Number: 8020790[7]

Official Correspondent:
Nathan Hardesty
595 Anglum Rd.
Bldg. 1, 2nd Floor
Hazelwood, MO 63042
Phone: 1-314-7318666

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Page Last Updated: 08/04/2025

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

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U.S. Department of **Health & Human Services**

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Attachment to bioMérieux, Inc. Out-of-State Wholesaler Application (Nevada Board of Pharmacy)

Description of Operations:
bioMérieux, Inc. ("bioMérieux") is an own-label distributor manufacturer of In Vitro Diagnostic tests which include both reagents and equipment. Our product is sold to wholesalers and directly to hospitals, and other health care delivery sites who provide diagnostic testing.

bioMérieux, Inc.'s office hours of operations are Monday through Friday from 8:00 a.m. to 5:00 p.m. ET.

bioMérieux, Inc. Officers

Name	Title	Residence Address	Ownership %
Bart van den Brand	Sr. V.P. Site Operations Americas	[redacted]	0%
Sarah Mauney	V.P. General Counsel, Global Litigation N. America		0%

Designated Rep:
Michael Valenti
[redacted]

Parent Company:
bioMerieux SA (100% Parent)
Chemin De L Orme
Marcy L Etoile, Rhone FR 69280
FEI Number: [redacted]

Attachment to bioMérieux, Inc.'s Out-of-State Wholesaler Application (Nevada Board of Pharmacy)

bioMérieux, Inc.'s Ownership (Parent 100%)
bioMérieux, Inc. is a wholly owned subsidiary of bioMerieux SA.

bioMerieux SA
Chemin De L Orme
Marcy L Etoile, Rhone FR 69280
FEI Number: [redacted]



bioMérieux, Inc.
100 Rodolphe St
Durham, NC 27712

STATE OF MISSOURI

Denny Hoskins
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, DENNY HOSKINS, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

BIOMERIEUX, INC.
00192735

was created under the laws of this State on the 28th day of June, 1977, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 14th day of January, 2026.

Denny Hoskins
Secretary of State

Certification Number: CERT-01142026-0116

Steven W. Troxler
Commissioner

North Carolina Department of Agriculture
and Consumer Services
Food and Drug Protection Division

Chrissy Waggett
Assistant Commissioner
for Consumer Protection

Anita MacMullan
Director

March 26, 2026

bioMérieux, Inc.
100 Rodolphe St
Durham, NC 27712

Re: In-State North Carolina Registration Requirements

To Whom It May Concern:

The North Carolina Department of Agriculture, Food and Drug Protections Division is responsible for the registration and licensing of all firms engaged in the manufacturing or wholesale distribution of human prescription drugs within the state of North Carolina. Our present interpretation of our General Statutes does not require a license for the distribution of medical devices, unless that device contains a prescription drug and does not have the 510K FDA clearance. bioMérieux, Inc. is a wholesale distributor for products defined by the FDA as medical devices and maintains establishment registration FEI# 3002769706 with the FDA. It is my understanding that bioMérieux, Inc. handles devices that would not be considered human prescription drugs, and by the classification as a medical device, bioMérieux, Inc. is not required to maintain a license as a Wholesale Prescription Drug Manufacturer as required by NCGS Article 12 (Food, Drugs, and Cosmetics) §106-140.1(a) or as a Wholesale Prescription Drug Distributor as required by NCGS Article 12A (Wholesale Prescription Drug Distributors) §106-145.3 (a).

Should you have any further questions or require assistance with information please don't hesitate to contact us.

Sincerely,

Jeremy Evans, PharmD
Drug Administrator
Food and Drug Protection Division

4400 Reedy Creek Road
1070 Mail Service Center, Raleigh, North Carolina 27699-1070 • (984) 236-4820 • Fax (919) 733-6801
TTY: 1-800-735-2962 Voice: 1-877-735-8200
An Equal Opportunity Employer

Product Code	Description	Premarket Submission Number (510k):
MDB	BacT/ALERT SA blood culture bottle	K020931
MDB	BacT/ALERT SN blood culture bottle	K021123
MDB	BACT/ALERT MP blood culture bottle	K190405
MDB	BACT/ALERT PF PLUS blood culture bottle	K183166
MDB	BACT/ALERT FA PLUS blood culture bottle	K183166
MDB	BACT/ALERT FN PLUS blood culture bottle	K121455
N/A Convenience kit	Blood and urine collection kit WORKSAFE™ Blood Culture Collection Kit	Exempt
N/A Convenience kit	BIOMERIEUX WORKSAFE™ Blood Culture Collection Kit Charcoal Combo	Exempt
N/A Convenience kit	BIOMERIEUX WORKSAFE™ Blood Culture Collection Kit	Exempt
N/A Convenience kit	Charcoal Pediatric	Exempt
N/A Convenience kit	BIOMERIEUX WORKSAFE™ Blood Culture Collection Kit	Exempt
N/A Convenience kit	FAN® PLUS	Exempt
N/A Convenience kit	BIOMERIEUX WORKSAFE™ Blood Culture Collection Kit	Exempt
N/A Convenience kit	FAN® PLUS Combo	Exempt
N/A Convenience kit	BIOMERIEUX WORKSAFE™ Blood Culture Collection Kit	Exempt
N/A Convenience kit	FAN® PLUS Pediatric	Exempt
N/A Convenience kit	BIOMERIEUX WORKSAFE™ Blood Culture Collection Kit Standard	Exempt
MZC	Bacterial detection, for platelet transfusion products - BACT/ALERT BPA	BK200472
MZC	Bacterial detection, for platelet transfusion products - BACT/ALERT BPN Culture Bottle	BK200472

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 02/27/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis Towers Watson Midwest, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: WTW Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@wtwco.com
INSURED bioMérieux, Inc. 100 Rodolphe St Durham, NC 27712	INSURER A: Great Northern Insurance Company — NAIC # 20303 INSURER B: Travelers Property Casualty Company of Ame — 25674 INSURER C: Federal Insurance Company — 20281 INSURER D: Travelers Casualty Insurance Company of Am — 19046 INSURER E: Illinois Union Insurance Company — 27960 INSURER F: Lloyds Syndicate 2623 (Beazley Furlonge Li — C2166

COVERAGES **CERTIFICATE NUMBER:** W44106274 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. *LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. *Not Applicable in WY

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			99511735	01/01/2026	01/01/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Prod-CompOps Ea Occ	$ $ $ $ $ $ $	2,000,000 2,000,000 10,000 2,000,000 2,000,000 7,000,000 7,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			HJ-CAP-9P532553-TIL-26	01/01/2026	01/01/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	1,000,000
C	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION $			56720213	01/01/2026	01/01/2027	EACH OCCURRENCE AGGREGATE PROD COMP OPS AGG	$ $ $	5,000,000 5,000,000 Excluded
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		UB-A6552544-26-I2-K	01/01/2026	01/01/2027	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000
B	Workers Compensation (AZ, MA, WI) Per Statute			UB-A6550133-26-I2-R	01/01/2026	01/01/2027	E.L. EACH ACCIDENT E.L. DISEASE - EA EMP E.L. DISEASE-POL LMT	$1,000,000 $1,000,000 $1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The GL Policy provides claims-made coverage for bodily injury and property damage included in the Products-Completed Operations Hazard.

SEE ATTACHED

CERTIFICATE HOLDER

Evidence of Coverage

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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SR ID: 29457559 BATCH: 4342608

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Willis Towers Watson Midwest, Inc.	bioMérieux, Inc. 100 Rodolphe St Durham, NC 27712
POLICY NUMBER See Page 1	
CARRIER: See Page 1 / NAIC CODE: See Page 1	EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: Travelers Property Casualty Company of America NAIC#: 25674

POLICY NUMBER: EX-9P532669-26-I2 EFF DATE: 01/01/2026 EXP DATE: 01/01/2027

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess Auto Liability	Limit	$4,000,000

ADDITIONAL REMARKS:

Excess Auto Liability Follows Form of Underlying Auto

INSURER AFFORDING COVERAGE: Illinois Union Insurance Company NAIC#: 27960

POLICY NUMBER: PPL G46656933 003 EFF DATE: 12/31/2025 EXP DATE: 12/31/2026

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Pollution Liability	Limit	$1,000,000
	Deductible	$75,000

INSURER AFFORDING COVERAGE: Lloyds Syndicate 2623 (Beazley Furlonge Limited) NAIC#: C2166

POLICY NUMBER: W0624S25PNPJ EFF DATE: 01/01/2026 EXP DATE: 01/01/2027

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Cyber	Policy Aggregate	$2,000,000
Rentention	Each Incident	$500,000
Breach Response		$2,000,000

ADDITIONAL REMARKS:

Data & Network Liability: $2,000,000
Regulatory Defense & Penalties: $2,000,000
Payment Card Liabilities & Costs: $2,000,000
Media Liability: $2,000,000

Retention Applies: $1,000,000 Each Incident

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GENERAL SURETY RIDER

To be attached and form a part of

Bond No.	800227416
For	NV Pharmaceutical Wholesaler Bond - 100000 UP 1-23 (License & Permit) : License & Permit (900)
Dated effective	04/15/2026 (MONTH, DAY, YEAR)
Executed by	BioMérieux, Inc., as Principal, (PRINCIPAL)
And by	Atlantic Specialty Insurance Company, as Surety, (SURETY)
And in favor of	Nevada State Board of Pharmacy (OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

INFORMATION	
Adding Address for Service	100 Rodolphe Street, Durham, North Carolina 27712

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective **04/15/2026**
(MONTH, DAY, YEAR)

Signed and Sealed **04/15/2026**
(MONTH, DAY, YEAR)

BioMérieux, Inc.
PRINCIPAL

BY _____
TITLE

Atlantic Specialty Insurance Company
SURETY

BY _____
Doritza Mojica, ATTORNEY-IN-FACT

intact INSURANCE

Power of Attorney

BioMérieux, Inc.
Nevada State Board of Pharmacy

Surety Bond No: 800227416

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Doritza Mojica**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this first day of January, 2023.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Sarah A. Kolar, Vice President and General Counsel

STATE OF MINNESOTA
HENNEPIN COUNTY

On this first day of January, 2023, before me personally came Sarah A. Kolar, Vice President and General Counsel of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and she acknowledged the execution of the same, and being by me duly sworn, that she is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON D. NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2030

_____
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 15th day of April, 2026.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

This Power of Attorney expires
January 31, 2030

_____
Kara L.B. Barrow, Secretary

Please direct bond verifications to [illegible]

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 800227416

Application/License No. _____

BioMérieux, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 595 Anglum Road, Hazelwood, MO 63042 (Address of Applicant/Principal), as PRINCIPAL, and Atlantic Specialty Insurance Company (Surety Company), a corporation organized under the laws of the state of NY (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 605 Highway 169 North, Suite 800 , Plymouth, MN 55441 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on April 15, 2026 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 15th day of April, 2026.

APPLICANT/PRINCIPAL

BioMérieux, Inc.
COMPANY

By: _____
Authorized Representative

SURETY

Atlantic Specialty Insurance Company

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By: _____
Surety Company's Representative

Doritza Mojica, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

_____
Witness Haley Pulley

_____
Witness Makayla Alexis

Countersigned by:

_____
Nevada Resident Agent Malerie Janet Williams
Non-Resident License No.: 4156693

Posted February 20, 2020

intact INSURANCE

Power of Attorney

BioMérieux, Inc.
Nevada State Board of Pharmacy

Surety Bond No: 800227416

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Doritza Mojica**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this first day of January, 2023.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Sarah A. Kolar, Vice President and General Counsel

STATE OF MINNESOTA
HENNEPIN COUNTY

On this first day of January, 2023, before me personally came Sarah A. Kolar, Vice President and General Counsel of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and she acknowledged the execution of the same, and being by me duly sworn, that she is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON D. NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2030

_____
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 15th day of April, 2026

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

_____
Kara L.B. Barrow, Secretary

This Power of Attorney expires
January 31, 2030

Please direct bond verifications to [illegible]

Telephone: +1 860 278 1320
Website: wtwco.com

April 17, 2026

BIOMERIEUX INC
Attn: Sarah Mauney
100 Rodolphe Street
Durham, NC 27712

RE: **April – New Bonds (8)**
April – Riders (8)
Commission: 32.5%

We are pleased to enclose the above referenced bond you requested. This bond was executed based upon the information you provided. We urge you to check all of the information enclosed, including the Power of Attorney, signatures, dates, amounts, description, bond form and any other attachments.

Please be sure to affix the bond with the proper signature and seal.

If a premium is charged, our invoice will follow under separate cover and premium payment for this bond is due upon receipt. **Please note that the first term's premium related to any renewable obligation is considered fully earned.**

Willis Towers Watson negotiates commission rates with certain insurers on a corporate level. If the rate on your placement is lower than the negotiated rate, Willis Towers Watson may collect the difference directly from the insurer. These payments will not increase the cost of your bonds or otherwise impact your premium or rates. Details of these arrangements where there is compensation beyond the base compensation detailed in your commission schedule can be found at: https://www.wtwco.com/en-us/notices/p-c-national-commission-rates.

Thank you for the opportunity to service your surety needs. Should you have any questions, please do not hesitate to contact me.

Sincerely,

Rhi Portillo
Rhi.Portillo@wtwco.com

Willis Towers Watson Northeast, Inc.
10 State House Square, 11th Floor
Hartford, CT 06103

Telephone: +1 860 278 1320
Website: wtwco.com

April 17, 2026

BIOMERIEUX INC
Attn: Sarah Mauney
100 Rodolphe Street
Durham, NC 27712

RE: **April – New Bonds (8)**
April – Riders (8)
Commission: 32.5%

We are pleased to enclose the above referenced bond you requested. This bond was executed based upon the information you provided. We urge you to check all of the information enclosed, including the Power of Attorney, signatures, dates, amounts, description, bond form and any other attachments.

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Thank you for the opportunity to service your surety needs. Should you have any questions, please do not hesitate to contact me.

Sincerely,

Rhi Portillo
Rhi.Portillo@wtwco.com

Willis Towers Watson Northeast, Inc.
10 State House Square, 11th Floor
Hartford, CT 06103

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG bioMérieux, Inc. MDEG License # (if applicable) Pending

Physical Address 100 Rodolphe St

City Durham State NC Zip 27712

Mailing Address (if different from physical address) Attn: Sandra Perreand c/o Mary Vomund 595 Anglum Road

City Hazelwood State MO Zip 63042

Telephone 919-620-2000 Website www.biomerieux.com

Licensing Company Email statelicensing@biomerieux.com

Section 2: Personal Information

First Michael Middle Peter Last Valenti

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or IT[redacted] Sex ■ M ☐ F ☐ X

Mailing Addr[redacted]

City Durham State NC Zip [redacted]

Telephon[redacted] Email statelicensing@biomerieux.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The University of South Florida			
Address: 202 E. Fowler Avenue	City: Tampa	State: FL	Zip: 33620
Diploma/Degree obtained, if any: M.S. in Engineering Management			
School Name: The Pennsylvania State University		From - To (MM/YY – MM/YY)	
Address: 201 Old Main	City: University Park	State: PA	Zip: 16802
Diploma/Degree obtained, if any: B.S. in Industrial Engineering			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2017-Present	[redacted]	Durham	NC	[redacted]
2017-2017		Raleigh	NC	
2002-2017		Ladera Ranch	CA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
bioMérieux, Inc.			09/18 - present	
Business Address		**City**	**State**	**Zip**
100 Rodolphe St		Durham	NC	27712
Phone	**Title**		**Number of Employed Hours**	
636-399-4478	Senior Director, ~~Mfg &~~ Supply Chain		~14,560	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Michael Valenti

[redacted]

SUMMARY:

Results driven, "hands on" manufacturing professional with >30 years of extensive experience and achievement in Manufacturing / Operations Management.

- An established record of consistent advancement throughout my career.
- Successfully integrated best practices from my experience in working for a variety of companies from start up to large corporations
- Provides strategic leadership capable of balancing long-term planning with executing short-term tasks.
- An effective communicator with proven management, leadership, and organizational skills.
- Demonstrated abilities in team building, problem solving and decision-making.
- A "people oriented" leader who strongly believes that people are the most important asset of a company and considers it a critical task to motivate, train, and develop them.

SPECIALTIES / SKILLS:

Manufacturing	Industrial Engineering	Medical Device
Operations	Lean Manufacturing	ISO 13485
ERP Implementation	Continuous Improvement	FDA QSR – 21 CFR 820
Supply Chain	Process Improvement	Quality Assurance
Master Scheduling	Product Development	CAPA, NCR, MRB
Inventory Management	Commercialization	Standard Operating Procedure (SOP)
Engineering Management	Project Management	Talent Development

KEY ACHIEVEMENTS:

Supply Chain

- Directed all elements of the Supply Chain including sourcing, procurement, supplier management, and the master build schedule.
- Managed the company's Supply Chain Risk Mitigation program.
    - Developed a strategy for the management of our externally manufactured distributed finished products, critical and strategic materials, and top spend suppliers.
- Negotiated and managed supplier agreements.
- Continued the implementation of Vendor Managed Inventory (VMI) / Consignment programs and the maintenance of our Enterprise Risk Management – Materials initiative.
- Set up a satellite branch of the Supplier Management team in Singapore.

Growth

- Coordinated 200% production growth for a start up organization
- Managed the initial construction and startup of the Lake Forest Facility in 2008 and the 2015 facility expansion in which doubled production capacity Implementation of second shift operations
    - Maintained production yields while headcount increased 125%
- Managed a $55 million budget which generated $400 million sales revenue.
    - Responsible for a staff of 7 Managers (Manufacturing, Lean Quality, Tissue Engineering, and Materials Engineering) and an extended reporting structure comprising of 800+ employees.

Continuous Improvement

- Implemented a culture which was receptive to change management.
    - Utilized improvement tools such as Self-Directed Work Teams and Kaizen Events to generate cost savings of $1.2 million, improved schedule attainment to 98% volume / 97% mix, cycle time reductions of 10%, quality yields, and Safety / Ergonomic ownership at the operator level.
- Yielded a 30% efficiency improvement during the ramp up of a product line successfully transferred from New Product Develop into Standard Production

Michael Valenti

[redacted]

PROFESSIONAL EXPERIENCE SUMMARY:

Organization	Position	Dates
bioMérieux	Senior Director, Mfg & Supply Chain	Sep 2018 to Present
SunTech Medical	Director of Operations	Apr 2017 to Apr 2018
Direct Flow Medical	Senior Director of Manufacturing	Apr 2013 to Nov 2016
	Director of Manufacturing	Apr 2008 to Apr 2013
Edwards Lifesciences	Director, Strategic Supplier Management	Jan 2007 to Apr 2008
	Director, Manufacturing	Jan 2004 to Dec 2006
	Manager II, Manufacturing	Mar 2002 to Dec 2004
Becton Dickinson Ophthalmic System	Manufacturing Manager	Apr 2000 to Feb 2002
Cordis Corporation Part of the Johnson & Johnson Family of Companies	Manager, Transfer Team	Aug 1999 to Mar 2000
	Manufacturing Manager - Stent Delivery System	Aug 1997 to Aug 1999
	Operation Manager I - Guiding Catheter	Jan 1997 to Jul 1997
	Supervisor of Production V	Jan 1993 to Dec 1996
	Industrial Engineer IV	Jan 1992 to Dec 1992
	Industrial Engineer III	Jun 1991 to Dec 1991
GTE Products Corporation	Senior Industrial Engineer	Jul 1988 to May 1991
	Industrial Engineer	Nov 1984 to Jun 1998

EDUCATION:

- M.S. in Engineering Management, December 1994 from The University of South Florida, Tampa, FL
- B.S. in Industrial Engineering May 1984 from The Pennsylvania State University, University Park, PA

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I, Michael Valenti, **certify that as the MDEG Administrator for**

bioMérieux, Inc.,

that I (initial that you have read and meet the following requirements):

1. MV Have a high school diploma or its equivalent;
2. MV Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. MV Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. MV Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Valenti
Print Name (First, Last)

MV
Original Signature (electronic, copies or stamps not accepted)

01 May 26
Date

Board Use Only	Date Received: 6/11/26

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application
Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: bioMérieux, Inc.
Pharmacy/Wholesaler License # (if applicable): Pending
Physical Address: 100 Rodolphe St
City: Durham State: NC Zip: 27712
Mailing Address (if different from physical address): Attn; Sandra Perreand c/o Mary Vomund, 595 Anglum Road
City: Hazelwood State: MO Zip: 63042
Telephone: 919-620-2000 Website: www.biomerieux.com
Licensing Company Email: statelicensing@biomerieux.com

Section 2: Personal Information

First: Michael Middle: Peter Last: Valenti
Alias(es, nicknames, name changes, etc.):
Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X
Mailing Addr: [redacted]
City: Durham State: NC Zip: [redacted]
Telephone: 919-620-2000 Email: statelicensing@biomerieux.com
Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The University of South Florida		1994	
Address	City	State	Zip
4202 E. Fowler Avenue	Tampa	FL	33620
Diploma/Degree obtained, if any			
M.S. in Engineering Management			

School Name		From - To (MM/YY – MM/YY)	
The Pennsylvania State University		1984	
Address	City	State	Zip
201 Old Main	University Park	PA	16802
Diploma/Degree obtained, if any			
B.S. in Industrial Engineering			

School Name		From - To (MM/YY – MM/YY)	
OUR LADY OF GOOD COUNSEL HS		1975 - 1979	
Address	City	State	Zip
17301 OLD VIC BLVD	OLNEY	MD	20832
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2017 - Present	[redacted]	Durham	NC	[redacted]
2017 - 2017		Raleigh	NC	
2002 - 2017		Ladera Ranch	CA	

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
bioMérieux, Inc.			9/2018 - Present	
Business Address		**City**	**State**	**Zip**
100 Rodolphe St		Durham	NC	27712
Phone	**Title**		**Number of Employed Hours**	
919-620-2000	Senior Director, Mfg & Supply Chain		~ 16,120	
Description of Duties				
Directed all elements of the Supply Chain including sourcing, procurement, supplier management, and the master build schedule. Managed the company's Supply Chain Risk Mitigation program. Developed a strategy for the management of our externally manufactured distributed finished products, critical and strategic materials, and top spend suppliers				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	N/A	N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

30 Jun 26
Date

I, Michael Valenti, **certify that as the designated representative for**

bioMérieux, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ___ I am at least 21 years of age;
3. ___ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ___ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ___ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ___ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ___ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Michael Valenti

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

30 Jun 26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Valenti

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

30 Jun 26

Date

Please have this section completed in the presence of a Notary Public.

State of North Carolina, ss. County of Durham

I, Michael Valenti, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

30 Jun 26

Date

Subscribed and Sworn to before me this 30 day of June, 2026

Angela Whitley

Notary Public Signature



Name
Abderrahim ELMOUTAWAKIL
Adam FREEMAN
Adrienne HUNTRESS
Alejandro SEBASTIAN
Alexander EARLE
Allen BADER
Aluzu SUKIDI
Amir OVCINA
Andretia PINKNEY
Andrew MACOM
Andrew SALSBURG
Andrew TARQUIN
Angela LESTER
Angela WHITLEY
Anita DANIELS
Anne NORRIS
Annette HOWELL
Anthony DUBE
Anthony KING
Anthony MILLER SR
Anthwan BEASLEY
April BULLOCK
Ashley PARKER
Bart VAN DEN BRAND
Ben HOLLOWAY
Benjamin CASH
Benjamin HOLLOWAY
Beth COCHRAN
Beverly HAYES
Beverly LOVICK
Blake CURRIN
Bobby PEGRAM
Bobby PITTMAN
Bonnie PARRISH
Brad THOMPSON
Brandon CHAMBERS
Brandon HUFFMAN
Brandon SMITH
Brian BAILEY
Brian DANIEL
Brian HUBERT
Brian NICHOLS
Brian SMITH
Brian SOLES

Brian VORARATH
Brionna TAYLOR
Brittani WEAVER
Bryan FLORES
Caitlin MCKENNA
Carl WRENN JR.
Carla JORDAN
Carlos FELICIANO
Carolina HUNT
Carolyn RANKINS
Catherine DAVIS
Cedric JONES
Chad HARRIS
Chad KLEIN
Chad MCNAIR
Chamonee PAYLOR
Chanika EVANS
Charef TEKOUK
Charlaz CINEUS
Charles GEDDIE
Charles THORPE
Christel BATTS
Christina PARKS
Christopher BRADSHAW
Christopher DAVIS
Christopher FLOYD
Christopher PHILLIPS
Christopher RODMAN
Ciera WILLIAMS
Clayton YOUNG
Clifton FULLER
Clifton LINDSEY
Cody BEREZNY
Colin FRAZIER
Connie YEATTS
Corey LAPERRE
Courtney COOLEY
Courtney ROWE
Courtney WILLIS
Craig MORGAN
Craig SPRADLIN
Curtis MARSKE
Daniel HUSBANDS
Danielle ROGERS
Danny SETTLEMYRE

Danyele BRODIE
Darius MACKLIN
Darrell JENNINGS
Dashawn BOLER
David BATES
David DAVIS
David DENNIS
David DENOO
David HALLEY
David HARRINGTON
David JONES
David ROYSTER
David ST LOUIS
David WEAVER
DeJa INGRAM
Debbie ATKINSON
Dejian QI
Denise BLANGO
Derrick ALSTON
Derrick CLAY
Dexter HESTER
Dianne LUCAS
Dishaun ARRINGTON
Donna RAY
Douglas BEST
Dylaina FIEBING
Edgar APAN
Edna EDWARDS
Elon AVANT
Enricoh RUFUS
Eric JONES
Ernest MAXIMORE
Errol PURKETT
Esteban GONZALEZ
Falai DABO
Floyd GREEN
Frederic SHAR
Gale WIGGINS
Gardell BERRYMAN
Gaylord WHITE
Genesis MELTON
Genuine MORRIS
George FARMER
Gerald CHAPMAN
Gerald JOHNSON

Gillian GARRETT
Grant KRUEGER
Gregory HEFTER
Gregory ROYSTER
Hattie MASON
Heath ANDERSON
Himesh PATEL
Itrath HAYATH
Jacob HENN
Jacob PEDLEY
Jamal STINSON
James BAGLEY
James KING
James PHILLIPS
James SLIGH
James TORAIN
James TUNSTALL
James TYLER
Janelle LYNCH
Jaroslaw WYDRZYNSKI
Jasmine HALSEY
Jasmine TERRY
Jason FULLER
Jason KEARNS
Jason SHRIVER
Jay SMITH
Jeevan KHANAL
Jeffrey BURWELL
Jeffrey DIAZ
Jeffrey HATCHER
Jelani CHRISTIAN
Jemal OSMAN
Jerry PIERCE
Jesus VOTAW
Joel RIVERA
John KRUCKEBERG
John WOODIN
Johnathan DICKERSON
Jonathan BLAKE
Jonathan NANCE
Jose SANTANA TORRES
Joselito DEJESUS
Joseph BOYKO
Joseph BOYKO
Joshua BROWN

Julia EVANS-FORD
Julio SANTIAGO ROMAN
Justine HAPPEL
Kaleigh PALACIOS
Kanha BOUTAVONG
Karen MOOREFIELD
Karla DE LA FUENTE LOPEZ
Karyn ELSENHEIMER
Kate CONLEY
Katoya POWELL
Katrina WILLIAMS
Keesha BARKSDALE
Kelly MERRICK
Kenneth HARRIS
Kenneth WOODS
Kevin EKINS
Kevin JOHNSON
Kevin SIMMONS
Keyanta WILLIAMS
Khalid MOORE
Kylie TIRADO
LaDarius TABORN
Laddie THOMPSON
Lance SHAW
Lania WILLIAMS
Larry JOHNSON
Larry WALL
Latasha BRAME
Latoya RILEY
Lawrence YUDELL
LeRon BRANDON
Lemarr LA ROSE
Leonard TROUTMAN
Lindsey GONZALES
Logan BRANCH
Magali RIVERA
Makahla WIGGINS
Manoj KANNA RAO
Maria CHI
Mark DICKEY
Markanthony BURTON
Marques JOHNSON
Matthew FUCHS
Matthew RIGGS
Maurice SMITH

Melanie STEPHENSON
Michael ALEXANDER
Michael ARD
Michael DICKERSON
Michael GRINSTEAD
Michael MCKNIGHT
Michael PURYEAR
Michael SADLER
Michael STRONG
Michael TRICARIO
Michael VALENTI
Michael WILLIAMS
Mike HODGES
Mins WILKERSON
Nakia BOYKIN
Naomi ATWATER
Nathan MOSBY
Nathan PICKETT
Nicole TURNER
Olaoluwa FASHUYI
Otis FURGES
Ovidiu PRICOPE
Parth DUDHIYA
Paul EPPERS
Paul PARSLEY
Pedro MONROIG
Peggy WHITFIELD
Peter FLANNERY
Rachid MOUHALLIL
Radharamana DAS
Rae'Von SOLOMON
Raheem TAYLOR
Rahul DHEER
Raju KOIRALA
Randall KINGSBERRY
Randall VILLALOBOS RIDINGS
Rasmy SUKKAR
Reginald WATSON
Renaldo CLEARE
Rhonda ALCOX
Richard BISHOP
Richard DAVIS
Richard LONG
Ripal PARIKH
Robert BRETT

Robert CAPPS
Robert HOWARD
Robert MULLIN
Robert REESE
Ronald HOGUE
Sabrina PATRICK
Samir WASY
Sandy POWELL
Scott BABIN
Scott JOURDAN
Scotty LUCKEY
Sefronia WADDELL LINDSEY
Shakehya WILLIAMS
Shaun BEASLEY
Shaun KEITH
Shelia WILLIAMS
Sherry PHILLIPS
Skyler OGDEN
Spencer PIPPIN
Stephanie MCMILLAN
Stephen KING
Steven JOHNSON
Steven TRUONG
Stevenson HICKS
Sylvia VELIZ
Tabenda ZEHRA
Tameka THROCKMORTON
Tamia ROSS
Tammy SCOTT
Tanisha WALTON
Tanzanique KETCHENS
Ted STRAUGHN
Temesha HESTER
Thomas GORHAM
Thomas HITTLE
Timothy BLALOCK
Timothy LOWERY
Timothy MOON
Timothy PARKER
Timothy PLEASANTS
Todd WILLIS
Tonika WILSON
Tonna WILLIAMS
Tony HOLBROOK
Tony WOOTEN

Tracy FULLER
Travis BAINES
Travis ROE
Treanya ALLEN
Trevon COOPER
Troy TOWNES
Tuong TRUONG
Tusharbhai PATEL
Ty-Jaa' MITCHELL
Tyler DAWSON
Tysean BROADWATER
Ursula LASH
Vera JOHNSON
Vered OICHMAN
Vilavia WILLIAMS
Virginia HARRIS
Vivian COOPER
Volker EBBERT
Vytautas TERWAY
Warren ROPER
William JEWELL
William KEARNEY
William MCNAMARA
William O'QUINN
William SMITH
Willis SELLARS
Xavier DURHAM
Yvonne WATSON

4S

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH N/A	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10)

Section 1: General Information

Facility Name: bioMérieux, Inc.

Physical Address: 595 Anglum Rd

City: Hazelwood State: MO Zip: 63042

Mailing Address (if different from physical address): Attn: Sandra Perreand c/o Mary Vomund, 595 Anglum Road

City: Hazelwood State: MO Zip: 63042

Telephone: 314-731-8500 Website: www.biomerieux.com

Name of Designated Representative (DR): Scarlett Li-Slaby

Licensing Company Email: statelicensing@biomerieux.com DR Email: scarlett.li-slaby@biomerieux.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies ☐ Practitioners ☑ Hospitals ☑ Wholesalers ☐ Veterinarians ☑ Others: Health care delivery sites that provide diagnostic testing	☐ Dangerous Drugs ☐ Controlled Substances ☑ [a]Medical Products (medical devices, equipment, supplies, gases) ☐ Others:	☑ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☑ Others: Medical Devices

Section 2: ONLY COMPLETE THIS SECTION IF THE COMPANY IS WHOLESALING "Medical Products (medical devices, equipment, supplies and gases). Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 3 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Not applicable

Original Signature (electronic, copies or stamps not accepted)

6/15/26
Date

Section 4: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Louisville IDC, UPS Healthcare
Address: 2260 Outer Loop City: Louisville State: KY Zip: 40219

Name: Mira Loma IDC, UPS Healthcare
Address: 11991 Landon Dr City: Mira Loma State: CA Zip: 91752

Name: Pedricktown IDC, UPS Healthcare
Address: 7 Gateway Blvd City: Pedricktown State: NJ Zip: 08067

Name:
Address: City: State: Zip:

Section 5: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Missouri
Parent Company (if any): bioMerieux SA (100 %)
Corporation/Organization Name: bioMérieux, Inc.
Mailing Address: 595 Anglum Rd
City: Hazelwood State: MO Zip: 63042
Telephone: 636-399-4478 Email: statelicensing@biomerieux.com
Contact Person Name: Sandra Perreand

Section 7: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 8: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

bioMerieux, Inc.

Facility Name

Sarah Mauney

Print Name of Authorized Person Submitting Application

DocuSigned by:
Sarah MAUNEY
0B7D1B0DA409419E...

Original signature of Authorized Person (copies or stamps not accepted)

15-Jun-26

Date

Board Use Only	Date Received: 6/22/26	Amount: $1000 CK 0000830347

Section 9: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 10: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale [a]Medical Products (medical devices, equipment, supplies, gases). (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Products (medical devices, equipment, supplies, gases), supply a copy of proof of insurance (NAC 639.6957).** The Medical Products wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 9)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20NRS%20639.500%20-%20Effective%2001.07.2026%20-%20Wholesaler%20-%20Post%20on%201.26.26.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
BIOMERIEUX, INC.
595 ANGLUM RD.
HAZELWOOD, MO 63042
Registration Number: 1950204
FEI Number*: 1950204
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2026

Owner/Operator:
BIOMERIEUX SA[6]
Chemin De L Orme
Marcy L Etoile, Rhone FR 69280
Owner/Operator Number: 8020790[7]

Official Correspondent:
Nathan Hardesty
595 Anglum Rd.
Bldg. 1, 2nd Floor
Hazelwood, MO 63042
Phone: 1-314-7318666

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Verified M.H

Page Last Updated: 02/02/2026

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FDA

U.S. Food and Drug Administration
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Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
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U.S. Department of **Health & Human Services**

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Attachment to bioMérieux, Inc.'s Out-of-State Wholesaler Application (Nevada Board of Pharmacy)

Description of Operations

bioMérieux, Inc. ("bioMérieux") is an own-label manufacturer of In Vitro Diagnostic tests which include both reagents and equipment. Our product is sold to wholesalers and directly to hospitals, and other health care delivery sites who provide diagnostic testing.

bioMérieux, Inc.'s office hours of operations are Monday through Friday from 8:00 a.m. to 5:00 p.m. Central. Our manufacturing operations operate 24 hours a day, 7 days a week.

Officers

Name	Title	Address	Ownership %
Bart Van Den Brand	Sr. V.P. Site Operations Americas	[redacted]	0 %
Sarah Mauney	V.P. General Counsel, Global Litigation N. America		0 %

Designated Rep:

Name	Title	Address
Scarlett Li-Slaby	Senior Director Supply Chain, St. Louis	[redacted]

Parent Company:

bioMerieux SA (100% Parent)
Chemin De L Orme
Marcy L Etoile, Rhone FR 69280
FEI Number: 1000611339

Distributors

The Hazelwood, MO facility serves as one of bioMérieux, Inc.'s ("bioMérieux") manufacturing and distribution site. bioMérieux's products will be distributed from this facility and through below UPS site(s):

Attachment to bioMérieux, Inc.'s Out-of-State Wholesaler Application (Nevada Board of Pharmacy)

Louisville IDC
UPS Healthcare
2260 Outer Loop
Louisville, KY 40219

Mira Loma IDC
UPS Healthcare
11991 Landon Dr
Mira Loma, CA 91752

Pedricktown IDC
UPS Healhcare
7 Gateway Blvd
Pedricktown, NJ 08067

Attachment to bioMérieux, Inc.'s Out-of-State Wholesaler Application (Nevada Board of Pharmacy)

bioMérieux, Inc. is wholly owned by the parent bioMerieux SA.



STATE OF MISSOURI

Denny Hoskins
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, DENNY HOSKINS, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

BIOMERIEUX, INC.
00192735

was created under the laws of this State on the 28th day of June, 1977, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 14th day of January, 2026.

Denny Hoskins
Secretary of State

Certification Number: CERT-01142026-0116

consumer/patient. [§ 338.330(4)]. A "drug-related medical device" refers to devices that contain a legend drug as part of the device. [20 CSR 2220-5.030(9)]. Legend items include one of the following statements on their label:

- "Rx only"
- "Caution: Federal (U.S.A.) law prohibits dispensing without a prescription."
- "Caution: Federal (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian."
- "Caution: Federal (U.S.A.) law restricts this device to sale by or on the order of a physician".

Examples of drug-related devices may include, but are not limited to, pre-filled heparin/saline syringes, convenience kits containing a legend drug, and sterile water/saline for irrigation or inhalation.

A Missouri drug distributor license is not required for facilities distributing legend devices that do not contain a legend drug as part of the device. Additionally, a license is not required if devices are only being distributed to the ultimate consumer/patient. [§ 338.330(4)]. ***Note: The ultimate consumer does not include practitioner offices (physician, dentist, veterinarian, etc.), hospitals, nursing home facilities, ambulance/fire districts, home medical equipment providers, other distributors, or intra-company transfers.***

Over-The-Counter Devices: Distribution of over-the counter devices such as blood glucose testing supplies and insulin syringes/needles does not require a distributor license. However, a Missouri pharmacy license is required if the facility chooses to dispense over-the-counter products to patients as a prescription (applicable pharmacy law would apply).

Device Distributor Exemptions: A drug distributor licensure exemption exists for out-of-state intra-company transfers of drug-related devices. Specifically, § 338.335.2 provides the following exemption:

2. A wholesale drug distributor distributing drug-related devices in Missouri is not required to obtain a license from the board for out-of-state distribution sites owned by the wholesale drug distributor if:

(1) The wholesale drug distributor has one or more distribution sites located in Missouri, and all such in-state distribution sites receiving shipments of drug-related devices are licensed by the board as a distributor;

(2) The wholesale drug distributor's out-of-state distribution sites shipping to the in-state distribution site are in compliance with their respective state's licensing laws;

(3) The wholesale drug distributor's out-of-state distribution sites that deliver drug-related devices regulated by the board into Missouri for patient use deliver such devices only to the licensed wholesale drug distributor's in-state distribution site.

1.10 MEDICAL GAS DISTRIBUTORS. Pursuant to 20 CSR 2220-5.070, a Missouri drug distributor license is required for any person or entity engaged in the distribution of medical gas pursuant to a medical gas order to medical gas suppliers or any other entity authorized to use, administer or distribute medical gasses. For purposes of drug distributor licensing, "medical gases" are

defined as compressed and liquid gases that a distributor or manufacturer has labeled for medical use in compliance with federal law. [20 CSR 2220-5.070(2)].

A Missouri drug distributor license is **not** required if medical gases are being dispensed solely to individual consumers (i.e.- the patient). The ultimate consumer does **not** include practitioner offices (physician, dentist, veterinarian, etc.), hospitals, nursing home facilities, ambulance/fire districts, other distributors, or intra-company transfers.

Medical gas distributors are required to comply with all Missouri drug distributor requirements, including, all security, drug storage, recordkeeping and facility requirements. However, medical gas distributors engaged in storing, transferring or transfilling medical gases other than nitrous oxide are exempt from, and do not have to comply with, the following distributor requirements:

- Thermostatically maintaining distributor facilities and taking/recording daily temperature logs;
- Maintaining temperature and humidity recording equipment;
- Ensuring drug products are raised above floor level and placed on a pallet;
- Ensuring the facility's outside premises are well-lit;
- Separating medical gases labeled for veterinary use from medical gases distributed for human use;
- Maintaining an alarm system to detect entry after hours, and
- Maintaining refrigeration/freezer units. [20 CSR 2220-5.070(3)].

Medical gas distributors that store, transfer or transfill nitrous oxide are exempt from, and do not have to comply with, the following requirements:

- Thermostatically maintaining distributor facilities and taking/recording daily temperature logs;
- Maintaining temperature and humidity recording equipment;
- Ensuring drug products are raised above floor level and placed on a pallet;
- Separating medical gases labeled for veterinary use from medical gases distributed for human use, and;
- Maintaining refrigeration/freezer units. [20 CSR 2220-5.070(3)].

In addition to Missouri's requirements, entities engaged in manufacturing/transfilling medical gases must be registered with the Food and Drug Administration (FDA) as a medical gas manufacturer and comply with all federal drug listing and current good manufacturing practice requirements. [20 CSR 2220-5.070(4)]. ***Note: Medical gas cylinders and containers must bear a complete, intact, and legible drug label that includes the lot number.***

1.11 Pharmacy Off-Site Storage Facilities. 20 CSR 2220-2.010(1)(J) of the Board's pharmacy rules allows a pharmacy to store medication at an offsite facility that is used to distribute drugs for the pharmacy's operations. A Missouri drug distributor license is not required if the off-site storage facility is only used to store or distribute drugs for/to the applicable pharmacy. A Missouri drug distributor license **is** required if the offsite storage facility will be used to store/distribute medication for multiple pharmacies, regardless of ownership. [20 CSR 2220-2.010(1)(J)]

Missouri Board of Pharmacy



Drug Distributor Compliance Guide

May | 2023

(Revised 5/25/23)

510(K) number	Product Description
K141133	VIDAS 3 Immunoassay system (JJE)
K251579	VITEK 2 AST-Gram Negative Cefazolin (LON)
K234012	VITEK COMPACT PRO (LON)
K232967	VITEK 2 AST-Yeast Voriconazole (LON)
K232963	VITEK 2 AST-Yeast Anidulafungin (LON)
K234000	VITEK 2 AST-Gram Positive Lefamulin (LON)
K232201	VITEK 2 AST-Streptococcus Penicillin (LON)
K230864	VITEK 2 AST-Gram Positive Daptomycin (LON)
K222378	VITEK 2 AST-Gram Negative Levofloxacin (LON)
K222430	VITEK 2 AST-Gram Negative Fosfomycin (LON)
K223478	VITEK 2 AST-Gram Negative Plazomicin (LON)
K222073	VITEK 2 AST-Gram Negative Cefazolin (<=1 - >=32 ug/mL) (LON)
K223481	VITEK 2 Streptococcus Tetracycline (LON)
K220803	VITEK 2 AST-Gram Positive Moxifloxacin (LON)
K220805	VITEK 2 AST-Gram Positive Cefoxitin Screen (LON)
K212243	VITEK 2 AST- Gram Positive Telavancin (LON)
K213899	VITEK 2 AST-Yeast Caspofungin (LON)
K213931	VITEK 2 AST-Gram Negative Omadacycline (LON)
K214023	VITEK 2 AST-Gram Negative Ciprofloxacin (LON)
K212849	VITEK 2 AST-Gram Positive Linezolid (LON)
K210287	VITEK 2 AST- Streptococcus Cefotaxime (LON)
K202396	VITEK 2 AST-Gram Positive Fosfomycin (LON)
K211630	VITEK 2 AST-Gram Negative Piperacillin / Tazobactam (LON)
K201675	VITEK 2 AST-Gram Negative Meropenem (LON)
K211136	VITEK 2 AST-Gram Negative Imipenem/Relebactam (LON)
K193299	VITEK 2 AST-Gram Negative Ceftazidime (LON)
K200590	VITEK 2 AST-Gram Positive Delafloxacin (LON)
K193572	VITEK 2 AST-Gram Negative Imipenem/Relebactam (LON)
K193567	VITEK 2 AST- Gram Negative Polymyxin B (LON)
K192110	Vitek Densichek (LON)
K191766	VITEK 2 AST-Gram Negative Eravacycline (LON)
K190616	VITEK 2 AST-Gram Positive Dalbavancin (LON)
K183524	VITEK2 AST-Gram Negative Delafloxacin (LON)
K183551	VITEK 2 AST-Gram Negative Minocycline (LON)
K183360	VITEK 2 AST-Gram Negative Meropenem/Vaborbactam (LON)
K183415	VITEK 2 AST-Gram Negative Imipenem (LON)
K181766	VITEK 2 AST-Gram Positive Inducible Clindamycin Resistance (LON)
K172944	VITEK 2 AST-GN Ceftazidime/Avibactam (LON)
K172731	VITEK 2 AST-GN Amikacin (LON)
K162737	VITEK 2 AST-GN Ciprofloxacin (LON)
K163563	VITEK 2 AST-GN Gentamicin (LON)
K161437	VITEK 2 AST Gram Negative Cefotaxime (LON)
K163083	VITEK 2 AST-GN Tobramycin (LON)

K163006	VITEK 2 AST-GN Tigecycline (LON)
K161217	VITEK 2 Gram Negative Ceftriaxone (LON)
K161227	VITEK 2 AST-GN Cefepime (LON)
K152075	VITEK 2 AST-Gram Negative Ertapenem (LON)
K133952	VITEK 2 AST YS FLUCYTOSINE (LON)
K141149	VITEK 2 AST GP CEFTAROLINE (LON)
K132507	VITEK 2 AST ST MEROPENEM (LON)
K131779	VITEK 2 AST-ST TIGECYCLINE (LON)
K132573	VITEK 2 AST ST MOXIFLOXACIN (LON)
K121546	VITEK 2 GRAM NEGATIVE DOXYCYCLINE (LON)
K121100	VITEK 2 AST STREPTOCOCUS VANCOMYCIN (LON)
K122359	VITEK 2 STRPTOCOCCUS CEFTRIAXONE (LON)
K121863	VITEK 2 AST-ST CEFOTAXIME (LON)
K113783	VITEK 2 AST- GRAM POSTIVE PENICILLIN FOR STREPTOCOCCUS PNEUMONIAE (LON)
K113200	VITEK 2 AST-GN PIPERACILLIN/TAZOBACTAM (LON)
K111893	VITEK(R) 2 STREPTOCOCCUS TETRACYCLINE (LON)
K111976	VITEK 2 STREPTOCOCCUS ERYTHROMYCIN (LON)
K113305	VITEK 2 STREPTOCOCCUS TRIMETHOPRIM/SULFAMETHOXAZOLE (LON)
K110106	VITEK 2 GRAM NEGATIVE TRIMETHOPRIM/SULFAMETHOAZOLE (LON)
K112000	VITEK 2 STREPTOCOCCUS PENICILLIN (LON)
K111909	VITEK 2 STREPTOCOCCUS INDUCIBLE CLINDAMYCIN RESISTANCE (LON)
K103752	VITEK 2 SYSTEMS (PC) 5.02 SOFTWARE (LON)
K112228	VITEK 2 STREPTOCOCCUS LEVOFLOXACIN (LON)
K112129	VITEK(R) 2 STREPTOCOCCUS CLINDAMYCIN (LON)
K112075	VITEK 2 STRPTOCOCCUS AMPICILLIN (LON)
K111599	VITEK 2 AST-ST LINEZOLID (LON)
K093076	VITEK 2 GRAM POSITIVE DOXCYCLINE (LON)
K101566	VITEK 2 YEAST CASPOFUNGIN (LON)
K092454	VITEK 2 YEAST VORICONAZOLE (LON)
K091899	VITEK 2 GRAM NEGATIVE MEROPENEM (LON)
K091126	VITEK 2 GRAM POSITIVE DAPTOMYCIN (LON)
K082346	VITEK 2 GRAM NEGATIVE DORIPENEM (LON)
K083383	VITEK 2 GRAM POSITIVE ERYTHROMYCIN FOR STREPTOCOCCUS PNEUMONIAE (LON)
K080201	VITEK 2 GRAM POSITIVE INDUCIBLE CLINDAMYCIN RESISTANCE (LON)
K080107	VITEK 2 GRAM NEGATIVE PIPERACILLIN/TAZOBACTAM (LON)
K073406	VITEK 2 GRAM NEGATIVE TRIMETHOPRIM/SULFAMETHOXAZOLE (LON)
K073083	VITEK 2 GRAM NEGATIVE PIPERACILLIN (LON)
K072695	VITEK 2 GRAM POSITIVE TIGECYCLINE (LON)
K072668	VITEK 2 GRAM POSITIVE VANCOMYCIN (LON)
K072038	VITEK 2 GRAM NEGATIVE LEVOFLOXACIN (LON)

K063597	VITEK 2 GRAM POSITIVE AMOXICILLIN FOR STREPTOCOCCUS PNEUMONIAE (LON)
K063623	VITEK 2 GRAM POSITIVE MEROPENEM FOR STREPTOCOCCUS PNEUMONIAE (LON)
K063492	VITEK 2 GRAM POSITIVE ERYTHROMYCIN FOR STREPTOCOCCUS PNEUMONIAE (LON)
K061945	VITEK 2 AST-YS FLUCONAZOLE (LON)
K061347	VITEK 2 GRAM POSITIVE VRSA SCREEN (LON)
K053097	VITEK 2 GRAM POSITIVE CEFOXITIN SCREEN (LON)
K053186	VITEK 2 GRAM POSITIVE TELITHROMYCIN FOR STREPTOCOCCUS PNEUMONIAE (LON)
K052656	VITEK GRAM POSITIVE SUSCEPTIBILITY DAPTOMYCIN (LON)
K052311	VITEK 2 GRAM NEGATIVE TIGECYCLINE (LON)
K051849	VITEK 2 GRAM POSITIVE ERTAPENEM FOR STREPTOCOCCUS PNEUMONIAE (LON)
K050976	VITEK 2 GRAM POSITIVE TRIMETHOPRIM/SULFAMETHOXAZOLE (LON)
K050816	VITEK 2 GRAM POSITIVE MEROPENEM (LON)
K050075	VITEK 2 GRAM POSITIVE DAPTOMYCIN (LON)
K050076	VITEK 2 GRAM POSITIVE ERTAPENEM (LON)
K050002	VITEK 2 COMPACT (LON)
K043230	VITEK GRAM NEGATIVE SUSCEPTIBILITY (GNS) CARD FOR ERTAPENEM (LON)
K043237	VITEK GRAM NEGATIVE SUSCEPTIBILITY (GNS) CARD FOR MOXIFLOXACIN (LON)
K042963	VITEK GRAM POSITIVE SUSCEPTIBILITY (GPS) CARD FOR ERTAPENEM (LON)
K042946	VITEK GRAM POSITIVE SUSCEPTIBILITY (GPS) CARD FOR RIFAMPIN (LON)
K041982	VITEK 2 GRAM NEGATIVE ERTAPENEM (LON)
K040845	VITEK 2 ESBL TEST (LON)
K032861	VITEK 2 GRAM NEGATIVE MOXIFLOXACIN (LON)
K032788	VITEK 2 GRAM NEGATIVE GATIFLOXACIN (LON)
K032711	VITEK GRAM NEGATIVE GATIFLOXACIN (LON)
K032738	VITEK 2 GRAM POSITIVE QUINUPRISTIN/DALFOPRISTIN (LON)
K032766	VITEK 2 GRAM POSITIVE LINEZOLID (LON)
K032399	VITEK 2 GRAM POSITIVE MOXIFLOXACIN (LON)
K032314	VITEK 2 GRAM POSITIVE GATIFLOXACIN (LON)
K031865	VITEK 2 GRAM POSITIVE MOXIFLOXACIN FOR STREPOCOCCUS PNEUMONIAE (LON)
K031410	VITEK 2 GRAM POSITIVE LINEZOLID FOR STREPTOCOCCUS PNEUMONIAE (LON)
K022045	VITEK GRAM POSITIVE SUSCEPTIBILITY (GPS) CARD FOR LINEZOLID (LON)
K020871	VITEK 2 ANTIMIRCROBIAL SUSCEPTIBILITY TEST SYSTEM FOR LEVOFLOXACIN (LON)
K020870	VITEK 2 ANTIMICROBIAL SUSCEPTIBILITY TEST SYTEM FOR SPARFLOXACIN (LON)
Class I /Exempt	All VITEK bacterial identification cards (LQL/LQM/JXB)
K161816	BacT/Alert Virtuo Microbial Detection System (MDB)

K981736	BacT/Alert 3D Microbial Detection System (MDB)
K213241	VITEK 2 AST-Yeast Fluconazole (NGZ)
K181368	VITEK 2 AST-YS Micafungin (NGZ)
K151923	VITEK 2 AST-Yeast Micafungin (NGZ)
K151817	VITEK 2 AST-YS Caspofungin (NGZ)
K133817	VITEK 2 AST - YEAST FLUCONAZOLE (NGZ)
K212461	VITEK MS PRIME (QBN)
K181412	VITEK MS (QBN)
K230675	VITEK REVEAL GN AST Assay and VITEK REVEAL AST System (SAN)

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/15/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis Towers Watson Midwest, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: WTW Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@wtwco.com
INSURED BIOMERIEUX, INC 595 Anglum Road Hazelwood, MO 63042	INSURER A: Great Northern Insurance Company 20303 INSURER B: Travelers Property Casualty Company of Ame 25674 INSURER C: Travelers Casualty Insurance Company of Am 19046 INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** W43675211 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			99511735	01/01/2026	01/01/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Prod-CompOps Ea Occ	$ 2,000,000 $ 2,000,000 $ 10,000 $ 2,000,000 $ 2,000,000 $ 7,000,000 $ 7,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			HJ-CAP-9P532553-TIL-26	01/01/2026	01/01/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $ $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		UB-A6552544-26-I2-K	01/01/2026	01/01/2027	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
B	Workers Compensation (AZ, MA, WI) Per Statute			UB-A6550133-26-I2-R	01/01/2026	01/01/2027	E.L. EACH ACCIDENT E.L. DISEASE - EA EMP E.L. DISEASE-POL LMT	$1,000,000 $1,000,000 $1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The GL Policy provides claims-made coverage for bodily injury and property damage included in the Products-Completed Operations Hazard.

SEE ATTACHED

CERTIFICATE HOLDER

Evidence of Coverage

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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SR ID: 29227029 BATCH: 4281098

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Willis Towers Watson Midwest, Inc.		BIOMERIEUX, INC 595 Anglum Road Hazelwood, MO 63042
POLICY NUMBER See Page 1		
CARRIER See Page 1	NAIC CODE See Page 1	EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: Travelers Property Casualty Company of America NAIC#: 25674

POLICY NUMBER: EX-9P532669-26-I2 EFF DATE: 01/01/2026 EXP DATE: 01/01/2027

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess Auto Liability	Limit	$4,000,000

ADDITIONAL REMARKS:

Excess Auto Liability Follows Form of Underlying Auto

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SR ID: 29227029 BATCH: 4281098 CERT: W43675211

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 800227416

Application/License No. _____

BioMérieux, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
595 Anglum Road, Hazelwood, MO 63042, as
Address of Applicant/Principal
PRINCIPAL, and Atlantic Specialty Insurance Company, a
Surety Company
corporation organized under the laws of the state of NY
State of Incorporation
and authorized to transact a general surety business in the State of
Nevada, whose address for purposes of service is
605 Highway 169 North, Suite 800 , Plymouth, MN 55441 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on April 15, 2026.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 15th day of April, 2026.

APPLICANT/PRINCIPAL

BioMérieux, Inc.
COMPANY

By: _____
Authorized Representative

SURETY

Atlantic Specialty Insurance Company



By: _____
Surety Company's Representative

Doritza Mojica, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

_____
Witness Haley Pulley

_____
Witness Makayla Alexis

Countersigned by:

_____
Nevada Resident Agent Malerie Janet Williams
Non-Resident License No.: 4156693

Posted February 20, 2020

intact INSURANCE

Power of Attorney

BioMérieux, Inc.
Nevada State Board of Pharmacy

Surety Bond No: 800227416

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Doritza Mojica**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this first day of January, 2023.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Sarah A. Kolar, Vice President and General Counsel

STATE OF MINNESOTA
HENNEPIN COUNTY

On this first day of January, 2023, before me personally came Sarah A. Kolar, Vice President and General Counsel of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and she acknowledged the execution of the same, and being by me duly sworn, that she is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON D. NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2030

_____
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 15th day of April, 2026.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

This Power of Attorney expires
January 31, 2030

_____
Kara L.B. Barrow, Secretary

Please direct bond verifications to [illegible]

Telephone: +1 860 278 1320
Website: wtwco.com

April 17, 2026

BIOMERIEUX INC
Attn: Sarah Mauney
100 Rodolphe Street
Durham, NC 27712

RE: **April – New Bonds (8)**
April – Riders (8)
Commission: 32.5%

We are pleased to enclose the above referenced bond you requested. This bond was executed based upon the information you provided. We urge you to check all of the information enclosed, including the Power of Attorney, signatures, dates, amounts, description, bond form and any other attachments.

Please be sure to affix the bond with the proper signature and seal.

If a premium is charged, our invoice will follow under separate cover and premium payment for this bond is due upon receipt. **Please note that the first term's premium related to any renewable obligation is considered fully earned.**

Willis Towers Watson negotiates commission rates with certain insurers on a corporate level. If the rate on your placement is lower than the negotiated rate, Willis Towers Watson may collect the difference directly from the insurer. These payments will not increase the cost of your bonds or otherwise impact your premium or rates. Details of these arrangements where there is compensation beyond the base compensation detailed in your commission schedule can be found at: https://www.wtwco.com/en-us/notices/p-c-national-commission-rates.

Thank you for the opportunity to service your surety needs. Should you have any questions, please do not hesitate to contact me.

Sincerely,

Rhi Portillo
Rhi.Portillo@wtwco.com

Willis Towers Watson Northeast, Inc.
10 State House Square, 11th Floor
Hartford, CT 06103

GENERAL SURETY RIDER

To be attached and form a part of

Bond No.	800227416
For	NV Pharmaceutical Wholesaler Bond - 100000 UP 1-23 (License & Permit) : License & Permit (900)
Dated effective	04/15/2026 (MONTH, DAY, YEAR)
Executed by	BioMérieux, Inc., as Principal, (PRINCIPAL)
And by	Atlantic Specialty Insurance Company, as Surety, (SURETY)
And in favor of	Nevada State Board of Pharmacy (OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

INFORMATION	
Adding Address for Service	100 Rodolphe Street, Durham, North Carolina 27712

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective **04/15/2026**
(MONTH, DAY, YEAR)

Signed and Sealed **04/15/2026**
(MONTH, DAY, YEAR)

BioMérieux, Inc.
PRINCIPAL

BY _____
TITLE

Atlantic Specialty Insurance Company
SURETY

BY _____
Doritza Mojica, ATTORNEY-IN-FACT

intact INSURANCE

Surety Bond No: 800227416

Power of Attorney

BioMérieux, Inc.
Nevada State Board of Pharmacy

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Doritza Mojica**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

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Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

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IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this first day of January, 2023.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Sarah A. Kolar, Vice President and General Counsel

STATE OF MINNESOTA
HENNEPIN COUNTY

On this first day of January, 2023, before me personally came Sarah A. Kolar, Vice President and General Counsel of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and she acknowledged the execution of the same, and being by me duly sworn, that she is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON D. NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2030

_____
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 15th day of April, 2026.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

_____
Kara L.B. Barrow, Secretary

This Power of Attorney expires
January 31, 2030

Please direct bond verifications to surety@intactpublicentity.com

Telephone: +1 860 278 1320
Website: wtwco.com

April 17, 2026

BIOMERIEUX INC
Attn: Sarah Mauney
100 Rodolphe Street
Durham, NC 27712

RE: **April – New Bonds (8)**
April – Riders (8)
Commission: 32.5%

We are pleased to enclose the above referenced bond you requested. This bond was executed based upon the information you provided. We urge you to check all of the information enclosed, including the Power of Attorney, signatures, dates, amounts, description, bond form and any other attachments.

Please be sure to affix the bond with the proper signature and seal.

If a premium is charged, our invoice will follow under separate cover and premium payment for this bond is due upon receipt. **Please note that the first term's premium related to any renewable obligation is considered fully earned.**

Willis Towers Watson negotiates commission rates with certain insurers on a corporate level. If the rate on your placement is lower than the negotiated rate, Willis Towers Watson may collect the difference directly from the insurer. These payments will not increase the cost of your bonds or otherwise impact your premium or rates. Details of these arrangements where there is compensation beyond the base compensation detailed in your commission schedule can be found at: https://www.wtwco.com/en-us/notices/p-c-national-commission-rates.

Thank you for the opportunity to service your surety needs. Should you have any questions, please do not hesitate to contact me.

Sincerely,

Rhi Portillo
Rhi.Portillo@wtwco.com

Willis Towers Watson Northeast, Inc.
10 State House Square, 11th Floor
Hartford, CT 06103

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG bioMérieux, Inc. MDEG License # (if applicable) Wholesale license application in process

Physical Address 595 Anglum Rd

City Hazelwood State MO Zip 63042

Mailing Address (if different from physical address) SAME

City _____ State _____ Zip _____

Telephone 314-731-8500 Website www.biomerieux.com

Licensing Company Email statelicensing@biomerieux.com

Section 2: Personal Information

First Scarlett Middle Sijia Last Li-Slaby

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Addre[redacted]

City Hazelwood State MO Zi[redacted]

Telephone 314-731-8500 Email statelicensing@biomerieux.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Washington University in St. Louis, Olin Business School		08/13 - 12/14	
Address	**City**	**State**	**Zip**
1 Brookings Drive	St. Louis	MO	63130
Diploma/Degree obtained, if any			
Master of Science in Supply Chain Management			

School Name		From - To (MM/YY – MM/YY)	
Washington University in St. Louis		09/09 - 12/12	
Address	**City**	**State**	**Zip**
1 Brookings Drive	St. Louis	MO	63130
Diploma/Degree obtained, if any			
Bachelor of Science in Chemical Engineering			

School Name		From - To (MM/YY – MM/YY)	
High School affiliated with Renmin University		09/05 - 05/09	
Address	**City**	**State**	**Zip**
37 Zhongguancun Da Jie	Beijing		100086
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/19 - Current	[redacted]	St. Louis	MO	[redacted]
06/17 - 05/19		St. Louis	MO	
04/14 - 05/17		St. Louis	MO	
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: bioMérieux, Inc.			From - To (MM/YY – MM/YY): 10/24 - Present
Business Address: 595 Anglum Rd	City: Hazelwood	State: MO	Zip: 63042
Phone: 314-731-8500	Title: Sr Director, Supply Chain - STL		Number of Employed Hours: 2,800 hours
Description of Duties: Manage Planning, Master Data, and Warehouse operations at the site, overseeing over 10,000 materials.			

Business Name: Reckitt			From - To (MM/YY – MM/YY): 05/21 - 10/24
Business Address: St. Peters, MO 30 Arrowhead Industrial Blvd	City: St Peters	State: MO	Zip: 63376
Phone: 636-397-5211	Title: Operational Planning Manager		Number of Employed Hours: 7,280 hours
Description of Duties: Managed a team of supply chain professionals and oversee material buying, production scheduling, and capacity planning of 20 production lines equating to 3 million + cases monthly for the company's 2nd largest facility worldwide. Reduced net working capital by $5M by leading warehouse initiatives including optimizing raw and pack weeks of coverage target, improving inventory turnover, and streamlining order fulfillment process. Achieved 10% increase in inventory accuracy by leading annual physical inventory counts.			

Business Name: Milliporesigma			From - To (MM/YY – MM/YY): 01/20 - 05/21
Business Address: 3050 Spruce St	City: St. Louis	State: MO	Zip: 63103
Phone: 800-325-3010	Title: Planning Manager, Ewing		Number of Employed Hours: 2,770 hours
Description of Duties: Managed a team of supply chain professionals and oversaw planning activities for 10,000+ products at the Ewing site. Worked collaboratively with Sales, Product Management, Operations, and Quality, on customer priority initiatives; successfully reduced lead-time for a COVID item from 16 weeks to 1 week to support COVID research and generated 6M euro revenue. Optimized inventory level by reducing timeline between procuring starting materials to shipment and create strategy to sunset low selling products (250+ products in scope).			

Business Name: Milliporesigma			From - To (MM/YY – MM/YY): 01/17 - 12/19
Business Address: 3050 Spruce St	City: St Louis	State: MO	Zip: 63103
Phone: 800-325-3010	Title: Operational Excellence Manager, Biologics		Number of Employed Hours: 6,240 hours
Description of Duties: Led 3-year synergy program for two production sites. Both sites exceeded savings plan. Established lighthouse advancement project where multiple LSS tools (SMED, Line Balancing, 6S, Standard Work, Layout Improvements) were implemented. Focused on Packaging throughput improvement which led to 10% increase in productivity. Trainer for 2017, 2018, 2019 Green and Blue Belt Classes. Mentored 30+ candidates across 5 production sites.			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description of Duties:			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # N/A. **Provide all the following *<u>where applicable</u>*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted) Date

I, Scarlett Li-Slaby, **certify that as the MDEG Administrator for**

bioMérieux, Inc.,

that I (initial that you have read and meet the following requirements):

1. SL Have a high school diploma or its equivalent;
2. SL Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. SL Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. SL Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Scarlett Li-Slaby
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

June 11 2026
Date

Board Use Only	Date Received:

Scarlett Li-Slaby

[redacted]

SUMMARY: Lean Six Sigma Black Belt and people leader with process engineering, operational excellence, and supply chain management background; passionate about optimizing processes, training and developing internal teams, and facilitating cross-functional programs.

EDUCATION

WASHINGTON UNIVERSITY IN ST. LOUIS, OLIN BUSINESS SCHOOL **2013- 2014**
Master of Science in Supply Chain Management

WASHINGTON UNIVERSITY IN ST. LOUIS **2009-2012**
Bachelor of Science in Chemical Engineering

SKILLS

- Computer: Proficient in SAP, Kinaxis, JD Edwards, Microsoft Suite, Minitab; Experienced in AutoCAD, Power BI
- Languages: English (fluent), Mandarin Chinese (fluent)
- Certificate: Merck Certified Lean Six Sigma Black Belt; St. Louis Community College Lean Leadership Certificate

EXPERIENCE

BIOMERIEUX, St. Louis, MO **Oct 2024-Present**
Sr Director, Supply Chain

- Manage Planning, Master Data, and Warehouse operations at the site, overseeing over 10,000 materials.

RECKITT, St. Peters, MO **May 2021-Oct 2024**
Operational Planning Manager

- Managed a team of supply chain professionals and oversee material buying, production scheduling, and capacity planning of 20 production lines equating to 3 million + cases monthly for the company's 2nd largest facility worldwide
- Reduced net working capital by $5M by leading warehouse initiatives including optimizing raw and pack weeks of coverage target, improving inventory turnover, and streamlining order fulfillment process
- Achieved 10% increase in inventory accuracy by leading annual physical inventory counts
- Directed 30+ warehouse employees on priority to ensure timely fulfillment for the logistics centers and pack fill rate exceeds target of 95%
- Acted as site supply chain lead for new product introduction process; currently part of 10+ product launches focusing on evaluation/costing, execution of project transfer, validation, and ramp up to provide complex custom solutions
- Spearheaded the implementation and optimization of the Integrated Business Planning (IBP) process by leading the conversation at supply and business levels

MILLIPORESIGMA, St. Louis, MO **January 2020-May 2021**
Planning Manager, Ewing

- Managed a team of supply chain professionals and oversaw planning activities for 10,000+ products at the Ewing site
- Worked collaboratively with Sales, Product Management, Operations, and Quality, on customer priority initiatives; successfully reduced lead-time for a COVID item from 16 weeks to 1 week to support COVID research and generated 6M euro revenue
- Optimized inventory level by reducing timeline between procuring starting materials to shipment and create strategy to sunset low selling products (250+ products in scope)
- Led backorder review process and reduced top backorders from a weekly average of 70 to 58 lines
- Responsible for site master data roadmap for SAP digital transformation with 20,000+ skus in scope

MILLIPORESIGMA, St. Louis, MO **January 2017-December 2019**
Operational Excellence Manager, Biologics

- Led 3-year synergy program for two production sites. Both sites exceeded savings plan
- Established lighthouse advancement project where multiple LSS tools (SMED, Line Balancing, 6S, Standard Work, Layout Improvements) were implemented. Focused on Packaging throughput improvement which led to 10% increase in productivity
- Trainer for 2017, 2018, 2019 Green and Blue Belt Classes. Mentored 30+ candidates across 5 production sites

MILLIPORESIGMA, St. Louis, MO *Various roles in Engineering & Operational Excellence* **October 2014-December 2016**

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler bioMérieux, Inc.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 595 Anglum Rd

City Hazelwood State MO Zip 63042

Mailing Address (if different from physical address) (Same)

City _____ State _____ Zip _____

Telephone 314-731-8500 Website www.biomerieux.com

Licensing Company Email statelicensing@biomerieux.com

Section 2: Personal Information

First Scarlett Middle Sijia Last Li-Slaby

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Addr[redacted]

City Hazelwood State MO Zip [redacted]

Telephone 314-731-8500 Email statelicensing@biomerieux.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Washington University In St. Louis, Olin Business School		085/13 - 12/14	
Address	**City**	**State**	**Zip**
1 Brookings Drive	St. Louis	MO	63130
Diploma/Degree obtained, if any			
Master of Science in Supply Chain Management			

School Name		From - To (MM/YY – MM/YY)	
Washington University in St. Louis		09/09 - 12/12	
Address	**City**	**State**	**Zip**
1 Brookings Drive	St. Louis	MO	63130
Diploma/Degree obtained, if any			
Bachelor of Science in Chemical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Highl School affiliated with Renmin University		09/05 - 05/09	
Address	**City**	**State**	**Zip**
37 Zhongguanin Da Jie	Beijing, China		100086
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/19 - Current	[redacted]	St. Louis	MO	[redacted]
06/17 - 05/19		St. Louis	MO	
04/14 - 05/17		St. Louis	MO	
From - To (MM/YY – MM/YY)		City	State	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
bioMérieux, Inc.			10/24 - Present
Business Address	**City**	**State**	**Zip**
595 Anglum Rd	Hazelwood	MO	63042
Phone	**Title**	**Number of Employed Hours**	
314-731-8500	Sr Director, Supply Chain - STL		
Description of Duties			
Manage Planning, Master Data, and Warehouse operations at the site, overseeing over 10,000 materials.			

Business Name			From - To (MM/YY – MM/YY)
Reckitt			05/21 - 10/24
Business Address	**City**	**State**	**Zip**
30 Arrowhead Industrial Blvd	St. Peters	MO	63376
Phone	**Title**	**Number of Employed Hours**	
636-397-5211	Operational Planning Manager	7,280 hours	
Description of Duties Managed a team of supply chain professionals and oversee material buying, production scheduling, and capacity planning of 20 production lines equating to 3 million + cases monthly for the company's 2nd largest facility worldwide. Reduced net working capital by $5M by leading warehouse initiatives including optimizing raw and pack weeks of coverage target, improving inventory turnover, and streamlining order fulfillment process. Achieved 10% increase in inventory accuracy by leading annual physical inventory counts.			

Business Name			From - To (MM/YY – MM/YY)
Milliporesigma			01/20 - 05/21
Business Address	**City**	**State**	**Zip**
3050 Spruce St	St. Louis	MO	63103
Phone	**Title**	**Number of Employed Hours**	
800-325-3010	Planning Manager, Ewing	2,770 hours	
Description of Duties Managed a team of supply chain professionals and oversaw planning activities for 10,000+ products at the Ewing site. Worked collaboratively with Sales, Product Management, Operations, and Quality, on customer priority initiatives; successfully reduced lead-time for a COVID item from 16 weeks to 1 week to support COVID research and generated 6M euro revenue. Optimized inventory level by reducing timeline between procuring starting materials to shipment and create strategy to sunset low selling products (250+ products in scope).			

Business Name			From - To (MM/YY – MM/YY)
Milliporesigma			01/17 - 12/19
Business Address	**City**	**State**	**Zip**
3050 Spruce St	St. Louis	MO	63103
Phone	**Title**	**Number of Employed Hours**	
800-325-3010	Operational Excellence Manager, Biologics	6,240 hours	
Description of Duties			
Led 3-year synergy program for two production sites. Both sites exceeded savings plan. Established lighthouse advancement project where multiple LSS tools (SMED, Line Balancing, 6S, Standard Work, Layout Improvements) were implemented. Focused on Packaging throughput improvement which led to 10% increase in productivity. Trainer for 2017, 2018, 2019 Green and Blue Belt Classes. Mentored 30+ candidates across 5 production sites.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Scarlett Li-Slaby, **certify that as the designated representative for**

bioMérieux, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. _____ I am at least 21 years of age;
3. _____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. _____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. _____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. _____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. _____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Scarlett Li-Slaby

Print Name (First, Last)

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Scarlett Li-Slaby

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Jun 17 2026

Date

Please have this section completed in the presence of a Notary Public.

State of Missouri, ss. County of St. Charles

I, Scarlett Li-Slaby, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Jun 17 2026

Date

Subscribed and Sworn to before me this 17th day of June 2026

Notary Public Signature

MARRIANNE H. PAVIA
My Commission Expires
08-05-2028
NOTARY SEAL
St. Charles
County
Commission # 12614341
NOTARY PUBLIC - STATE OF MISSOURI

(Seal)

Name
Aaron JOHNSON
Abel PAULOS
Abraham RIZVANOVIC
Adelisa TOPALOVIC
Adrienne HOWELL
Ahnya WHITE
Aimee AUBUCHON
Alan LOCKARD
Alan MEYER
Albert BYNUM
Alesia SINGLETON HUNTSPON
Alex DAVIDSON
Alexander ABERNATHY
Alexander GRIGSBY
Alexandra BLACKWELL
Alexzander TOTTON
Allison HUENE
Alyssa ROSS
Alyssa SUTTER
Amanda DURELL
Amanda KILLION
Amaud WILLIAMS
Amber YOUNG
Amer SADIKOVIC
Amy GREENLEE
Andrea HIGGINS
Andrew CREMEEN
Andrew FRANKLIN
Andrew MARINO
Andrew MILES
Angela PIONKE
Anicia GREEN
Anita EDDINGTON
Anna CHANG
Anna POETTKER
Antar PIERCE
Anthony BIAMA
Anthony BRENSTON
Anthony CORRENTI
Anthony MUNRO
Arnel RESABA
Ashley ALLEN
Aubrey DORSEY
Audrey PEGUES

Audrey PHIFER
Avante FORD
Awn THANG
Barb GANCARZ
Barbara DAVIS
Beatrice TOWNSEND
Benson SINGHARATH
Bernice NDANDA
Bethany ROLWES
Bhernny SATURNO
Billy COLLIER
Blaire MORRISON
Blake GRAPENTHIN
Boyne HAYWOOD III
Brandi YOUNG
Brandon MCBRIDE
Brandyn HOTCHKISS
Brendan HOVIS
Brent TROBAUGH
Brian BOSWELL
Brian FLEETWOOD
Brian HEALY
Brittany CADNEY
Brittney HAZLETT
Bryan HODGES
Bryan MCCHUEN
Bryan MEYER
Bunchuay SUKPHADUNG
Byron KEY
Caitlin SIEHR
Carla DAVIS
Carolyn KOESTER
Carolyn MARNER
Carrie VIVRETT
Cartavion JOHNSON
Cecil BAILEY
Celestine ROBINSON
Central WALKER
Cerrel HARRIS
Chad MCCLURG
Charles FOSTER
Charles MURRAY
Chase JOHNSTON
Chelsea FOSTER
Cherie VAN CLEVE

Chet LOGUE
Christie DOUGLAS
Christina BENNETT
Christina SAN
Christine BALMER
Christine GARCIA
Christine KORN
Christopher BARTELS
Christopher HADDOCK
Christopher SADDLER
Claudius QUEELEY
Clinton MENEZES
Cody HAUCK
Cody PYEATT
Cordell DAVIS
Cornell BLAKE
Courtland PIERCE
Craig KIRCHER
Craig TIFFANY
Crystal EDWARDS
Crystal OLLIE
Curtis JOHNSON
Cyler DALGORD
Da Shawn URSERY
Daejah PIERSON
Daija WHITE
Dakota NELLESEN
Dana JANITCH
Daniel HILL
Daniel HRUSKOCY
Daniel MALIMBAN
Daniel NERVIANI
Daniel O'HERON
Danielle CELESLIE
Danielle HUDSON
Darius BRYANT
Darlene LEE
Darren MOORE
Darryl BENSON
Darryl BROWN
Darryl HAMILTON
David DANIELS
David LUADERS
Dawson NORTON
DeMarco COLEMAN

DeShaun JOHNSON
Deborah GRAY
Deborah HULBERT
Demarko MCCULLOUGH
Demetrice CUNNINGHAM JR
Dennis HAUSLER
Dennis SMITH
Derrickbruce PAYTOCAN
Destiny WHITTENBURG
Devan RUSSELL
Devin GASTON
Devlin SHOPPELL
Devon CALHOUN
Devona LOWE
Diana HANSEN
Diane HUNT
Diane RYLAND
Dillon VANDER PLUYM
Donald CROMEENS
Donald KEELY
Donald TRICE
Donald VIERLING
Douglas DAWKINS
Douglas HOPPER
Douglas JANDRO
Douglas WEBB
Doyle SCURLOCK
Dre'Mon MCINTOSH
Drew MCCOY
Durreil MARSHALL
Dylan BUGOS
Dylan CHANDLER
Dylan EZELL
Earl DRAPER
Earl SIMPSON
Earl THOMAS
Edward THAMES
Edwina OWENS
Elaine HARRIS
Elizabeth VAUGHN
Elizabeth WALKER
Ellaina ADAMS
Ellis MACON
Elmer LINZIE
Elvira HARRIS

Emily HERBSTREIT
Emily MOORE
Eric FELTZ
Eric PIENING
Eric SCHUMACHER
Eroica JOHNSON
Esther METREJON
Ethan THEBEAU
Evan CORTEZ
Everett HALL
Fara KIRCHER
Farhad SHIRI
Frank GIANINO
Frieda CARSON
Gabrial ROUTT
Gabrielle THORNTON
Gail CUNNINGHAM
Garry EVERETT
Gary GRAY
Gary GRUVER
Gary KEMP
Gary STAHR
Gene SMITH
Genesis HUDSON
Geoff BUTLER
George RAGUSA
Gera CARROLL
Gia CHAU
Glenda BROWN
Glenn GRZESKOWIAK
Glenn THOMAS
Glennon HOHE
Grace HOLTMANN
Gregory ALPER
Gregory FARHNER
Guy WHITAKER
Hakeem CRAWFORD
Haley HERCULES
Hannah KONSCHAK
Harold DAVIDSON
Harry THOMAS
Harry WOODS
Heather CORY
Hewlett WARD
Hikmet SOSE

Hollie KRAFFT
Howard PATTERSON
Imad SADI
Isabel RUIZ
Isaiah STEELE
Iyanna FORD
Jacob MCGEE
Jacob NEVILLE
Jacob STAPLETON
Jacquiline JACKSON
Jaden JOHNSON
Jaime RICHARDS
Jamar DAVIS
James AVERY
James BEARD
James Bond CRUZ
James COLLINS
James THOMAS
James TREVARTHAN
Jamyla ROBERSON
Janeen SIFFORD
Jared GORDON
Jarod HOPPER
Jasmine LEE
Jason CHAPPELL
Jason HOEFT
Jason MOCK
Jason VANNATTER
Jayla DARDEN
Jeannette HALL
Jeffrey CLAY
Jeffrey DELASHMIT
Jeffrey FORREST
Jeffrey HELLING
Jemaun RICE
Jenifer CLARK
Jenna LABRUYERE
Jennifer RICHARDS
Jerald SCHWEIG
Jeremy ELLIOTT
Jermaine CARROLL
Jerrod ANTHONY
Jerry WOLDANSKI
Jesse WILLIAMS
Jessel PRABHU

Jim DAVIDSON
Jimmie OVERHOLTZER
Jimmy WILLIAMS
John KING
John LAUX
John METZ
John NORLIE
John PAVIA
John PICHON
John WAMHOFF
Johnny BROWN
Jon HOELSCHER
Jonah BULLAR
Jose ORTIZ
Joseph CHANEY
Joseph FITZGERALD
Joseph KLEIN
Joseph MUCHIRI
Joseph PONZER
Joseph THEBEAU
Joseph WICKS
Joseph WOODY
Josephine HOTCHKISS
Joshua CHABOT
Joshua HEUBEL
Joshua LOFTUS
Joshua TALARICO
Josua MANAHAN
Jovan WILSON
Juan COLON
Judy GIBBONS
Judy O'BRIEN
Julia ALANIZ
Julie HINSEN
Justin BAHRE
Justin CLEVELAND
Justin MIKEL
Justin RUSH
Justin SHANNON
Kaitlyn EICHEN
Karen FOERSTER
Karli TRACEY
Katherine WILKEY
Kathy JACKOVICH
Kavan WARD

Kaylee ALLEN
Keith HODGES
Kelly VICKERY
Kelsey HAUSMANN
Kelsey PISCHEL
Kendall BLACKMON
Kenneth CHAMBERLAIN
Kenneth MITCHELL
Kerry HEUTEL
Kevin DARR
Kevin GREEN
Kevin HOLTGRAVE
Kevin JAMES
Kevin KAMMERER
Kevin KUNST
Kevin LEU
Kevin SVENDSEN
Khush Nahar SRABONY
Kiana WILLIAMS
Kimberly ALLEN
Kimberly KEEVEN
Kimoni GRIFFIN
Kourtlyn ADAMS
Krista CATANZARO
Kristian CLAYBORNE
Kyla LARDGE
Kyle DILLON
Kyle DOWNEY
LaDonna BEAUREGARD
LaMarr MOORE
LaShauna ABBY
LaTayna ECHOLS
LaVonda SMITH
Laine HENDRIX
Lamont BROOKFIELD
Lana REEVES
Larry HOLMES JR
Latisha ISAIAH
Latoshia DAVIS
Leah KAMAU
Leah SLOAN
Lee ALLEN
Lee HERNDON
Leland SANDERS
Levoid BRADLEY

Linda GREENLEE
Lindsey DENNISON
Lisa ANDERSON
Liza DIZON
Logan SCHEITER
Lonnie COPELAND
Lori BARNARD
Luis SARDI
Luther TAYLOR
Maegen HARRIS
Maida GEERLOF-VIDAVSKY
Malachi FREEMAN
Mallyn GRACE
Marc MCKEE
Maria THOMAS
Mark BRADLEY
Mark DAVIS
Mark FERDER
Mark GOEDELMANN
Mark PICHON
Mark RASNIC
Mark WESEMANN
Mark WIGGINS
Marquel BLACKMON
Marrianne PAVIA
Martedi TREMBLEY
Mary BETTS
Mary CHRISTOPHER-LICAVOLI
Mary HUBBARD
Mary O'NEILL
Mary POOLE
Mary SCHMITT
Mary SCOTT
Mary VOMUND
Matthew BUTLER
Matthew DIEKMANN
Matthew DIXON
Matthew DRAPER
Matthew ERVIN
Matthew HERTEL
Matthew HOERNSCHEMEYER
Matthew JACKSON
Matthew MINK
Matthew REISE
Matthew WHITWELL

Maurice CAMPBELL
Mazzin ALNIJOUMI
Megan DAGENAIS
Megan DENNIS
Megan YOUNGBLOOD
Melissa GOODEN
Mervyn Louis PAYTOCAN
Micah SCHAMIS
Michael ANSEL
Michael AUSTIN
Michael BAKER
Michael BARCZEWSKI
Michael DAVIS
Michael EWING
Michael GUFFEY
Michael LURTZ
Michael MASON
Michael MCLAUGHLIN
Michael MUELLER
Michael OWUSU
Michael RAGUSA
Michael REITZ
Michael ROBERTS
Michael SCHWARTZKOPF
Michael VO
Michael WEIR
Michelle BAUER
Michelle MOFFAT
Miranda MARSH
Molly KLUEMKE
Monalisa GOODEN
Myles BENNETT
Mylo COUNTS
Naga Ranjithkumar ADDAGALLA
Natalie LOGUE
Nathan BAUER
Nathan JACOBSMEYER
Nathaniel GUYTON
Nawal SAID
Nguyen PHAN
Nichelle HAYES
Nicholas HANLON
Nicholas LAYTON
Nicholas RADEMACHER
Nicolas IORIO

Nicole HIGDON
Nicole SEMANIK
Nicole WELNICK
Nina CARRAWELL
Noah MONROE
Norman WOHLSCHLAEGER
Oliver MATTHEWS
Olivia HAAS
Olivia LOGSDON
Pamela VAUGHN
Patricia GROOMS
Patricia WEIR
Patrick YERBIC
Paul SMITH
Paul STROMQUIST
Paula GRIFFIN
Peter BENCKENDORF
Peter BUELTER
Peyton ROSS
Philip BEAN
Phillip MALAN
Phung CHAU
Phyllis WHIMPER
Rachel REXING
Ramona CUSTARD
Ramona THOMAS
Ratchanee MEANS
Rath THANG
Raul OLEA
Ray SUTTON
Raymond O'BEAR
Reginald MARBLES
Reginald PEARSON
Richard BURKETT
Richard SMITH
Richard WELCH
Richard WILLIAMS
Ricorey WILSON
Robert BOKERMAN
Robert BONNER
Robert STRONG
Robert SWISHER
Robin WARREN
Ronald BROWN
Ronald DRAKE

Rosario SEDODO
Rose TRANKLE
Rosemary PETERS
Rosie STEEPLES
Sai SIRIMANOTHAM
Salina JEFFERSON
Samuel BLOW
Samuel GIL
Samuel SUTTON
Sandra BOWDEN
Sanel MAHIC
Scarlett LI-SLABY
Scott NICKLAY
Sean ALLEN
Sean HANCOCK
Shannon OVERSCHMIDT
Shaon TAPPIN
Sharmel PRESBERRY
Sharon ADAMS
Sharon NAUMAN
Shawn PERSONS
Shawn STANGLER
Shontay SPENCER
Shunta TIMS-DENWIDDIE
Sila ESTRADA
Sonya STORY
Stephanie WOOD
Stephen JACOBI
Stephen WOODS
Steven COOK
Steven LOVEGREN
Steven MCCLURG
Steven RELLERGERT
Supinya WUNGKAWING
Suresh RAMSAROOP
Susan DEAN
Tamara TOLES
Tammy SHERMAN
Tanta CROWLEY
Tanya GREER-POWERS
Ted KALETA
Teena DEEM
Terelle HINTON
Teresa DAVIS
Terrance MERRIWEATHER

Terrence COCHRAN
Terry PERKINS
Thang MUAN
Theodore COSGROVE
Theodore HILL
Thomas BLASDEL
Thomas GUIN
Thomas IGNACZAK
Thomas RICHARDS
Thomas STEIBEL
Thomas WHITE
Thomas ZEISLER
Tiffany MCCULLEY
Timothy BURTON
Timothy LENGER
Tobias WELLS
Todd COVILLI
Todd JOHNSON
Toni HARDIN
Tonja BARRERA
Tony ATKINS JR
Tony NICHOLS
Tonya FAIRES
Torri CARSON
Towanda WHITFIELD
Trisha PETERSON
Troy SEALS
Trudy MABRY
Tuan LE
Turan TAYLOR
Twywanda WHITE
Uneisha LANE
Vernadine HOGAN
Walter CLYNES
Wanda SEALS
Wesley KENDALL
Weston REIDT
Whitney HILTON
Wilbert DOUGLAS-CARTER
Wiley WILLIAMS
William AVISE
William BAUER
William HENSLEY
William LEWIS
William MCCOY

Xiaoran WANG
Yevgeni KROTIN
Zachary BLOCKER
Zachary LOONEY
Zachary MOON

4T

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH02215	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10)

Section 1: General Information

Facility Name: Dynavax Technologies Corporation

Physical Address: 2100 Powell Street, Suite 720

City: Emeryville State: CA Zip: 94608

Mailing Address (if different from physical address): 2100 Powell Street, Suite 720

City: Emeryville State: California Zip: 94608

Telephone: (510) 848-5100 Website: https://dynavax.com

Name of Designated Representative (DR): George Clothier

Licensing Company Email: ContractOps@dynavax.com DR Email: ContractOps@dynavax.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical Products (medical devices, equipment, supplies, gases)	☐ Reverse Distributor
☒ Wholesalers	☒ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Specialty Distributors	Biologics	☒ Others: Virtual Manufacturer

Section 2: <u>ONLY COMPLETE THIS SECTION IF THE COMPANY IS WHOLESALING</u> [3]Medical Products (medical devices, equipment, <u>supplies and gases</u>). Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A <u>practicing</u> health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 3 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 4: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attached

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Genzyme Corporation

Corporation/Organization Name: Dynavax Technologies Corporation

Mailing Address: 2100 Powell Street, Suite 720

City: Emeryville State: California Zip: 94608

Telephone: (510) 848-5100 Email: ContractOps@dynavax.com

Contact Person Name: George Clothier

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Dynavax Technologies Corporation

Facility Name

Robert Janssen

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted) Date

Board Use Only	Date Received: 6/22/26	Amount: $1000 - CK 5816

Section 9: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 10: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale [a]Medical Products (medical devices, equipment, supplies, gases). (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Products (medical devices, equipment, supplies, gases), supply a copy of proof of insurance (NAC 639.6957).** The Medical Products wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 9)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20NRS%20639.500%20-%20Effective%2001.07.2026%20-%20Wholesaler%20-%20Post%20on%201.26.26.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Current through June 09, 2026

You have searched Finished drug products

Search Results: *'dynavax'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketi Date
+ HEPLISAV-B	43528-003-05	20 ug/.5mL	INJECTION, SOLUTION	INTRAMUSCULAR	BLA125428	Dynavax Technologies Corporation	43528-003	Hepatitis B Vaccine (Recombinant) Adjuvanted	HEPATITIS B VIRUS SUBTYPE ADW HBSAG SURFACE PROTEIN ANTIGEN	VACCINE	01/01/2018	N/A

Showing 1 to 1 of 1 entries Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

DYNAVAX
INNOVATING IMMUNOLOGY

Description of Operations

Dynavax Technologies Corporation ("Dynavax") is a Virtual Manufacturer. Dynavax is a privately held company. Dynavax's products are manufactured by a contract manufacturer and will be distributed to hospitals by their third-party logistics provider ICS, who is licensed to ship pharmaceutical products into your state.

Dynavax's product is manufactured by the following contract manufacturer:

Simtra US, LLC

927 S. Curry Pike.

Bloomington, Indiana 47403

Contact Person: Austin Dickey

Contact Number [redacted]

FDA Establishment Number: 1000115571

Products: Simtra US, LLC manufactures Dynavax's product and packages finished product. At no time is commercial product manufactured at, stored at, or distributed from Dynavax's Emeryville Offices. Dynavax's products are not controlled substances.

Labeler Code: 43528

Third Party Logistics Information:

Dynavax will be utilizing a Third Party Logistics Provider (3PL) to distribute their product. The following 3PL will be utilized:

Integrated Commercialization Solutions, Inc. (ICS)

420 International Blvd, Suite 500

Brooks, KY 40109

Contact Number: [redacted]

Dynavax's hours of operation are 8:00am-5:00pm Pacific Standard Time

Registered Agent: CT Corporation Services

DYNAVAX
INNOVATING IMMUNOLOGY

Ownership Info

Dynavax Technologies Corporation ("Dynavax") is a privately held company, owned 100% by Genzyme Corporation.

Company Information:

2100 Powell Street, Suite 720
Emeryville, CA 94608
Phone: +1.510.848.5100
Email: ContractOps@Dynavax.com
FEIN: 33-0728374

State of Formation: Delaware

Corporate Officers

Robert Janssen, Senior Vice President & Chief Medical Officer

Business: 2100 Powell Street, Suite 720
Emeryville, CA 94608
Phone: +1.510.848.5100
Email: ContractOps@Dynavax.com

Owns less than 1%

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DYNAVAX TECHNOLOGIES CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF MAY, A.D. 2026.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

3302804 8300

SR# 20262471915

Authentication: 203926115

Date: 05-13-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

Please Note: Dynavax Technologies Corporation will receive a new license # w/ submission of a change of ownership for its resident state, California. However, licensure is optional and not required of Dynavax Technologies Corporation. Attaching Email explanation.

CALIFORNIA STATE BOARD OF PHARMACY
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3100

Renewal License

Wholesale Drug Permit

License No. WLS 8131
Receipt No. 00199759

Valid Until: 9/1/2026

DYNAVAX TECHNOLOGIES CORPORATION
2100 POWELL ST STE 720
EMERYVILLE, CA 94608

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

This permit is valid only at the address shown.

The official status of this license can be verified at www.pharmacy.ca.gov

---- NON-TRANSFERABLE ----- POST IN PUBLIC VIEW -----

FORM WPHWLS (09/30/19) WLS

CALIC100 RENWALR 07282025 50384 SEQ#0894

DYNAVAX TECHNOLOGIES CORPORATION
2100 POWELL ST STE 720
EMERYVILLE, CA 94608
8947

BOARD OF PHARMACY
2720 GATEWAY OAKS DR, SUITE 100
SACRAMENTO, CA 95833

Message Insert Format text Draw Options

Calibri 11

To Bcc

Cc

Re: Licensure Requirements- Manufacturers/Virtual Manufacturers Draft saved at 1:22 PM

From: Dang, Janice
Sent: Tuesday, June 25, 2024 7:04 PM
[redacted]
Subject: RE: Licensure Requirements- Manufacturers/Virtual Manufacturers

[External]

Good Afternoon,

I was requested to respond to your question. Please refer to **Business and Professions Code section 4160(h)** which states a drug manufacturer premises licensed by the Food and Drug Administration or licensed pursuant to Section 11615 of the Health and Safety Code that only distributes dangerous drugs and dangerous devices of it own manufacture is exempt from this section and section 4161.

Therefore, if you are a virtual manufacturer/manufacturer licensure as a wholesaler or nonresident wholesaler with the California State Board of Pharmacy is not required if you only distribute dangerous drugs and dangerous devices that [redacted] as the NDA or manufactures.

However, if XXXX also distributes dangerous or dangerous devices which they **are not listed** with the FDA or the California Dept of Public Health, State Food and Drug Branch (CDPH, SFDB), as the manufacturer or does not hold the NDA, then a wholesaler license (if located in CA) or nonresident wholesaler license (outside of CA and within the United States or a territory of the U.S.) is required

I hope this answers your question. Otherwise, my contact information is below if you have any additional questions.

Sincerely,

Janice Dang, Pharm.D.
Supervising Inspector
California State Board of Pharmacy

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 9501814

Application/License No. _____

DYNAVAX TECHNOLOGIES CORPORATION (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2100 Powell Street, Suite 720 Emeryville, CA 94608 (Address of Applicant/Principal), as PRINCIPAL, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND (Surety Company), a corporation organized under the laws of the state of IL (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1299 Zurich Way, 5th Floor Schaumburg, IL 60196-1056 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 31, 2026 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 15th day of July, 20 26.

APPLICANT/PRINCIPAL
DYNAVAX TECHNOLOGIES CORPORATION

Authorized Representative

SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

Surety Company's Representative

Wayne G. McVaugh, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Sara Owens

Witness Lori Shelton

Countersigned by:

Nevada Resident Agent Wayne G. McVaugh

Posted February 20, 2020

ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by Robert D. Murray, Vice President, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint AnnMarie BREENE, Joanne C. WAGNER, Patricia DORSANEO, Cathy H. HO, Patricia A. RAMBO, Sara OWENS, Kimberly G. SHERROD, Patrick R. BREENE, Babette WARD, Dana DONAHUE, Lori S. SHELTON, Wayne G. MCVAUGH of Philadelphia, Pennsylvania, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings**, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the
FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND**, this 25th day of February A.D. 2025.

ATTEST:
ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

SEAL SEAL SEAL

By: Thomas O. McClennan
Vice President

By: Dawn E. Brown
Secretary

State of Maryland
County of Baltimore

On this 25th day of February, A.D. 2025 before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Thomas O. McClellan, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Genevieve M. Maison
Notary Public
My Commission Expire January 27, 2029

Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify of revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 15th day of July, 2026



MJ Pethick

Mary Jean Pethick
Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
reportsfclaims@zurichna.com
800-626-4577

Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Dynavax Technologies Corporation

Pharmacy/Wholesaler License # (if applicable) WH02215

Physical Address 2100 Powell Street, Suite 720

City Emeryville State CA Zip 94608

Mailing Address (if different from physical address) 2100 Powell Street, Suite 720

City Emeryville State California Zip 94608

Telephone (510) 848-5100 Website https://dynavax.com

Licensing Company Email ContractOps@dynavax.com

Section 2: Personal Information

First George Middle Whitney Last Clothier

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 2100 Powell Street, Suite 720

City Emeryville State California Zip 94608

Telephone (510) 848-5100 Email ContractOps@dynavax.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Stanford University, Graduate School of Business		1987	
Address	**City**	**State**	**Zip**
450 Jane Stanford Way	Stanford	CA	94305
Diploma/Degree obtained, if any			
Master of Business Administration, Concentration in Strategy and Operations			

School Name		From - To (MM/YY – MM/YY)	
Dartmouth College		1982 & 1983	
Address	**City**	**State**	**Zip**
	Hanover	NH	03755
Diploma/Degree obtained, if any			
Bachelor of Arts 1982, Bachelor of Engineering 1983, Materials Engineering major			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
Current	[redacted]	Kensington	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Dynavax Technologies Corporation			4/2018-Present	
Business Address		**City**	**State**	**Zip**
2100 Powell Street, Suite 720		Emeryville	CA	94608
Phone	**Title**		**Number of Employed Hours**	
(510) 848-5100	Exec Director, Supply Chain		16K	
Description of Duties				
See Attached				

Business Name			From - To (MM/YY – MM/YY)	
GlaxoSmithKline Vaccines, Formerly Novartis Vaccines & Diagnostics (			4/2008-3/2018	
Business Address		**City**	**State**	**Zip**
79 New Oxford Street		London	United	WC1A 1DG
Phone	**Title**		**Number of Employed Hours**	
+44 20 8047 5000	Head of Customer Service, Head Supply Chain Integration		20K	
Description of Duties				
See Attached				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

George W. Clothier

PROFILE

Senior Supply Chain leader with over 30 years of operational and consulting experience in vaccines and related industries. Delivers Supply Chain solutions across Demand, Planning, Customer Service and Distribution functions in complex international environments. Managed up to 70 professionals delivering over $7 Billion of vaccines to 100+ countries.

PROFESSIONAL EXPERIENCE

Dynavax Technologies (4/2018 – present), Emeryville, California
Sr. Director, Commercial Supply Chain
Providing strategic and operational leadership for biopharmaceutical company launching its first commercial product, a Hepatitis B vaccine.

- Responsible for entire supply chain including strategy, sales & operations planning, inventory management, EU product launch
- Day-to-day management of Contract Manufacturing Organizations, EU 3PL
- Coordinate all cold chain shipments of drug substance, drug product and samples
- Lead artwork development and serialization programs

GlaxoSmithKline Vaccines (3/2015 - 3/2018), Wavre, Belgium
Formerly **Novartis Vaccines & Diagnostics** (4/2008 - 3/2015) US, Italy, Germany, UK
Head of Customer Service (1/2017 - 3/2018) – Responsible for supply and order management for the full $7 Billion GSK Vaccines portfolio.

- Managed stock in GSK country entities through Vendor Managed Inventory program
- Represented Commercial function in S&OP planning process and meetings
- Created and managed internal and third party (GAVI and distributors) orders to ship over 500 million doses annually to over 100 countries
- Led reorganization and reengineering efforts to improve Customer Service function and its role within Global Vaccines Supply Chain

Head Supply Chain Integration (7/2015 - 1/2017) Led 70 person legacy Novartis Supply Chain team following 2015 acquisition and integrated function into GSK Supply Chain.

Operating legacy Novartis vaccines supply chain (> $1 Billion revenue)

- Sales & Operational Planning
- Forecasting & Demand Management
- Supply & Production Planning
- Order Management & Distribution

Integrating legacy Novartis into GSK Global Vaccines Supply Chain

- Implementing GSK SAP at 3 sites
- Migrating processes to GSK SOPs
- Restructuring organization
- Changing artwork, distribution channels

Orchestrated S&OP process between global functions and manufacturing sites in Germany, Italy and India to meet business objectives and ensure continuity of supply:

- Ensured alignment between site production plans and global supply needs
- Launched new products and improved supply chain processes
- Allocated products in short supply to minimize stock-outs and ensure patient access
- Mitigated impacts of Demand (new tenders) or Supply (deviations) changes

George W. Clothier

Led integration of Novartis Vaccines Supply Chain into GSK:

- Managed organizational transition, moving high-performing staff into new roles within GSK and retaining leavers until integration and knowledge transfer complete
- Moved to one global supply chain by rolling out GSK ways of working to Novartis sites
- Oversaw IT data migration and cut-over plan to ensure smooth Go Live

Led numerous process improvements to Novartis Supply Chain:

- Built Swiss Supply Hub to support launch of new vaccines with $400m revenue.
- Improved customer service On-Time In-Full performance from 37% to 85+%.
- Implemented new shipping containers to drive temperature excursions from 10% of shipments to <1%, while driving down freight forwarding costs 10%.

CONSULTING EXPERIENCE

a-Connect 2006-2008
Talent Manager and Independent Professional for Swiss consulting firm

- Project managed post-merger headquarters relocation for vaccines manufacturer
- Led flu and therapeutic vaccines strategy reviews
- Post-merger integration for Swiss Internet Service Provider acquiring US-based ISP

Deloitte Consulting 1986-2004 (Partner 1997-2004)
Leader, Philadelphia Strategy & Operations Practice, 2003-2004
Leader, Paris Supply Chain Practice, 1998-2002
Partner and Administrative Head, Mexico Consulting Practice, 1995-1998

Strategy & Operations consulting experience focused on Sales, Service and Supply Chain Management for manufacturing clients in automotive, chemical, consumer products and pharmaceutical industries. Helped clients transform their organizations by developing new business models, reengineering processes, leveraging technology and managing organizational change.

EDUCATION

Stanford University, Graduate School of Business, 1987
Master of Business Administration, Concentration in Strategy and Operations
Arjay Miller Scholar (top 10% of class)

Dartmouth College, 1982 & 1983
Bachelor of Arts 1982, Bachelor of Engineering 1983, Materials Engineering major
Magna Cum Laude (BA), Number 1 class ranking (BE)

French and Spanish fluency

CONTACT INFORMATION

[redacted]

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, George Clothier, **certify that as the designated representative for**

Dynavax Technologies Corporation,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. GC I am at least 21 years of age;
3. GC I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. GC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. GC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. GC I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. GC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

George Clothier

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

15 JUN 2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

George Clothier

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

15 JUN 2026

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Alameda

I, George Clothier, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

15 JUN 2026

Date

Subscribed and Sworn to before me this 15th day of June, 2026.

Notary Public Signature

SUNGSOO HAN
COMM. #2492331
Notary Public · California
Alameda County
My Comm. Expires July 11, 2028

NRO1 NRO1

(Seal)

Dynavax Technologies Corporation-Employees

Employee Name (Last Suffix, First MI)
Agnew, Kristian J.
Alade, Olusegun K.
Albertson, Matthew
Anderson, Demia
Arreguin, Walman
Asati, Atul
Ashley, Raejanna
Au, Christy
Barajas, David
Basu, Sabrina
Beacham, DuWanda
Bhatia, Aashish
Bhatt, Shiven
Bibb, Starky
Birdsell, Alexandria N.
Blake Jr., Frank R.
Bottomley, Matthew J.
Boyce, Tammy G.
Briggs, Caprice
Burgess, Catherine E.
Cadden, Thomas
Camacho, Susana R.
Camilleri, Elizabeth
Campbell, John D.
Canfield, Laura
Casilang, Ashlynn Y.
Cassino, Theresa R.
Chen, David S.
Cisneros, Victoria
Clothier, George
Conover, Seth
Coon, Jeffrey
Dela Cruz, Leslie
Di Leo, Gerardo
Dube, Thembekile P.
Ducusin, Jellin M.
Edwards, Arianna
El-Tayeh, Ghayda S.
Familia, Alex
Fessahaye, Eden
Gerbacio, Kyla
Gohlke, Martin
Guevara, Gilma A.
Gupte, Manasi
Haack, Megumi
Hallinan, Jessica

Harano, Justin
Head, Yaminah
Helling, Friedrich W.
Henry, Ouzama
Holley, Cynthia P.
Janssen, Robert
Jory, Kevin
Keeffer, Mary
Klein, Abby
Komaroff, Wendy
Kornblatt, Eleni C.
Lee, Rui Qi Rachel
Leong, Amy
Lewis, Monika
Lin, Sansan
Liu, Hao Yuan
Liu, Yong
Lukes, Geraldine A.
Lura, Tracy
MacGabhann, Caroline
Martin, Robert A.
Martinez, Angelica M.
Matsubara, John
McKoy, Kelvin
Medzihradsky, Oliver
Mercurio, Dina
Mullins, Arrikka
Oaks, Adam W.
O'Brien, Teresa M.
Odueyungbo, Adefowope O.
Ohrr, Kevin
Oley, Sharon D.
Omega, Neil
Osteria, Priscilla
Pan-Long, Benedict C.
Prayitno, Diandra
Saechao, Mimi
Sampath, Aruna
Shoffner, Gregory D.
Sinatra, Julia M.
Tan, Yi Jen
Tjandra, Sudarto
Tolleri, Lorenzo
Tran, Tram Q.
Traquina, Paula R.
Trinh, Bonnie N.
Tuazon, Paola
Urban, Maureen M.
Vandenson, Shaley

Vandra, Reena
Walz, Martin E.
Watson, Jill
Wizel, Benjamin
Zuilkowski, Robert

4U

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Eisai Inc.

Physical Address: 200 Metro Blvd.

City: Nutley State: NJ Zip: 07110

Mailing Address (if different from physical address): 200 Metro Blvd.

City: Nutley State: New Jersey Zip: 07110

Telephone: (201) 692-1100 Website: https://us.eisai.com/

Name of Designated Representative (DR): Brian Harraka

Licensing Company Email: StateLicense@Eisai.com DR Email: brian_harraka@eisai.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☒ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Specialty Distributors		☒ Others: Virtual manufacturer

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	x	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
02/01/2007	02/22/2007	NC	Research Triangle Park	Durham NC
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
192837		Alabama Board of Pharmacy		
Reason/Charge				
Operating without completed renewal of license				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				
Eisai Inc				

Provide explanation below:

In 2007, Eisai Inc was issued a disciplinary fine in the amount of $500 by the Alabama Board of Pharmacy for operation without completed renewal of their AL permit. There is no other discipline to report.

Original Signature (electronic, copies or stamps not accepted)

2/11/26
Date

Eisai, Inc. 2007 Alabama Disciplinary History

In February 2007 Eisai, Inc. pled guilty to violating Code of Alabama Section 34-23-22(7) based upon engaging in activities as a manufacturer/wholesaler/distributor without having renewed Eisai's Alabama permit. Accordingly, pursuant to Code of Alabama (1975) Sections 34-23-33 and 41-22-12(e) the issue was resolved informally by the parties and a Consent Order was agreed to in which Eisai paid a fine in the amount of $500.00.

2/22/07

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
EISAI, INC.	)	
	)	
MANUFACTURER/WHOLESALER/ DISTRIBUTOR Permit #192837	)	BOARD OF PHARMACY

CONSENT ORDER

THIS CAUSE came before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against EISAI, INC. (hereinafter referred to as "EISAI") relating to engaging in activities as a manufacturer/wholesaler/distributor during 2007 without EISAI renewing your permit from the Board required by Code of Alabama (1975) Section 34-23-32 and in violation of Code of Alabama (1975) Section 34-23-33 (7) as more specifically set forth in Exhibit "A" hereto:

Prior to a hearing in this cause, EISAI pled guilty to violating Code of Alabama (1975) Section 34-23-33(7) based upon engaging in activities as a manufacturer/wholesaler/distributor during the year 2007 without EISAI having renewed your permit with the Board as evidenced by your execution of Exhibit "A". Accordingly, pursuant to Code of Alabama (1975) Sections 34-23-33 and 41-22-12(e), the matters at issue have been resolved informally by the parties and the parties have agreed that this Consent Order can be entered and include the following terms:

1. That EISAI is guilty of violating Code of Alabama (1975) Section 34-23-33(7) by engaging in activities as a manufacturer/wholesaler/distributor during the year 2007 without EISAI having renewed your permit with the Board in violation of Code of Alabama (1975) Section 34-23-32.

2. That EISAI shall pay to the Board simultaneously with the execution of this

Consent Order a fine in the amount of Five Hundred dollars ($500.00). This obligation of payment to the Board shall not be dischargeable in bankruptcy and it shall not attempt to discharge the same in any bankruptcy proceeding.

3. By execution of this Consent Order, EISAI hereby releases the Board, its members, agents, representatives, servants and employees from any an all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

4. That EISAI expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, Code of Alabama (1975) Section 34-23-1 et seq. and the Alabama Administrative Procedure Act, Code of Alabama (1975) Section 41-22-1 et seq., including but not limited to Code of Alabama (1975) Sections 34-23-34, 34-23-92(7) and (12), 34-23-94, 41-22-12 and 41-22-20, and including but not limited to a statement or notice of charges and the opportunity for a hearing before the Board in connection with any charges against them EISAI further waives any obligation to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975) Section 41-22-18.

5. That EISAI agrees that any future violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

6. That EISAI acknowledges, stipulates and agrees that they have read this Consent Order and that it fully understands the terms, conditions and contents of the same. EISAI acknowledges, stipulates and agrees that it voluntarily and of its own free

will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress or threats or pursuant to any promises.

DONE this the 16th day of February, 2007.

EISAI, INC.

DONE this the 22nd day of February, 2007.

ALABAMA STATE BOARD OF PHARMACY

BY: _____
Rick Stephens, R.Ph.
Its President

By: _____
James S. Ward
Its Attorney

WARD, PARMER & WILSON, LLC
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
205/871-5404

ALABAMA
BOARD OF PHARMACY

HERB BOBO, R.Ph.
Executive Director

10 Inverness Center Parkway
Suite 110
Birmingham, Alabama 35242

(205) 981-2280
Fax (205) 981-2330

www.albop.com

MEMBERS 2007

President
RICK STEPHENS

Vice-President
ROLAND NELSON

Treasurer
TAMMY ROGERS

MIKE MIKELL

ROB NELSON

February 1, 2007

www.hbobo@albop.com

CURT HUMISTON
EISAI, INC.
Eisai Research Triangle Park
900 Davis Drive
Research Triangle PA, NC 27709

Dear Mr. Humiston:

According to our records and investigation, you have engaged in activities as a manufacturer/wholesaler/distributor during 2007 without first having renewed your permit in violation of Code of Alabama (1975) Section 34-23-32. Based on this conduct, you are subject to discipline pursuant to Code of Alabama (1975) Section 34-23-33(7).

As a result, this letter is to inform you of two (2) options. First, you can waive various rights to which you are entitled, including but not limited to, a notice of charges, hearing, counsel, presentation of evidence against you, cross-examination, etc., admit your guilt and sign a Consent Order. This sanction will be a fine in the amount of Five Hundred Dollars ($500.00), which must be submitted at the same time as the signed Consent Order.

Your second option is to contest the allegations set forth in this letter and in that case the Board will schedule an administrative disciplinary hearing and serve you with a notice of charges.

If you desire to accept the first option set forth above, please sign where indicated below. By accepting this option, you understand and acknowledge that you are freely and voluntarily waiving certain rights to which you are entitled as set forth in the Alabama Pharmacy Practice Act and the Alabama Administrative Procedure Act, including but not limited to those rights set forth in this letter. If your acceptance of this option is not received within ten (10) days from the date of this letter, the Board will assume you contest the referenced allegations and will schedule a hearing.

Exhibit A'

Sincerely,

FOR THE ALABAMA STATE BOARD OF PHARMACY

Herb O. Bobo

Herb O. Bobo, R.Ph.
Executive Director

I hereby agree to plead guilty to a violation of Code of Alabama (1975) Section 34-23-33(6), (7) and (12) and accept the sanctions set forth in this letter. I understand that I will be required to sign a Consent Order which will incorporate my plea of guilt, punishment and other standard provisions, such as a provision acknowledging my waiver of rights and procedures pursuant to the Alabama Pharmacy Practice Act and the Alabama Administrative Procedure Act and my release of the Board or its agents from any liability in connection with this matter.

OWNER/REPRESENTATIVE
EISAI, INC.

2/16/07
(Date signed)

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No Suppliers sold, dispensed or distributed w/i last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Eisai Corporation of North America

Corporation/Organization Name: Eisai, Inc.

Mailing Address: 200 Metro Blvd.

City: Nutley State: New Jersey Zip: 07110

Telephone: (201) 692-1100 Email: ~~vince.andrews~~@eisai.com

Contact Person Name: Vincent Andrews Vincent_Andrews

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		x
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Eisai Inc.
Facility Name

Brian Harraka
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

2/11/26
Date

Board Use Only	Date Received: 4/27/26	Amount: $1000 - ck 5515

Description of Operations

Eisai, Inc. (Eisai) is a privately held New Jersey based virtual manufacturer devoted to human health care to discover, develop and market innovative solutions and therapies that help address unmet medical needs focused on the therapeutic areas of oncology and neurology. Eisai product portfolio includes Halaven, which is a prescription injectable medicine used to treat adults with breast cancer that has spread to other parts of the body, and who have already received other types of anticancer medicines after the cancer has spread. Eisai has also added to their product portfolio, Leqembi, to focus on treatment for Alzheimer's disease.

Eisai uses the following contract manufacturers to produce and/or package product:

Eisai Manufacturing Ltd.
European Knowledge Centre Mosquito Way,
Hatfield, United Kingdom AL10 9SN
(Facility Establishment Identifier: 3008356774)

DelPharm Huningue S A S
26 Rue de la Chapelle
Huningue, France 68330
(Facility Establishment Identifier: 3003157245)

Sharp Packaging Solutions
23 Carland Rd
Conshohocken, PA 19428
(Facility Establishment Identifier: 2518332)

Pharma Packaging Solutions, LLC
341 JD Yarnell Industrial Parkway
Clinton, TN 37716
(Facility Establishment Identifier: 3002763532)

Eisai Manufacturing Ltd., DelPharm Huningue, Sharp Packaging Solutions and Pharma Packaging Solutions manufacture Eisai's product and package finished product. As a virtual manufacturer, Eisai does not manufacture, distribute, or store product at their facility. At no time does any contract manufacturer own the product, contract with Eisai customers, invoice nor sell Eisai product.

The aforementioned contract manufacturers will ship the finished product directly to UPS Supply Chain Solutions (UPS) and Cardinal Health. The 3PLs manage the storage and distribution of products to wholesalers.

- UPS Supply Chain Solutions - 1860 Outer Loop Louisville, KY 40219
- Cardinal Health - 501 Mason Rd. Ste 200 LaVergne, TN 37086
- Cardinal Health - 6640 Echo Ave Suite D, Reno, NV 89506

Eisai Inc.'s hours of operations are Monday through Friday 9am – 5pm.

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Current through March 30, 2026

You have searched Finished drug products

Search Results: *'eisai'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date
Aricept	62856-245-30	5 mg/1	TABLET, FILM COATED	ORAL	NDA020690	Eisai Inc.	62856-245	donepezil hydrochloride	DONEPEZIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/25/1996
Aricept	62856-246-30	10 mg/1	TABLET, FILM COATED	ORAL	NDA020690	Eisai Inc.	62856-246	donepezil hydrochloride	DONEPEZIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/25/1996
Aricept	62856-247-30	23 mg/1	TABLET, FILM COATED	ORAL	NDA022568	Eisai Inc.	62856-247	donepezil hydrochloride	DONEPEZIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	07/23/2010
Banzel	62856-582-04	200 mg/1	TABLET, FILM COATED	ORAL	NDA021911	Eisai Inc.	62856-582	rufinamide	RUFINAMIDE	HUMAN PRESCRIPTION DRUG	08/08/2018
Banzel	62856-582-52	200 mg/1	TABLET, FILM COATED	ORAL	NDA021911	Eisai Inc.	62856-582	rufinamide	RUFINAMIDE	HUMAN PRESCRIPTION DRUG	11/14/2008
Banzel	62856-583-14	400 mg/1	TABLET, FILM COATED	ORAL	NDA021911	Eisai Inc.	62856-583	rufinamide	RUFINAMIDE	HUMAN PRESCRIPTION DRUG	08/08/2018
Banzel	62856-583-52	400 mg/1	TABLET, FILM COATED	ORAL	NDA021911	Eisai Inc.	62856-583	rufinamide	RUFINAMIDE	HUMAN PRESCRIPTION DRUG	11/14/2008
Banzel	62856-584-46	40 mg/mL	SUSPENSION	ORAL	NDA201367	Eisai Inc.	62856-584	rufinamide	RUFINAMIDE	HUMAN PRESCRIPTION DRUG	03/03/2011
DAYVIGO	62856-405-10	5 mg/1	TABLET, FILM COATED	ORAL	NDA212028	Eisai Inc.	62856-405	lemborexant	LEMBOREXANT	HUMAN PRESCRIPTION DRUG	04/07/2020
DAYVIGO	62856-405-30	5 mg/1	TABLET, FILM COATED	ORAL	NDA212028	Eisai Inc.	62856-405	lemborexant	LEMBOREXANT	HUMAN PRESCRIPTION DRUG	04/07/2020
DAYVIGO	62856-405-90	5 mg/1	TABLET, FILM COATED	ORAL	NDA212028	Eisai Inc.	62856-405	lemborexant	LEMBOREXANT	HUMAN PRESCRIPTION DRUG	04/07/2020
DAYVIGO	62856-410-30	10 mg/1	TABLET, FILM COATED	ORAL	NDA212028	Eisai Inc.	62856-410	lemborexant	LEMBOREXANT	HUMAN PRESCRIPTION DRUG	04/07/2020
DAYVIGO	62856-410-90	10 mg/1	TABLET, FILM COATED	ORAL	NDA212028	Eisai Inc.	62856-410	lemborexant	LEMBOREXANT	HUMAN PRESCRIPTION DRUG	04/07/2020

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date
Fycompa	62856-272-14	2 mg/1	TABLET	ORAL	NDA202834	Eisai Inc.	62856-272	perampanel	PERAMPANEL	HUMAN PRESCRIPTION DRUG	08/08/2018
Fycompa	62856-272-30	2 mg/1	TABLET	ORAL	NDA202834	Eisai Inc.	62856-272	perampanel	PERAMPANEL	HUMAN PRESCRIPTION DRUG	10/22/2012
Fycompa	62856-272-90	2 mg/1	TABLET	ORAL	NDA202834	Eisai Inc.	62856-272	perampanel	PERAMPANEL	HUMAN PRESCRIPTION DRUG	10/22/2012
Fycompa	62856-274-90	4 mg/1	TABLET	ORAL	NDA202834	Eisai Inc.	62856-274	perampanel	PERAMPANEL	HUMAN PRESCRIPTION DRUG	10/22/2012
Fycompa	62856-274-30	4 mg/1	TABLET	ORAL	NDA202834	Eisai Inc.	62856-274	perampanel	PERAMPANEL	HUMAN PRESCRIPTION DRUG	10/22/2012
Fycompa	62856-274-14	4 mg/1	TABLET	ORAL	NDA202834	Eisai Inc.	62856-274	perampanel	PERAMPANEL	HUMAN PRESCRIPTION DRUG	08/08/2018
Fycompa	62856-276-90	6 mg/1	TABLET	ORAL	NDA202834	Eisai Inc.	62856-276	perampanel	PERAMPANEL	HUMAN PRESCRIPTION DRUG	10/22/2012
Fycompa	62856-276-30	6 mg/1	TABLET	ORAL	NDA202834	Eisai Inc.	62856-276	perampanel	PERAMPANEL	HUMAN PRESCRIPTION DRUG	10/22/2012
Fycompa	62856-278-30	8 mg/1	TABLET	ORAL	NDA202834	Eisai Inc.	62856-278	perampanel	PERAMPANEL	HUMAN PRESCRIPTION DRUG	10/22/2012
Fycompa	62856-278-90	8 mg/1	TABLET	ORAL	NDA202834	Eisai Inc.	62856-278	perampanel	PERAMPANEL	HUMAN PRESCRIPTION DRUG	10/22/2012
Fycompa	62856-280-30	10 mg/1	TABLET	ORAL	NDA202834	Eisai Inc.	62856-280	perampanel	PERAMPANEL	HUMAN PRESCRIPTION DRUG	10/22/2012
Fycompa	62856-280-90	10 mg/1	TABLET	ORAL	NDA202834	Eisai Inc.	62856-280	perampanel	PERAMPANEL	HUMAN PRESCRIPTION DRUG	10/22/2012
Fycompa	62856-282-30	12 mg/1	TABLET	ORAL	NDA202834	Eisai Inc.	62856-282	perampanel	PERAMPANEL	HUMAN PRESCRIPTION DRUG	10/22/2012
Fycompa	62856-282-90	12 mg/1	TABLET	ORAL	NDA202834	Eisai Inc.	62856-282	perampanel	PERAMPANEL	HUMAN PRESCRIPTION DRUG	10/22/2012
Fycompa	62856-290-38	.5 mg/mL	SUSPENSION	ORAL	NDA208277	Eisai Inc.	62856-290	perampanel	PERAMPANEL	HUMAN PRESCRIPTION DRUG	04/30/2016
Halaven	62856-389-01	.5 mg/mL	INJECTION	INTRAVENOUS	NDA201532	Eisai Inc.	62856-389	eribulin mesylate	ERIBULIN MESYLATE	HUMAN PRESCRIPTION DRUG	11/15/2010
LECANEMAB AUTOINJECTOR	62856-220-01	200 mg/mL	INJECTION, SOLUTION	SUBCUTANEOUS	BLA761375	Eisai Inc.	62856-220	lecanemab-irmb	LECANEMAB-IRMB	HUMAN PRESCRIPTION DRUG	08/29/2025
Lenvima	62856-704-30	4 mg/1	CAPSULE	ORAL	NDA206947	Eisai Inc.	62856-704	Lenvatinib	LENVATINIB	HUMAN PRESCRIPTION DRUG	08/15/2018

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date
Lenvima	62856-708-30	4 mg/1	CAPSULE	ORAL	NDA206947	Eisai Inc.	62856-708	Lenvatinib	LENVATINIB	HUMAN PRESCRIPTION DRUG	05/13/2016
Lenvima	62856-710-30	10 mg/1	CAPSULE	ORAL	NDA206947	Eisai Inc.	62856-710	Lenvatinib	LENVATINIB	HUMAN PRESCRIPTION DRUG	02/13/2015
Lenvima	62856-712-30	4 mg/1	CAPSULE	ORAL	NDA206947	Eisai Inc.	62856-712	Lenvatinib	LENVATINIB	HUMAN PRESCRIPTION DRUG	08/15/2018
Lenvima	62856-714-30		KIT		NDA206947	Eisai Inc.	62856-714	Lenvatinib		HUMAN PRESCRIPTION DRUG	02/13/2015
Lenvima	62856-718-30		KIT		NDA206947	Eisai Inc.	62856-718	Lenvatinib		HUMAN PRESCRIPTION DRUG	05/13/2016
Lenvima	62856-720-30	10 mg/1	CAPSULE	ORAL	NDA206947	Eisai Inc.	62856-720	Lenvatinib	LENVATINIB	HUMAN PRESCRIPTION DRUG	02/13/2015
Lenvima	62856-724-30		KIT		NDA206947	Eisai Inc.	62856-724	Lenvatinib		HUMAN PRESCRIPTION DRUG	02/13/2015
LEQEMBI	62856-212-01	100 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	BLA761269	Eisai Inc.	62856-212	lecanemab	LECANEMAB	HUMAN PRESCRIPTION DRUG	01/06/2023
LEQEMBI	62856-215-01	100 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	BLA761269	Eisai Inc.	62856-215	lecanemab	LECANEMAB	HUMAN PRESCRIPTION DRUG	01/06/2023

Showing 1 to 40 of 40 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services



Ownership Information

Eisai, Inc.
200 Metro Blvd
Nutley NJ 07110
(201) 692-1100
https://us.eisai.com
FEIN: 22-3364205
DE – Incorporated 4/3/1995 with File Number: 2487221

Eisai Corporation of North America (FEIN: 22-3166046) owns 100% of Eisai, Inc.

Officer Information

Tatsuyuki Yasuno, Chairman and CEO
Business Address: 200 Metro Blvd. Nutley, NJ 07110

Brian Harraka, Vice President & Chief Financial Officer
Business Address: 200 Metro Blvd. Nutley, NJ 07110

Vincent P. Andrews, Senior Vice President, General Counsel, Secretary and Chief Compliance Officer
Business Address: 200 Metro Blvd. Nutley, NJ 07110

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EISAI INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EISAI INC." WAS INCORPORATED ON THE THIRD DAY OF APRIL, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

2487221 8300

SR# 20260315391

Authentication: 202925826

Date: 01-27-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0024075

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written noticeprior to the change of the address of such new location and the name and address of the individual to be in charge thereof.A fee of $20.00 shall accompanying such notification."

Registered as: ☑ Manufacturer ☑ Distributor which conducts business at the following locations:

Reg. No.:
5006429

EISAI INC
200 METRO BLVD
NUTLEY, NJ 07110

ISSUED PURSUANT TO:
N.J.S.A. 24:6B
EXPIRES: January 31, 2027

Establishment Copy

Registration Number: 5006429 **Registered As:** Manufacturer,Distributor Information Recorded in the System as of 03/30/2026

Name: EISAI INC New Jersey Department of Health

DBA:

Address: 200 METRO BLVD NUTLEY, NJ 07110

Original Issue Date: 04/16/2024 **Expiration Date:** 01/31/2027

Current Issue Date: 12/02/2025

Disciplines: No

Permit Status: Active

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	05-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	04-01-2025

U P S SUPPLY CHAIN SOLUTION INC,
1860 OUTER LOOP
LOUISVILLE, KY 402193429

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	05-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	04-01-2025

U P S SUPPLY CHAIN SOLUTION INC,
1860 OUTER LOOP
LOUISVILLE, KY 402193429

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	05-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	04-01-2025

U P S SUPPLY CHAIN SOLUTION INC,
1860 OUTER LOOP
LOUISVILLE, KY 402193429

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond Number K40382574 issued by Westchester Fire Insurance Company, as Surety, dated the 1st day of October, 2020, in the amount of Twenty-five Thousand & 00/100 ($ 25,000.00), on behalf of Eisai Inc., as Principal, and in favor of Nevada State Board of Pharmacy, as Obligee, covers a term which began on the 1st day of October, 2020, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated this 18th day of March, 2026.

Westchester Fire Insurance Company
Surety

By: _____
Jessica Iannotta Attorney-in-Fact

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Delaware corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint

Jessica Iannotta

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **19th** day of **July, 2024**.

Rupert HD Swindells, Assistant Secretary

Warren Eichhorn, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this **19th** day of **July, 2024** before me, a Notary Public of New Jersey, personally came Rupert HD Swindells and Warren Eichhorn, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Rupert HD Swindells and Warren Eichhorn, being by me duly sworn, severally and each for himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

Albert Contursi
NOTARY PUBLIC OF NEW JERSEY
No 50202369
Commission Expires August 22,2027

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Rupert HD Swindells, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this March 18, 2026

Rupert HD Swindells, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903- 3493 Fax (908) 903- 3656 e-mail: surety@chubb.com

Eisai Inc.
200 Metro Boulevard, Nutley, NJ 07110

hhc
human health care

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno, NV, 89521
(775) 850-1440

RE: Designated Representative additional experience

To whom it may concern:

This letter is intended to supplement my current resume by outlining additional responsibilities and experience not previously captured. It is meant to provide further clarity on the breadth of my involvement in operational, financial, and compliance-related activities within Eisai Inc.

In my role as Vice President and Chief Financial Officer at Eisai Inc., I am directly involved in activities related to the distribution of pharmaceutical products. This includes oversight of key operational processes such as shipping, inventory management, and order fulfillment, ensuring they are executed in a controlled, compliant, and efficient manner. In this capacity, I regularly interface with cross-functional teams to maintain alignment with company standards and regulatory expectations.

My team serves as the primary point of reference for all aspects of inventory and cost accounting, providing financial oversight, analysis, and governance across the end-to-end product lifecycle. This includes monitoring inventory valuation, ensuring accurate cost recognition, and supporting financial reporting. Additionally, the team oversees customer service operations related to order processing, issue resolution, and the handling of product returns, ensuring that these activities are managed in accordance with internal policies and quality standards.

Through this structure, I maintain visibility into both the operational and financial dimensions of product distribution, enabling effective risk management, internal control, and decision support.

Signed,

DocuSigned by:
Brian Harraka
2DAD7B5D2192425...

Date: 14 May 2026 | 9:51 AM EDT

Brian Harraka
Vice President & CFO
Eisai Inc.

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application
Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Eisai Inc. (VIRTUAL MANUFACTURING IN NJ)
Pharmacy/Wholesaler License # (if applicable) Pending
Physical Address 200 Metro Blvd.
City Nutley State NJ Zip 07110
Mailing Address (if different from physical address)
City 200 Metro Blvd. State New Jersey Zip 07110
Telephone (201) 692-1100 Website https://us.eisai.com/
Licensing Company Email StateLicense@Eisai.com

Section 2: Personal Information

First Brian Middle Keith Last Harraka
Alias(es, nicknames, name changes, etc.)
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X
Mailing Address 200 Metro Blvd.
City Nutley State New Jersey Zip 07110
Telephone (201) 692-1100 Email brian_harraka@eisai.com
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		x

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Montclair State University		08/97 - 05/01	
Address	City	State	Zip
1 Normal Ave	Montclair	NJ	07043
Diploma/Degree obtained, if any			
Bachelor of Science in Accounting			

School Name		From - To (MM/YY – MM/YY)	
Wayne Valley High School		09/93- 06/97	
Address	City	State	Zip
551 Valley Rd	Wayne	NJ	07470
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)		City	State	
12/11 - Present	[redacted]	Wayne	NJ	[redacted]
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Eisai, Inc.			04/24 - Present
Business Address	**City**	**State**	**Zip**
200 Metro Blvd	Nutley	NJ	07110
Phone	**Title**	**Number of Employed Hours**	
201-692-1100	VP & CFO	40 hours a week	
Description of Duties			
See attached resume			

Business Name			From - To (MM/YY – MM/YY)
Eisai, Inc.			10/19 - 04/24
Business Address	**City**	**State**	**Zip**
200 Metro Blvd	Nutley	NJ	07110
Phone	**Title**	**Number of Employed Hours**	
201-692-1100	VP, Deputy CFO, & Corp. Controller	40 hours a week	
Description of Duties			
See attached resume			

Business Name			From - To (MM/YY – MM/YY)
Novartis Corporation			12/06 - 09/19
Business Address	**City**	**State**	**Zip**
1 Health Plaza	East Hanover	NJ	07936
Phone	**Title**	**Number of Employed Hours**	
862-778-8300	Executive Director - Accounting	40 hours a week	
Description of Duties			
See attached resume			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

BRIAN HARRAKA CPA | CGMA

SENIOR EXECUTIVE | CFO ◦ ACCOUNTING ◦ FINANCE ◦ ADMINISTRATION ◦ FINANCIAL PLANNING & ANALYSIS

- **Global Operations | Executive Leadership**
- **Strategic Financial Planning & Analysis**
- **Transformational Change Management**
- **Cost Management | Controls | Reduction**
- **Quarterly & Year-End Reporting**
- **Corporate Accounting | Finance Management**
- **P&L | EBITDA | Balance Sheet Management**
- **Executive | Consolidated Financial Reporting**
- **Capital | Operating Cash Flow Management**
- **Technology Implementation | Conversion**
- **Sr. Leader | Team Management**
- **Budget | Forecast Management**
- **Board | Stakeholder Engagement**
- **Liquidity Management**
- **Revenue | Expense Analysis**

Industry Experience: Manufacturing | Consumer Goods | Life Sciences / Pharmaceuticals

PROFESSIONAL EXPERIENCE

EISAI, INC. – Nutley, NJ | *(TYO: 4523; OTCMKTS: ESALF)* **2019-Present**

Japanese pharmaceutical company with $6B+ in annual revenue and more than 10K employees in worldwide operations

Vice President & Chief Financial Officer | April 2024 -Present

- Responsible for all aspects of Finance and Accounting, Strategic Procurement and Site Services.
- Appointed to the Global Finance and Accounting Board and Member of the Corporate Executive Committee charged with assessing and shaping the financial course and performance of the company by participating in strategic and operational leadership decisions in collaboration with global colleagues.

Vice President, Deputy Chief Financial Officer and Corporate Controller | 2019-2024

- Direct the Americas finance organization with a $40M functional annual budget, $2B+ in sales, and financial consolidation of 7 entities focused on Neurology and Oncology with manufacturing, R&D, supply chain, and HQ locations in the US, Canada, Mexico, and Brazil.
- Manage a team of 60, including 6 Senior Directors and Directors responsible for all aspects of finance and accounting (GAAP & IFRS), including banking relationships, tax, external audit, risk management, strategic planning, contracting, and government pricing.
- Design and implement financial models to aid senior management in synthesizing information for budgeting and planning purposes, and develop reports (COGS, product P&Ls, product metrics and product scorecard) providing an enhanced financial story to management.
- Oversaw the cash conversion cycle and spearheaded a cross-functional project to increase overall DPO.
- Led several initiatives, including 10+ system implementations for accounting operations, including the closing process, AI for the T&E area, and process improvements, including documentation of key policies and procedures.
- Lead the coordination of the annual external financial reports under US GAAP, including risk factors and footnotes providing executive management with financial reporting and analysis identifying key trends while communicating potential risks and opportunities in monthly meetings.
- Ensure accurate and robust accounting, internal control, financial compliance for monthly closing and standard operating procedures.
- Negotiated a new credit facility, realizing reductions in interest rate of 1.5% and expanded flexibility for growth.

NOVARTIS CORPORATION *(NYSE: NVS)* – East Hanover, NJ **2006-2019**

Swiss multinational pharmaceutical company with $50B+ in annual revenue and more than 100K employees in worldwide operations

Executive Director – Accounting | 2013-2019

- Managed the accounting functions related to the US Pharmaceuticals & Generics organizations with total division sales of $15B and a departmental budget of $25M.
- Built and oversaw a team of 35 across 3 HQ locations in the US, India, and Mexico, with direct oversight of the commercial operations, month-end close and consolidation, revenue recognition, accounting policies, white papers, and audit reviews to ensure accuracy of results and reporting.
- Advised and collaborated with Novartis Group, Corporate Tax and Treasury, and local/divisional business unit management (divisional CFOs and Finance Leaders) to resolve complex accounting issues, including revenue recognition, impairment reviews, and business development/licensing deals.
- Led SOX 404 Annual Certifications and quarterly SOX 302 disclosures with no significant audit findings.

Key Achievements

Implemented and managed SOX risks and control documentation and assessment, improving internal control and reducing audit time by 20% while maintaining 404 compliance

•

Participated in the acquisition of Xiidra assets from Takeda and the spin-off of Alcon from Novartis into separate publicly traded company

- Drove transformational accounting initiatives, including geographical relocation of activities within the headquarter locations.
- Developed and implemented best-in-class digital solutions to forecast, analyze and report revenue deductions.
- Communicated with general counsel, business development & licensing, clinical studies, budgeting planning and analysis, and human resources departments to assess and account for current business transactions.
- Designed and deployed a communication roadmap to deliver insights and drive high-impact discussions with global senior management.
- Performed full cycle accounting per IFRS and SOX, oversaw internal and external audits, and worked with PwC (external) and Novartis Internal Audit to ensure necessary financial audit adjustments.

Director – Head Business Unit Finance and Cost Operations | 2010-2013

- Headed the finance operations as part of the executive management team for the $1.5B Chronic Care and Mature Products Business Unit and full-scope financial management of the $1B functional costs for the US sales and marketing organization.
- Provided proactive P&L Management, including sales and expense projections, operational cost control and decision support, and oversaw strategic plan and budget process, which included creating, coordinating and evaluating all marketing and sales-related activities.
- Delivered strategic plans, budget, and quarterly forecasts for the business unit by providing go-to-market strategy for key product launches, pre-launch planning for high-potential products, and negotiating large-scale contracts for product launches.
- Conducted strategic deep-dive reviews, evaluating right-to-win strategy, portfolio management and 5-year financial projections.
- Assessed and evaluated the business unit's financial performance regarding long-term strategic and operational goals and forecasts and created business performance analysis for sales optimization, costs and team resource allocation.

Key Achievements

Directed a Productivity Project that generated $15M+ in annualized savings and presented results to the company President

•

Honored with an Innovation Award from the company President for outstanding preparation and support for a new product launch

- Partnered closely with cross-functional groups, including sales, marketing, market access, medical, regulatory, quality assurance, and supply chain, to estimate and analyze business results for internal planning and external reporting and drive optimal business decisions, accurate and realistic budget and operational improvement.
- Collaborated with the business development and licensing team, performing a portfolio gap analysis to identify white spaces and set a clear strategy to facilitate external growth and optimize licensing and acquisition activities.
- Worked with Brand Teams and Project Management to develop options and performance analysis to support portfolio management processes.

Director – Revenue Accounting | 2009-2010

- Responsible for the accounting, controls and reporting of Gross to Net (GTN) revenues for the US, with $22B in gross revenue to $7B net.
- Accountable for sales reporting and analysis for business development, forecasting, legal, regulatory, and audit purposes.
- Conducted and presented financial analyses and business operations reviews, including developing and presenting monthly and quarterly P&L forecasts by segment and reviewing annual budgets.
- Oversaw the preparation and reporting of chargebacks, rebates (including Medicaid, Medicare, and Managed Care), admin fees, returns, failure to supply, shelf stock/price protection, coupons, and advertising/promotions.
- Oversaw the development of GTN accruals and published Daily Sales Reports and GTN Month-End Close process, ensuring all Gross to Net reserves were accurate, and published monthly variance reports of actual to plan/forecast and P&L trends for GTN items.

Key Achievement

Created and deployed best-in-class digital solutions to forecast, analyze, and report revenue deductions for the $10B US Pharma business

- Developed revenue recognition model/tools to analyze revenue and business pipeline and to support decision-making.
- Maintained accurate deduction rates in the financial system and performed quarterly rate calculations to reduce manual processes.
- Responsible for review of out-of-period revenue deduction adjustments, supported sales targeting and alignment processes, managed care contracting analytics and marketing/sales resource allocation decisions.

Previous Experience:

Novartis Corporation | **Associate Director/Accounting Manager – General Accounting & Accounting Policy (2006-2009)**
Reckitt Benckiser | **Financial Planning & Analysis Manager (2003 to 2006)**
Evonik Industries | **Senior Accountant (2002 to 2003)**
KPMG | **Senior Associate Auditor (2000 to 2002)**

EDUCATION / PROFESSIONAL DEVELOPMENT

Bachelor of Science in Accounting | 2001 — Montclair State University – Montclair, NJ
Continuing Education — Seton Hall University – South Orange, NJ
Certified Public Accountant (CPA) — State of New Jersey
Chartered Global Management Accountant (CGMA) — AICPA/CIMA
Certificate in International Financial Reporting (CertIFR) — Association of Chartered Accountants

Executive Education: Business Awareness & Strategy - *Babson College* | Transformative Leadership - *Stanford University*
Affiliations Member: American Institute of Certified Public Accountants (AICPA) | New Jersey Society of Certified Public Accountants (NJCPA)

TECHNICAL COMPETENCIES

Advanced Excel (VLOOKUP) | AppZen | Ariba | Cognos | Concur | ERP | Fieldglass | FloQast | Google Docs | Hyperion | IFRS | Kyriba | Lotus Notes | ModelN | MS Office Suite | MS Teams | O365 | OneNote | OneSource | PeopleSoft | Planful | ReadSoft | SAP | SharePoint | Skype | SRM | SuccessFactors | Taulia | TM1 | US GAAP | Vinyl | WebEx | Workday | Zoom | ZOption

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

BR

Original Signature (electronic, copies or stamps not accepted)

1/15/26

Date

I, Brian Harraka, **certify that as the designated representative for**

Eisai Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. BH I am at least 21 years of age;
3. BH I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. BH I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. BH I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. BH I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. BH I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Brian Harraka

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/15/26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brian Harraka

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/15/26

Date

Please have this section completed in the presence of a Notary Public.

State of NEW JERSEY, ss. County of Essex

I, BRIAN HARRAKA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/15/26

Date

Subscribed and Sworn to before me this 15th day of January.

Notary Public Signature

NANCY H LETQ
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES DECEMBER 14, 2026
COMMISSION: #2281992

(Seal)



Confidential Information - Do Not Distribute

The content of this document is confidential and is not to be used beyond its intended use.

Tatsuyuki Yasuno
Vincent Andrews
Brian Harraka
Brian Schuler

4V

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH02876	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Gamida Cell Inc.

Physical Address: 780 Fifth Avenue South, #200

City: Naples State: FL Zip: 34102

Mailing Address (if different from physical address): 780 Fifth Avenue South, #200

City: Naples State: Florida Zip: 34102

Telephone: (239) 261-5500 Website: https://www.gamida-cell.com/

Name of Designated Representative (DR): Dominick Paladino

Licensing Company Email: statelicenses@gamida-cell.com DR Email: domp@gamida-cell.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☒ Others: Virtual Manufacturer

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See attached

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Ayrmid Ltd.

Corporation/Organization Name: Gamida Cell, Inc.

Mailing Address: 780 Fifth Avenue South, #200

City: Naples State: Florida Zip: 34102

Telephone: (239) 261-5500 Email: statelicenses@gamida-cell.com

Contact Person Name: Sheila Frame

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Sheila M. Frame

Original Signature (electronic, copies or stamps not accepted)

March 4 2026

Date

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Gamida Cell Inc.
Facility Name

Sheila Frame
Print Name of Authorized Person Submitting Application

Sheila Frame
Original signature of Authorized Person (copies or stamps not accepted)

March 4 2026
Date

Board Use Only	Date Received: 3/30/26	Amount: $1000 ck 5460

/ NDC (index.cfm)

National Drug Code Directory

Current through March 20, 2026

You have searched Finished drug products

Search Results: '73441'

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description	Pharm Class
APHEXDA	73441-062-01	62 mg/1.7mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	SUBCUTANEOUS	NDA217159	Gamida Cell Inc.	73441-062	MOTIXAFORTIDE	MOTIXAFORTIDE ACETATE	HUMAN PRESCRIPTION DRUG	09/15/2025	N/A	NDA	1 VIAL, GLASS in 1 CARTON (73441-062-01) / 1.7 mL in 1 VIAL, GLASS	N/A
OMISIRGE	73441-600-04		KIT		BLA125738	Gamida Cell Inc.	73441-600	omidubicel-onlv		CELLULAR THERAPY	05/01/2023	N/A	BLA	1 KIT in 1 KIT (73441-600-04) * 10 mL in 1 BAG (73441-200-01) * 40 mL in 1 BAG (73441-400-01) * 20 mL in 1 BAG (73441-100-01) * 80 mL in 1 BAG (73441-300-01)	N/A

Showing 1 to 2 of 2 entries Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

0934

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Current through March 20, 2026

You have searched Finished drug products

Search Results: *'73441'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	E M D
+ APHEXDA	73441-062-01	62 mg/1.7mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	SUBCUTANEOUS	NDA217159	Gamida Cell Inc.	73441-062	MOTIXAFORTIDE	MOTIXAFORTIDE ACETATE	HUMAN PRESCRIPTION DRUG	06/15/2025	N/A
+ OMISIRGE	73441-800-04		KIT		BLA125738	Gamida Cell Inc.	73441-800	omidubicel-onlv		CELLULAR THERAPY	05/01/2023	N/A

Showing 1 to 2 of 2 entries Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

0935

gamida cell

DESCRIPTION OF OPERATIONS

Gamida Cell, Inc. ("Gamida") is a privately held corporation operating as a virtual manufacturer of pharmaceutical products located in Naples, FL. Gamida Cell, Inc. focuses on developing advanced cell therapies including Gamida's product candidate Omidubicel which is an advanced cell therapy under development as a potential life-saving allogeneic hematopoietic stem cell (bone marrow) transplant solution for patients with hematologic malignancies (blood cancers).
Gamida's product will be manufactured by a contract manufacturer and will be distributed to US transplant centers by a specialty courier service.

CONTRACT MANUFACTURER

Gamida uses the following contract manufacturer to produce product:

Gamida Cell LTD.
12th Leshem Street
Kiryat Gat, Israel 8258412
+972-544-730-316 (Contact Vladimir Melnikov)

3PL

Cardinal Health 105, Inc.
501 Mason Road, Suite 200
La Vergne, TN 37086
(415) 412-3680 (Contact Jonathan McWhinney)

Courier

Q INTERNATIONAL COURIER, LLC
d/b/a QUICKSTAT
175-28 148th Ave
Jamaica, New York NY 11434

PRODUCTS

As a virtual manufacturer, Gamida does not manufacture, distribute or store product. At no time does any contract manufacturer own Gamida's product, contract with Gamida's customers, invoice or sell Gamida's products. Gamida's products are not controlled substances. Accordingly, Gamida is not required to maintain DEA registration.

PRODUCT DISTRIBUTION FLOW

- Patient has an HLA typing done by the Transplant Center.
- Patient HLA typing is matched to a cord blood unit (CBU) in inventory of one of the public cord blood banks within the Be The Match network of cord blood banks in the US.
- CBU is picked up by a Be The Match courier at the cord blood bank and is shipped to the CMO, Gamida Cell LTD. in Kiryat Gat, Israel.
- Once the manufacturing process is done, it is shipped from Gamida Cell LTD. via courier, QUICKSTAT, to US transplant centers for infusion into the patient.

gamida cell

OWNERSHIP

Gamida Cell Inc ("Gamida") is a virtual manufacturer of pharmaceutical products located in Naples, FL.

Gamida Cell Inc is 100% owned by:

PARENT COMPANY INFORMATION

Ayrmid Ltd
7th Floor, Suite 1, 50 Broadway
London, England SW1H 0DB

COMPANY INFORMATION

Gamida Cell Inc
780 Fifth Avenue South, #200
Naples, FL 34102
Phone: (239) 261-5500
statelicenses@gamida-cell.com
Tax ID: 04-3533346

CORPORATE OFFICERS

Sheila Frame, President and Head of the US Business
780 Fifth Avenue South, #200, Naples, FL 34102
% Ownership: 0

Rory Nealon, CFO & COO
780 Fifth Avenue South, #200, Naples, FL 34102
% Ownership: 0

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GAMIDA CELL INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF FEBRUARY, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GAMIDA CELL INC." WAS INCORPORATED ON THE SECOND DAY OF OCTOBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

3296329 8300

SR# 20260438479

Authentication: 203002833

Date: 02-04-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

Ron DeSantis, Governor

Melanie S. Griffin, Secretary

Florida dbpr

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS

THE Prescription Drug Manufacturer - Virtual HEREIN HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 499, FLORIDA STATUTES

GAMIDA CELL, INC.

780 FIFTH AVENUE SOUTH #200
NAPLES FL 34102

LICENSE NUMBER: 4541

EXPIRATION DATE: FEBRUARY 28, 2027

Always verify licenses online at MyFloridaLicense.com

ISSUED: 02/11/2025

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

0939

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 7901015544

Application/License No. WH02876

Gamida Cell Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
780 Fifth Avenue South, #200, Naples, FL 34102, as
(Address of Applicant/Principal)
PRINCIPAL, and Nationwide Mutual Insurance Company, a
(Surety Company)
corporation organized under the laws of the state of Ohio
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One West Nationwide Blvd., 1-14-301, Columbus, OH 43215-2220 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 3, 2026.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 3rd day of June, 2026.

APPLICANT/PRINCIPAL

COMPANY
Gamida Cell Inc.

Sheila Frank
Authorized Representative

SURETY

Nationwide Mutual Insurance Company

Surety Company's Representative

Craig Meeker, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Nicole Plourde
Witness Nicole Plourde

Witness Casey Baez

Countersigned by:

N/A
Nevada Resident Agent

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS THAT:

Nationwide Mutual Insurance Company, an Ohio corporation

hereinafter referred to severally as the "Company" and collectively as "the Companies" does hereby make, constitute and appoint:

CRAIG MEEKER; JAYMIE COLUMBUS; KAYLEY KLINKEL; NICOLE PLOURDE;

each in their individual capacity, its true and lawful attorney-in-fact, with full power and authority to sign, seal, and execute on its behalf any and all bonds and undertakings, and other obligatory instruments of similar nature, in penalties not exceeding the sum of

UNLIMITED

and to bind the Company thereby, as fully and to the same extent as if such instruments were signed by the duly authorized officers of the Company; and all acts of said Attorney pursuant to the authority given are hereby ratified and confirmed.

This power of attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the board of directors of the Company:

"RESOLVED, that the president, or any vice president be, and each hereby is, authorized and empowered to appoint attorneys-in-fact of the Company, and to authorize them to execute and deliver on behalf of the Company any and all bonds, forms, applications, memorandums, undertakings, recognizances, transfers, contracts of indemnity, policies, contracts guaranteeing the fidelity of persons holding positions of public or private trust, and other writings obligatory in nature that the business of the Company may require; and to modify or revoke, with or without cause, any such appointment or authority; provided, however, that the authority granted hereby shall in no way limit the authority of other duly authorized agents to sign and countersign any of said documents on behalf of the Company."

"RESOLVED FURTHER, that such attorneys-in-fact shall have full power and authority to execute and deliver any and all such documents and to bind the Company subject to the terms and limitations of the power of attorney issued to them, and to affix the seal of the Company thereto; provided, however, that said seal shall not be necessary for the validity of any such documents."

This power of attorney is signed and sealed under and by the following bylaws duly adopted by the board of directors of the Company.

Execution of Instruments. Any vice president, any assistant secretary or any assistant treasurer shall have the power and authority to sign or attest all approved documents, instruments, contracts, or other papers in connection with the operation of the business of the company in addition to the chairman of the board, the chief executive officer, president, treasurer or secretary; provided, however, the signature of any of them may be printed, engraved, or stamped on any approved document, contract, instrument, or other papers of the Company.

IN WITNESS WHEREOF, the Company has caused this instrument to be sealed and duly attested by the signature of its officer the 1st day of April, 2024.

Antonio C. Albanese, **Vice President** of Nationwide Mutual Insurance Company

ACKNOWLEDGMENT

STATE OF NEW YORK COUNTY OF KINGS: ss

On this 1st day of April, 2024, before me came the above-named officer for the Company aforesaid, to me personally known to be the officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, deposes and says, that he is the officer of the Company aforesaid, that the seal affixed hereto is the corporate seal of said Company, and the said corporate seal and his signature were duly affixed and subscribed to said instrument by the authority and direction of said Company.

Sharon Laburda
Notary Public, State of New York
No. 01LA6427697
Qualified in Kings County
Commission Expires January 3, 2026

Notary Public
My Commission Expires
January 3, 2026

CERTIFICATE

I, Lezlie F. Chimienti, Assistant Secretary of the Company, do hereby certify that the foregoing is a full, true and correct copy of the original power of attorney issued by the Company; that the resolution included therein is a true and correct transcript from the minutes of the meetings of the boards of directors and the same has not been revoked or amended in any manner; that said Antonio C. Albanese was on the date of the execution of the foregoing power of attorney the duly elected officer of the Company, and the corporate seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority of said board of directors; and the foregoing power of attorney is still in full force and effect.

IN WITNESS WHEREOF, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of said Company this 3rd day of June, 2026.

Assistant Secretary

BDJ 1(04-24)00

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Gamida Cell Inc.

Pharmacy/Wholesaler License # (if applicable) WH02876

Physical Address 780 Fifth Avenue South, #200

City Naples State FL Zip 34102

Mailing Address (if different from physical address) 780 Fifth Avenue South, #200

City Naples State Florida Zip 34102

Telephone (239) 261-5500 Website https://www.gamida-cell.com/

Licensing Company Email statelicenses@gamida-cell.com

Section 2: Personal Information

First Sheila Middle Mary Last Frame

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address 780 Fifth Avenue South, #200

City Naples State Florida Zip 34102

Telephone (239) 261-5500 Email sheilaf@gamida-cell.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	Not Applicable	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Concordia University			
Address	**City**	**State**	**Zip**
1455 Blvd. De Maisonneuve Ouest	Montreal	Quebec,	H3G 1M8
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
York University			
Address	**City**	**State**	**Zip**
4700 Keele St	North York, CA	Ontario	M3J 1P3
Diploma/Degree obtained, if any			
BA, Economics			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/23 - Current	[redacted]	Naples	FL	[redacted]
From - To (MM/YY – MM/YY)		City	State	
10/20 - 03/23		Naples	FL	
From - To (MM/YY – MM/YY)		City	State	
10/16-09/20		Skillman	NJ	
From - To (MM/YY – MM/YY)		City	State	
06/14-09/16		Pennington	NJ	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Gamida Cell, Inc.			2024 - Present
Business Address	**City**	**State**	**Zip**
780 Fifth Avenue South, #200	Naples	FL	34102
Phone	**Title**	**Number of Employed Hours**	
(239) 261-5500	Chief Commercial Officer & Head of US Business	5200	
Description of Duties			
See attached resume			

Business Name			From - To (MM/YY – MM/YY)
Amryt Pharmaceuticals			2021-2023
Business Address	**City**	**State**	**Zip**
No longer active			
Phone	**Title**	**Number of Employed Hours**	
	President, Americas	5200	
Description of Duties			
See attached resume			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

SHEILA M. FRAME

[redacted]

PRESIDENT / CHIEF EXECUTIVE OFFICER

Drives revenue growth by inspiring operational excellence, leveraging the talents of diverse teams and implementing cutting-edge strategies

Global Pharmaceutical Executive with expertise leading organizations specializing in oncology, rare and ultra-rare diseases, and other specialty areas. Experienced in preparing and implementing mergers of companies and acquisition of assets. Served as General Manager with cross-functional P&L accountability in several countries, including Canada, USA, LATAM, and Nordics.

Sought after industry expert, thought leader and keynote speaker known for engaging and influencing global audiences including financial analysts, investors, government officials and media. Fluently bilingual in English and French. Accomplished strategist and operational leader from both an executive and board perspective; with board positions held in publicly traded and not-for-profit organizations.

KEY CAREER ACCOMPLISHMENTS

- Key member of "selling team" that resulted in sale of Amryt to Chiesi Group, achieving 107% premium in value for shareholders.
- Led acquisition and integration of Chiasma into Amryt in 2021, creating significant value creation for both shareholders and employees: tripled size of employee base and added 20% revenue growth in first year and achieved synergy target of $50M.
- Repositioned and relaunched Mycapssa® in USA, first oral octreotide resulting in double-digit growth less than 1 year post-acquisition.
- Drove overall Amryt business growth by 12% YOY, including 14% CAGR with Myalept®
- Led several "mega-brand launches": Nexium®, Symbicort®, Crestor®, Keppra® XR, Vimpat®, Yervoy®, Orencia® SC, Opdivo®, Opdivo®/Yervoy®, first-ever FDA approved "complementary PDL1 IHC diagnostic"; country-level in the US, Canada, Europe, as well as global perspective.
- Achieved "Best Place to Work" accreditation 2 years in row for Amryt in USA.

PROFESSIONAL EXPERIENCE

Gamida Cell **2024**

Chief Commercial Officer and Head of US Business

Leads the business for Gamida Cell in the United States and the commercialization of Omisirge®

AMRYT PHARMACEUTICALS **2021 - 2023**

President Americas

Led business operations for Canada, USA, and LATAM (Columbia, Brazil, and Argentina) for 4 products in rare and ultra-rare diseases with turnover of $150M and team of 130 associates. Served as lead USA spokesperson for Amryt with analysts, investors, government, and media.

- Operated as key member of global executive team, as well as operational leader for Americas (Canada, USA, and LATAM).
- Achieved 107% premium in value for shareholders resulting from acquisition of Amryt.

- Managed acquisition and integration of Chiasma by Amryt in 2021 and led re-launch of Mycapssa® in USA in acromegaly.
- Prepared US market for first-ever launch of product to treat epidermolysis bullosa.

NOVARTIS CORPORATION **2017 - 2021**

Vice-President, Global Commercial Lung Cancer Lead (2021 - 2022)
Led strategic lung cancer portfolio and team comprised of cross-functional teams both locally and globally

- Developed global lung cancer strategy for Novartis, resulting in renewed go-forward focus and growth plan for organization to compete.
- Created and engaged global community of lung cancer experts and advocated to increase awareness of early intervention into lung cancer treatment to ultimately shape the market.

Vice President Commercial: Marketing, Market Access, Patients Services, Pricing and Contracting for Sandoz (division of Novartis) (2020 - 2021)
Led commercial organization for integrated generic and biopharmaceutical businesses for Sandoz in North America with $1.5B in US sales and 100 people strong.

- Led policy and advocacy work to open-up US market to biosimilars by serving as active board member on the Biosimilars Forum.

Vice President And Head Biopharmaceuticals, North America (2017 – 2020)

- Drove YOY growth of 17% CAGR for first bio-similar to launch in USA
- Aggressively led industry impact in Washington to ensure policy alignment to facilitate and accelerate USA adoption of biosimilars
- Led development of go-to-market strategies for pipeline of biosimilar products to shift market from branded to biosimilars

BRISTOL-MYERS SQUIBB **2012 - 2017**

Worldwide General Manager, Immunoscience (2016 - 2017)
Led development of commercialization strategies for number of emerging pipeline assets in immunoscience covering Lupus, Lupus Nephritis, Psoriatic Arthritis, Psoriasis, etc.

- Led Orencia brand worldwide, $2.5B brand growing at 23% with core team of 4 executives.

Worldwide Commercial Lead, Opdivo® (HCC, Glioblastoma, CRC) and Biomarker diagnostics (2015 – 2016)) Led development of go-to-market strategies for glioblastoma, HCC, colorectal, gastric, and esophageal cancers as part of Global Development Teams at BMS. Total team included 3 executive direct reports and country-based key market teams.

- Led development and implementation of worldwide commercialization of first-ever complementary FDA-approved PDL1 IHC diagnostic to support Opdivo in lung cancer and combination of Yervoy and Opdivo in melanoma.
- Co-partnered with DAKO and other diagnostic partners (Ventana and Leica) to ensure commercial and medical market support (focus on key markets: US, Japan, France, Germany, Spain, Italy).

Worldwide Commercial Lead, Yervoy® (2014 - 2015)
Worldwide commercial leader for Yervoy® with peak revenues of $1.4B.

- Secured leadership position for Yervoy in the treatment of metastatic melanoma that established foundation for launch of Opdivo.

Vice-President, Specialty Business(Oncology, Virology, Immunology) (2012 - 2014)
Led Canadian specialty business unit for BMS with over $200M in revenues and staff of 50 professionals. Oversaw integrated business strategies across all functions; launched teams in oncology and Hepatitis C, as well as managing seven in-line growth brands covering immunology, oncology, HIV and Hepatitis B.

- Doubled revenue growth by engaging high-performing teams across company.

RELEVANT EXPERIENCE PRIOR TO 2011

UCB INC. **2008 - 2011**
Commercial Director (General Management, Nordics)
General Manager – Interim UCB Canada (While Leading US Business)
Vice President And General Manager, CNS Business Unit, USA

ASTRAZENECA **1999 - 2007**
EXECUTIVE DIRECTOR, Commercial Operations US
VICE-PRESIDENT, Primary Care Marketing Canada
VICE-PRESIDENT, Public Affairs Canada

EDUCATION

Chartered Corporate Director, McMaster University / Conference Board of Canada
Master of Business Administration (MBA), Concordia University, Montreal
Bachelor of Arts (BA), Economics, York University, Toronto

BOARD POSITIONS

Theratechnologies, Montreal Independent Director and Member of Remuneration Committee – Director while achieving NASDAQ listing and replacing CEO.

Rare Disease Company Coalition – Director of Industry Trade Association that leads public policy influencing strategies in DC and at the state level to support ongoing incentives for innovation in rare and ultra-rare therapy discovery and development.

Biosimilar Forum Director of Industry Trade Association that leads public policy influencing strategies in DC to enable and accelerate US market uptake and access to biosimilars.

University of Ottawa, Board of Governors and Member of Pension Investment Committee (managing portfolio of $2.1B)

AWARD

2019 Woman of Inspiration and Influence – Women Business Leaders (WBL) US Health Care industry

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Sheila Frame

Original Signature (electronic, copies or stamps not accepted)

June 21 2026

Date

I, Sheila Frame, certify that as the designated representative for

Gamida Cell Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. SF I am at least 21 years of age;
3. SF I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. SF I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SF I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SF I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. SF I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Sheila Frame
Print Name (First, Last)

Sheila Frame
Original Signature (electronic, copies or stamps not accepted)

June 21 2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sheila Frame

Print Name (First, Last)

Sheila Frame

Original Signature (electronic, copies or stamps not accepted)

June 21 2026

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Collier

I, Sheila M. Frame, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Sheila Frame

Original Signature

June 21 2026

Date

Subscribed and Sworn to before me this 21st day of June.

Notary Public Signature

Notary Public State of Florida
Schneider Bordes
My Commission HH 800981
Expires 5/10/2030

(Seal)

Gamida list of Employees - 2026

Rory Nealon

Sheila Frame

Dominick Paladino

4W

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH N/A	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Neurent Medical, Inc.

Physical Address: 150 Grossman Drive, Suite 203, Door 1

City: Braintree State: MA Zip: 02184

Mailing Address (if different from physical address): c/o State License Servicing Inc., 225 Dolson Avenue, 4th Floor

City: Middletown State: NY Zip: 10940

Telephone: (845) 544-2482 Website: Neurentmedical.com

Name of Designated Representative (DR): Erika Lea Nelson

Licensing Company Email: NMI@slsny.com DR Email: erika.nelson@neurentmedical.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☒ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☒ Others: Devices(For Professionals)	☐ Warehouse
☒ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Clinics & Physicians		☒ Others: Manufacturer - Virtual

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

N/A **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A- No discipline to disclose.

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Oasis ENT
Address: 1487 W Bell Rd Suite 101 City: Surprise State: AZ Zip: 85374

Name: Sinus Allergy Wellness N Scottsdale
Address: 8573 E Princess Drive, STE B11 City: Scottsdale State: AZ Zip: 85255

Name: Arizona Breathe Free Sinus and Allergy
Address: 9520 West Palm Lane, Suite 200 City: Phoenix State: AZ Zip: 85037

Name: Open Sinus
Address: 200 West 57th St, Suite 508 City: NY State: NY Zip: 10019

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE
Parent Company (if any): Neurent Medical Limited
Corporation/Organization Name: Neurent Medical, Inc.
Mailing Address: c/o State License Servicing, Inc. 225 Dolson Avenue, 4th Floor
City: Middletown State: NY Zip: 10940
Telephone: (845) 544-2482 Email: NMI@slsny.com
Contact Person Name: Christine Cannon

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at:		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at:		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Neurent Medical, Inc.

Facility Name

Mark Joseph Fletcher

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

Date 6/9/26

Board Use Only	Date Received: 6/17/26	Amount: $1000 ck 5914

*Proof of FDA

FDA U.S. FOOD & DRUG ADMINISTRATION

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
NEURENT MEDICAL INC.
150 Grossman Drive, Suite 203
Braintree, MA 02184
Registration Number: 3021559103
FEI Number*: 3021559103
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types. Please Review Listings For Further Information.
Date Of Registration Status: 2026

Owner/Operator:
Neurent Medical Limited[6]
Neurent Medical, No. 1 Oranpoint
Oranmore
Galway, IE H91 D7X2
Owner/Operator Number: 10083199[7]

Official Correspondent:
Kenny Walsh
Neurent Medical, No. 1 Oranpoint
Oranmore
Galway, IE H91 D7X2
Phone: 353-91-470720

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Page Last Updated: 04/20/2026

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

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U.S. Department of Health & Human Services

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Neurent Medical, Inc.

Corporate Address: 150 Grossman Drive, Suite 203, Door 1, Braintree, MA 02184 USA
FEIN: 85-0542327
Neurentmedical.com

Drug Labeler Code: N/A
Incorporation State: DE
Incorporation Date: 03/30/2020

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
BMA	150 Grossman Drive Suite 203, Door 1 Braintree, MA 02184 County: Norfolk	3021559103	N/A - No CS	118659231	No	(617) 759-1331	(800) 768-4183

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Erika Lea Nelson	150 Grossman Drive Suite 203, Door 1 Braintree, MA 02184	Commercial Operations Manager	No	[redacted]		

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Neurent Medical Limited	No. 1 Oranpoint Oranmore, Galway, H91D7X2 Ireland	N/A	100	N/A	[redacted]	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Brian Shields	[redacted]	President & Director		[redacted]		
Mark Joseph Fletcher		Chairman	No			
Declan Daly		Treasurer & Secretary				

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
Corporation Service Company			

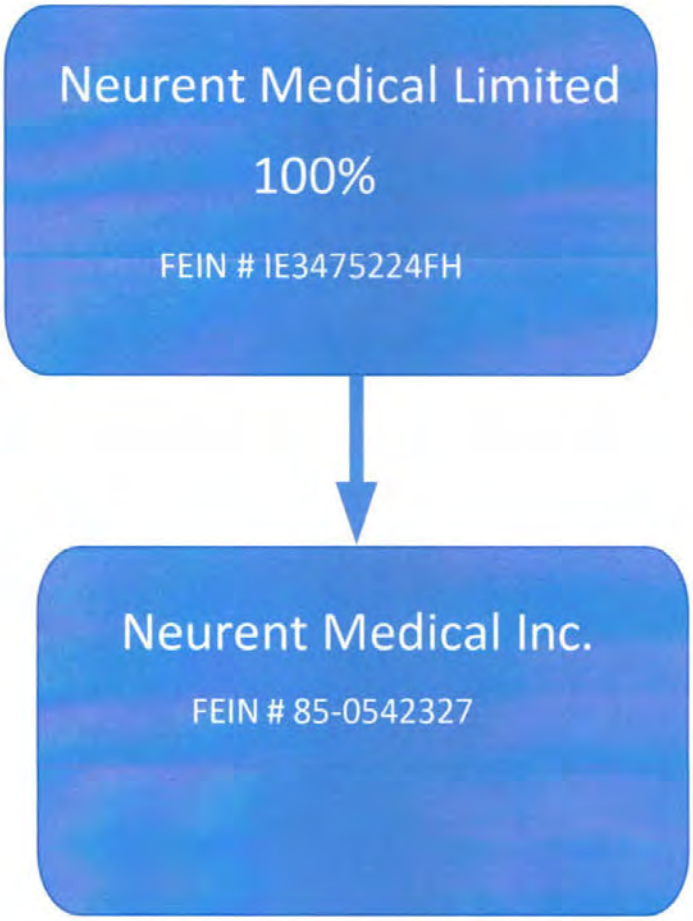
3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
LifeScience Logistics, LLC	1105 E. Northfield Drive Brownsburg, IN 46112					

Org Chart

NEURENTMedical

Neurent Medical, Inc. Ownership Chart



NEURENT MEDICAL, Inc.
150 Grossman Drive, Suite 203
Braintree, MA 02184
www.neurentmedical.com

Incorp Good Standing

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEURENT MEDICAL INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF APRIL, A.D. 2026.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203791670

Date: 04-29-26

7908540 8300

SR# 20262081098

You may verify this certificate online at corp.delaware.gov/authver.shtml

MA - HSL
Exempt letter

Re: Rx Devices

Massachusetts BOP reported via email
2 months ago (Tue, 12 Dec 2023 at 1:38 PM)

To:

Hello-
The Board does not issue licenses for any devices.
Please review the Drug Control Program's website to determine if a license is required through that agency.

Thank you.

Massachusetts Board of Registration in Pharmacy
250 Washington Street
Boston, MA 02108
pharmacy.admin@mass.gov
(617) 973-0960

Renewal reminders are now only sent by email.
Please keep your **email address and other contact information updated** using this link: https://healthprofessionlicensing.mass.gov/login-register

Consider being added to the Board's email distribution list so you are notified of changes to MA regulations and other updates by emailing us at pharmacy.admin@mass.gov.

150 YEARS OF ADVANCING PUBLIC HEALTH

When writing or responding, please remember that the Secretary of State's Office has determined that e-mail is a public record.

*Cert. of liability ins.

NEURMED-01 SHOODA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/6/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Aon Risk Services Northeast, Inc.
53 State Street
Suite 2201
Boston, MA 02109

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Federal Insurance Company	20281
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Neurent Medical
150 Grossman Dr.
Ste. 203
Braintree, MA 02184

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	X CLAIMS-MADE OCCUR			99512622	3/31/2026	3/31/2027	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			(26)7365-02-69	3/31/2026	3/31/2027	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
							Comp./Coll. Ded	$ 1,000
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N / N/A						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
As respects to policy number IELSCA20502, Aon Risk Solutions (U.S.) is generating and distributing this certificate in an administrative capacity. Aon Ireland is the broker for the defined policy.

As respects 10463416, I confirm Aon Commercial Risk (U.S.) is generating and distributing this certificate in an administrative capacity. Aon Ireland Ltd is the broker for the defined policy. Sutter Health, 2200 River Plaza Drive, Sacramento, CA 95833 is included as Additional Insured in accordance with the policy provisions of the General Liability policy.

CERTIFICATE HOLDER

Neurent Medical Inc.
150 Grossman Dr. Suite 203
Braintree, MA 02184

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Aon Risk Services Northeast Inc.

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AGENCY CUSTOMER ID: NEURMED-01 SHOODA

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Neurent Medical 150 Grossman Dr. Ste. 203 Braintree, MA 02184 Norfolk
POLICY NUMBER SEE PAGE 1	
CARRIER: SEE PAGE 1 / NAIC CODE: SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Global Public Liability
Policy Number - IELSCA20502
Policy Term - 03/31/2026 - 03/30/2027
Underwriting Company - CNA Insurance Company (Europe) S.A.
Aggregate Limit $11,000,000

Global Product Liability
Policy Number - IELSCA20502
Policy Term - 03/31/2026 - 03/30/2027
Underwriting Company - CNA Insurance Company (Europe) S.A.
Aggregate Limit $11,000,000
SIR: $2,500 SIR applies per policy terms & conditions. (Claims Made)

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*Bond



IRREVOCABLE STANDBY LETTER OF CREDIT NO. SVBFS003253

DATE: JANUARY 26, 2026

ISSUING BANK:
FIRST-CITIZENS BANK & TRUST COMPANY
2625 AUGUSTINE DRIVE, SUITE 301
SANTA CLARA, CALIFORNIA 95054

BENEFICIARY:
NEVADA BOARD OF PHARMACY
985 DAMONTE RANCH PARKWAY
SUITE 206
RENO, NV 89521

APPLICANT:
NEURENT MEDICAL INC.
150 GROSSMAN DRIVE
SUITE 203
BRAINTREE, MA 02184

AMOUNT: US$25,000.00 (TWENTY-FIVE THOUSAND AND 00/100 U.S. DOLLARS)

EXPIRATION DATE: JANUARY 26, 2027

PLACE OF EXPIRATION: ISSUING BANK'S COUNTERS AT ITS ABOVE ADDRESS

DEAR SIR/MADAM:

WE HEREBY ESTABLISH OUR IRREVOCABLE STANDBY LETTER OF CREDIT NO. SVBFS003253 IN YOUR FAVOR IN THE AGGREGATE AMOUNT NOT TO EXCEED TWENTY-FIVE THOUSAND AND 00/100 U.S. DOLLARS) ($25,000.00) AVAILABLE BY PAYMENT AGAINST YOUR PRESENTATION TO US OF THE FOLLOWING DOCUMENT:

BENEFICIARY'S DATED STATEMENT SIGNED BY THE EXECUTIVE DIRECTOR OF THE NEVADA BOARD OF PHARMACY STATING AS FOLLOWS:

"AN EVENT OF DEFAULT HAS OCCURRED BY THE APPLICANT OF ITS OBLIGATIONS UNDER THAT CERTAIN AGREEMENT TITLED _____ BY AND BETWEEN APPLCANT, AND BENEFICIARY. THE AMOUNT HEREBY DRAWN UNDER THE LETTER OF CREDIT IS US$_____, WITH PAYMENT TO BE MADE TO THE FOLLOWING ACCOUNT: [INSERT WIRE INSTRUCTIONS (TO INCLUDE NAME AND ACCOUNT NUMBER OF THE BENEFICIARY)"

PARTIAL DRAWS AND MULTIPLE PRESENTATIONS ARE ALLOWED.

THIS LETTER OF CREDIT SHALL BE AUTOMATICALLY EXTENDED FOR ADDITIONAL PERIODS OF ONE YEAR, WITHOUT AMENDMENT, FROM THE PRESENT OR EACH FUTURE EXPIRATION DATE UNLESS AT LEAST 30 DAYS PRIOR TO THE THEN CURRENT EXPIRATION DATE WE SEND TO YOU A NOTICE BY REGISTERED OR CERTIFIED MAIL OR OVERNIGHT COURIER

First Citizens Bank

IRREVOCABLE STANDBY LETTER OF CREDIT NO. SVBFS003253

SERVICE AT THE ABOVE ADDRESS THAT THIS LETTER OF CREDIT WILL NOT BE EXTENDED BEYOND THE THEN CURRENT EXPIRATION DATE. IN THE EVENT WE SEND SUCH NOTICE OF NON-EXTENSION, YOU MAY DRAW HEREUNDER BY YOUR PRESENTATION TO US OF YOUR SIGNED AND DATED STATEMENT STATING THAT YOU HAVE RECEIVED A NON-EXTENSION NOTICE FROM FIRST CITIZENS BANK & TRUST COMPANY IN RESPECT OF LETTER OF CREDIT NO. SVBFS003253, YOU ARE DRAWING ON SUCH LETTER OF CREDIT FOR US$_____, AND YOU HAVE NOT RECEIVED A REPLACEMENT LETTER OF CREDIT ACCEPTABLE TO YOU.

ALL DEMANDS FOR PAYMENT SHALL BE MADE BY PRESENTATION OF THE REQUIRED DOCUMENTS ON A BUSINESS DAY AT OUR OFFICE (THE "BANK'S OFFICE") AT: FIRST CITIZENS BANK & TRUST COMPANY, 2625 AUGUSTINE DRIVE, SUITE 301, SANTA CLARA, CALIFORNIA 95054, ATTENTION: GLOBAL TRADE FINANCE. AS USED IN THIS LETTER OF CREDIT, "BUSINESS DAY" SHALL MEAN ANY DAY OTHER THAN A SATURDAY, SUNDAY OR A DAY ON WHICH BANKING INSTITUTIONS IN THE STATE OF CALIFORNIA ARE AUTHORIZED OR REQUIRED BY LAW TO CLOSE.

FACSIMILE PRESENTATIONS ARE ALSO PERMITTED. SHOULD BENEFICIARY WISH TO MAKE A PRESENTATION UNDER THIS LETTER OF CREDIT ENTIRELY BY FACSIMILE TRANSMISSION IT NEED NOT TRANSMIT THE ORIGINAL OF THIS LETTER OF CREDIT AND AMENDMENTS, IF ANY. EACH FACSIMILE TRANSMISSION SHALL BE MADE AT: (408) 496-2418 OR (408) 969-6510; AND UNDER CONTEMPORANEOUS TELEPHONE ADVICE TO: (844) 612-1734, ATTENTION: GLOBAL TRADE FINANCE. ABSENCE OF THE AFORESAID TELEPHONE ADVICE SHALL NOT AFFECT OUR OBLIGATION TO HONOR ANY DRAW REQUEST.

IF A DEMAND FOR PAYMENT MADE HEREUNDER DOES NOT, IN ANY INSTANCE, CONFORM TO THE TERMS AND CONDITIONS OF THIS LETTER OF CREDIT, WE SHALL GIVE YOU PROMPT NOTICE THAT THE DEMAND FOR PAYMENT DID NOT COMPLY IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS LETTER OF CREDIT, STATING THE REASONS THEREFOR AND THAT THE BANK IS HOLDING THE DOCUMENTS AT YOUR DISPOSAL OR RETURN THE SAME TO YOU, AS THE BANK MAY ELECT. UPON BEING NOTIFIED THAT THE PURPORTED DEMAND WAS NOT EFFECTED IN CONFORMITY WITH THIS LETTER OF CREDIT, YOU MAY ATTEMPT TO CORRECT ANY SUCH NON-CONFORMING DEMAND FOR PAYMENT IF, AND TO THE EXTENT THAT YOU ARE ENTITLED AND ABLE TO DO SO.

THIS LETTER OF CREDIT MAY NOT BE TRANSFERRED OR ASSIGNED, EITHER IN WHOLE OR IN PART.

EXCEPT AS EXPRESSLY STATED HEREIN, THIS UNDERTAKING IS NOT SUBJECT TO ANY AGREEMENT, CONDITION OR QUALIFICATION. THE OBLIGATION OF FIRST CITIZENS BANK & TRUST COMPANY UNDER THIS LETTER OF CREDIT IS THE INDIVIDUAL OBLIGATION OF FIRST CITIZENS BANK & TRUST COMPANY, AND IS IN NO WAY CONTINGENT UPON REIMBURSEMENT WITH RESPECT THERETO.

CANCELLATION PRIOR TO EXPIRATION: YOU MAY RETURN THIS LETTER OF CREDIT TO US FOR CANCELLATION PRIOR TO ITS EXPIRATION PROVIDED THAT THIS LETTER OF CREDIT IS ACCOMPANIED BY YOUR WRITTEN AGREEMENT TO ITS CANCELLATION. SUCH WRITTEN AGREEMENT TO CANCELLATION SHOULD SPECIFICALLY REFERENCE THIS LETTER OF CREDIT BY NUMBER, CLEARLY INDICATE THAT IT IS BEING RETURNED FOR

FirstCitizensBank

IRREVOCABLE STANDBY LETTER OF CREDIT NO. SVBFS003253

CANCELLATION AND BE SIGNED BY A PERSON IDENTIFYING THEMSELVES AS AUTHORIZED TO SIGN FOR YOU.

IF ANY INSTRUCTIONS ACCOMPANYING A DRAWING UNDER THIS LETTER OF CREDIT REQUEST THAT PAYMENT IS TO BE MADE BY TRANSFER TO YOUR ACCOUNT WITH ANOTHER BANK, WE WILL ONLY EFFECT SUCH PAYMENT BY FED WIRE TO A U.S. REGULATED BANK, AND WE AND/OR SUCH OTHER BANK MAY RELY ON AN ACCOUNT NUMBER SPECIFIED IN SUCH INSTRUCTIONS EVEN IF THE NUMBER IDENTIFIES A PERSON OR ENTITY DIFFERENT FROM THE INTENDED PAYEE.

THIS LETTER OF CREDIT IS SUBJECT TO THE INTERNATIONAL STANDBY PRACTICES (ISP98), INTERNATIONAL CHAMBER OF COMMERCE, PUBLICATION NO. 590.

IF YOU HAVE ANY QUESTIONS REGARDING THIS TRANSACTION, PLEASE CONTACT US AT (844) 612-1734 ALWAYS QUOTING OUR LETTER OF CREDIT NO. SVBFS003253.

FIRST-CITIZENS BANK & TRUST COMPANY

AUTHORIZED SIGNATURE

M. Banuelos

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Neurent Medical, Inc. MDEG License # (if applicable): _____

Physical Address: 150 Grossman Drive, Suite 203, Door 1

City: Braintree State: MA Zip: 02184

Mailing Address (if different from physical address): c/o State License Servicing, Inc., 225 Dolson Ave, 4th Floor

City: Middletown State: NY Zip: 10940

Telephone: (845) 544-2482 Website: Neurentmedical.com

Licensing Company Email: NMI@SLSNY.COM

Section 2: Personal Information

First: Erika Middle: Lea Last: Nelson

Alias(es, nic[redacted]: NA

Date of Birt[redacted] SSN or ITIN[redacted] Sex: ☐ M ☒ F ☐ X

Mailing Ad[redacted]

City: Duxbury State: MA Z[redacted]

Telephone[redacted] Email: erika.nelson@neurentmedical.com

Are you a citizen of the United States? × Yes | No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Maryland		08/89-06/93	
Address	City	State	Zip
7901 Regents Drive	College Park	MD	20742
Diploma/Degree obtained, if any			
BS, Fashion Merchandising/Design			

School Name		From - To (MM/YY – MM/YY)	
Dover Sherborn Regional High School		08/85-06/89	
Address	City	State	Zip
9 Junction	Dover	MA	02030
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2013 - Current	[redacted]	Duxbury	MA	[redacted]
03/2006 - 09/2017		Boston	MA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Neurent Medical, Inc.			11/2022 - Current	
Business Address	**City**		**State**	**Zip**
150 Grossman Drive, Suite 203, Door 1	Braintree		MA	02184
Phone	**Title**		**Number of Employed Hours**	
(617) 759-1331	Commercial Operations Manager		~ 7,240 hours	
Description of Duties				
Leading Customer Service and 3Pl management in the US for a Medical Device Company while also managing Project Management of larger company initiatives including Sale force implementation and State Licensing Establishment. Areas of expertise include; Quality Assurance, P&L Management, Policy and Procedure Development, Strategic planning, Team Building and Development and Global Communications.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent		Lawsuit/Arbitration/Bankruptcy		
Name of Business/Industry/Entity				

Provide explanation below:

N/A - No discipline to disclose.

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Erika Lea Nelson, **certify that as the MDEG Administrator for**

Neurent Medical, Inc.,

that I (initial that you have read and meet the following requirements):

1. EN Have a high school diploma or its equivalent;
2. EN Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. EN Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. EN Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Erika Lea Nelson
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/5/26
Date

Board Use Only	Date Received: 6/17/26

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Neurent Medical, Inc.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 150 Grossman Drive, Suite 203, Door 1

City Braintree State MA Zip 02184

Mailing Address (if different from physical address) c/o State License Servicing, Inc. 225 Dolson Avenue, 4th Floor

City Middletown State NY Zip 10940

Telephone (845) 544-2482 Website Neurentmedical.com

Licensing Company Email NMI@slsny.com

Section 2: Personal Information

First Erika Middle Lea Last Nelson

Alias(es, nicknames, name changes, etc.) NA

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Add[redacted]

City Duxbury State MA Zip [redacted]

Telephone [redacted] Email erika.nelson@neurentmedical.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Maryland		08/89-06/93	
Address	**City**	**State**	**Zip**
7901 Regents Drive	College Park	MD	20742
Diploma/Degree obtained, if any			
BS, Fashion Merchandising/Design			

School Name		From - To (MM/YY – MM/YY)	
Dover Sherborn Regional HS		08/85-06/89	
Address	**City**	**State**	**Zip**
9 Junction St	Dover	MA	02030
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2013 - Current	[redacted]	Duxbury	MA	[redacted]
From - To (MM/YY – MM/YY)		City	State	
03/2006 - 09/2017		Boston	MA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Neurent Medical, Inc.			From - To (MM/YY – MM/YY): 11/2022 - Current	
Business Address: 150 Grossman Drive, Suite 203, Door 1	City: Braintree		State: MA	Zip: 02184
Phone: (617) 759-1331	Title: Commercial Operations Manager		Number of Employed Hours: ~ 7,240 hours	
Description of Duties: Leading Customer Service and 3Pl management in the US for a Medical Device Company while also managing Project Management of larger company initiatives including Sale force implementation and State Licensing Establishment. Areas of expertise include; Quality Assurance, P&L Management, Policy and Procedure Development, Strategic planning, Team Building and Development and Global Communications.				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A - no discipline to disclose.

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Erika Lea Nelson, **certify that as the designated representative for**

Neurent Medical, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ✓ELN I am at least 21 years of age;
3. ✓ELN I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ELN I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ELN I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ELN I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ELN I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Erika Lea Nelson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/5/26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Erika Lea Nelson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/5/26

Date

Please have this section completed in the presence of a Notary Public.

State of Massachusetts, ss. County of Plymouth

I, Erika Lea Nelson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Erika Lea Nelson

6/5/26

Date

Subscribed and Sworn to before me this 5th day of June.

Notary Public Signature

BARBARA D. MERRICK
Notary Public
Commonwealth of Massachusetts
My Commission Expires
October 29, 2032

(Seal)

Employee List

Neurent Medical, Inc. List of Employees

Erika Nelson
Monica Cipolla
Nicole Zeien
Lisa Gruttadauria

4X

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10) ■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10)

Section 1: General Information

Facility Name: Advanced Concept Innovations, LLC dba Praxis Packaging Solutions

Physical Address: 4100 Frontage Rd South Building 100, Ste 104

City: Lakeland State: FL Zip: 33815

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 863-688-1200 Website: acipak.com

Name of Designated Representative (DR): ~~Rebecca Bui~~ Leah Tufts

Licensing Company Email: registrations-LL@praxispackaging.com DR Email: rbui@praxispackaging.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies ■ Practitioners ☐ Hospitals ■ Wholesalers ☐ Veterinarians ■ Others: Most customers have their finished products sent directly back to them.	☐ Dangerous Drugs ☐ Controlled Substances ■ [a]Medical Products (medical devices, equipment, supplies, gases) ■ Others: OTC, Cosmetics, food	■ Manufacturer ■ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ■ Others: pack, label, relabel, manufacture

Section 2: ONLY COMPLETE THIS SECTION IF THE COMPANY IS WHOLESALING *Medical Products (medical devices, equipment, supplies and gases). Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 3 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Ruhn Bui
Original Signature (electronic, copies or stamps not accepted)

07-01-2026
Date

Section 4: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Johnson & Johnson Vision Care, Inc.
Address: PO Box 16571 City: New Brunswick State: NJ Zip: 08906

Name: Pep
Address: 302 W 3rd Street, Suite 900 City: Cincinnati State: OH Zip: 45202

Name: Maxx Orthopedics Inc.
Address: 2460 General Armistead Ave Suite 100 City: Norristown State: PA Zip: 19403

Name: Aveva Drug Delivery Systems Inc
Address: 3250 N Commerce Pkwy City: Miramar State: FL Zip: 33025

Section 5: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida
Parent Company (if any): Praxis Acquisition, LLC
Corporation/Organization Name: Advanced Concept Innovations. LLC
Mailing Address: 4100 Frontage Rd South Building 100, Ste 104
City: Lakeland State: FL Zip: 33815
Telephone: 863-688-1200 Email: registrations-LL@praxispackaging.com
Contact Person Name: Rebecca Bui

Section 7: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 8: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Advanced Concept Innovations, LLC dba Praxis Packaging Solutions

Facility Name

Rebecca Bui

Print Name of Authorized Person Submitting Application

Rebecca Bui

Original signature of Authorized Person (copies or stamps not accepted)

07-01-2026

Date

Board Use Only	Date Received: 7/20/26	Amount: $1000 CK 5082

Section 9: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 10: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale [a]Medical Products (medical devices, equipment, supplies, gases). (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Products (medical devices, equipment, supplies, gases), supply a copy of proof of insurance (NAC 639.6957).** The Medical Products wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 9)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20NRS%20639.500%20-%20Effective%2001.07.2026%20-%20Wholesaler%20-%20Post%20on%201.26.26.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

Drug Establishments Current Registration Site

New Search (index.cfm)

Search Results for **Advanced Concept Innovations, LLC**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Advanced Concept Innovations, LLC.	3006015326	191062566	MANUFACTURE;	4100 Frontage Rd S Ste 104,, Lakeland, Florida (FL) 33815-3203, United States (USA)	12/31/2026

Showing 1 to 1 of 1 entries
Previous1Next
Data Current through: Thursday, May 21, 2026

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

1. John Lowry – Chairman & CEO
2. Nathan McBrayer – Chief Financial Officer
3. Carolyn Wright – VP of Quality

Corporation Shareholders

Praxis Acquisition, LLC – 100% ownership of Advanced Concept Innovations, LLC

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRAXIS ACQUISITION, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF DECEMBER, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRAXIS ACQUISITION, LLC" WAS FORMED ON THE TWENTIETH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 205456840

Date: 12-01-25

6924573 8300

SR# 20254707965

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Florida
Department of State

I certify from the records of this office that ADVANCED CONCEPT INNOVATIONS, LLC is a limited liability company organized under the laws of the State of Florida, filed on December 3, 2004.

The document number of this limited liability company is L04000087596.

I further certify that said limited liability company has paid all fees due this office through December 31, 2026, that its most recent annual report was filed on February 4, 2026, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Third day of June, 2026

Secretary of State

Tracking Number: 9359593469CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication



Ron DeSantis, Governor

Melanie S. Griffin, Secretary

Florida dbpr

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS

THE Over-the-Counter Drug Manufacturer HEREIN HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 499, FLORIDA STATUTES

ADVANCED CONCEPT INNOVATIONS, LLC

4100 SOUTH FRONTAGE ROAD
SUITE 104
LAKELAND FL 33815

LICENSE NUMBER: 21930

EXPIRATION DATE: APRIL 30, 2028

Always verify licenses online at MyFloridaLicense.com

ISSUED: 04/01/2026

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

SIXALLC-01 TIMOTHYMCCABE

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/5/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER NFP Property & Casualty Services, Inc. 626 West Jackson Blvd 5th Floor Chicago, IL 60661	CONTACT NAME: Mitchell Glennon PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: mitchell.glennon@nfp.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : National Fire Insurance Company of Hartford	20478
INSURED ADVANCED CONCEPT INNOVATIONS LLC 4100 S FRONTAGE RD BLDG 100 SUITE 104 Lakeland, FL 33815-3203	INSURER B : Continental Insurance Company	35289
	INSURER C : Continental Casualty Company	20443
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$	1,000,000
	CLAIMS-MADE X OCCUR			7034291905	8/5/2026	8/5/2027	DAMAGE TO RENTED PREMISES (Ea occurrence)	$	100,000
							MED EXP (Any one person)	$	15,000
							PERSONAL & ADV INJURY	$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	
	OTHER							$	
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$	1,000,000
	X ANY AUTO			6078893861	8/5/2026	8/5/2027	BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$	10,000,000
	EXCESS LIAB CLAIMS-MADE			7034291922	8/5/2026	8/5/2027	AGGREGATE	$	10,000,000
	DED X RETENTION $ 10,000							$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						X PER STATUTE OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N / A			7034291919	8/5/2026	8/5/2027	E.L. EACH ACCIDENT	$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products Liability			ADT 7034291886	8/5/2026	8/5/2027	Claims Made Limit		10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
Proof of Coverage	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Brian Flenoy

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. ACC015A001551

Application/License No. _____

Advanced Concept Innovations. LLC DBA Praxis Packaging Solutions (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 4100 Frontage Rd South Building 100, Ste 104 Lakeland, FL 33815 (Address of Applicant/Principal), as PRINCIPAL, and Allegheny Casualty Company (Surety Company), a corporation organized under the laws of the state of New Jersey (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Newark Center 20th Floor Newark, NJ 07102 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 25, 2026 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 26th day of June, 2026.

APPLICANT/PRINCIPAL

Authorized Representative Rebecca Bui

SURETY COMPANY

Surety Company's Representative

ALLEGHENY CASUALTY COMPANY CORPORATE SEAL 1936 NEW JERSEY

Eric Fauerbach, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Michael VanderVeen

Witness Scott Ferris

SIGNED and SEALED in the presence of:

Witness Jason O'Leary

Witness Taylor M Branum

Countersigned by:

Not Needed
Nevada Resident Agent

Posted February 20, 2020

allegheny
CASUALTY COMPANY

bond number: ACC015A001551

One Newark Center, 20th. Floor, Newark, New Jersey, 07102-5207
PHONE: (973) 624-7200

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That **ALLEGHENY CASUALTY COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, having its principal office in the City of Newark, New Jersey, does hereby constitute and appoint

Eric Fauerbach

its true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **ALLEGHENY CASUALTY COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at its principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **ALLEGHENY CASUALTY COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **ALLEGHENY CASUALTY COMPANY** at a meeting duly held on the 13th day of December, 2018.

"RESOLVED, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-Fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

ALLEGHENY CASUALTY COMPANY CORPORATE SEAL 1936 NEW JERSEY

IN WITNESS WHEREOF, **ALLEGHENY CASUALTY COMPANY** has executed and attested these presents on this 31st day of December 2021

STATE OF NEW JERSEY
County of Essex

Robert Kersnick
Vice President, ALLEGHENY CASUALTY COMPANY

On this 31st day of December, 2021, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of ALLEGHENY CASUALTY COMPANY; that the seal affixed to said instrument is the Corporate Seal of said Company; that the said Corporate Seal and his signature were duly affixed by order of the Boards of Directors of said Company.

Michele A. Aleman NOTARY PUBLIC MY COMMISSION EXPIRES 10-18-2029 NOTARY PUBLIC STATE OF NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written

Michele A Aleman, a Notary Public of New Jersey

CERTIFICATION

I, the undersigned officer of **ALLEGHENY CASUALTY COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Company as set forth in said Power of Attorney, with the originals on file in the home office of said company, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this 26th day of June, 2026

James Portman, Secretary

ACC-9001 (06/21)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Advanced Concept Innovations, LLC MDEG License # (if applicable): _____

Physical Address: 4100 Frontage Rd South Building 100, Ste 104

City: Lakeland State: FL Zip: 33815

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 863-688-1200 Website: acipak.com

Licensing Company Email: registrations-LL@praxispackaging.com

Section 2: Personal Information

First: Leah Middle: Jane Last: Tufts

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: 4100 Frontage Rd South Building 100, Ste 104

City: Lakeland State: FL Zip: 33815

Telephone: 863-688-1200 Email: ltufts@praxispackaging.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Cincinnati		10/16 - 05/19	
Address	City	State	Zip
2600 Clifton Ave	Cincinnati	OH	45221
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
University of Cincinnati		08/14 - 04/16	
Address	City	State	Zip
2600 Clifton Ave	Cincinnati	OH	45221
Diploma/Degree obtained, if any			
Masters of Science - Pharmaceutical Sciences / Drug Development			

School Name		From - To (MM/YY – MM/YY)	
University of Kentucky		08/04 - 05/07	
Address	City	State	Zip
410 Administration Drive	Lexington	KY	40506
Diploma/Degree obtained, if any			
Bachelors of Science - Nutrition			

School Name		From - To (MM/YY – MM/YY)	
Lebanon High School		08/99 - 05/03	
Address	City	State	Zip
1916 Drake Road	Lebanon	OH	45036
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/22 - Current	[redacted]	Boca Raton	FL	[redacted]
07/21 - 06/22		Pompano Beach	FL	
10/08 - 07/21		Cincinnati	OH	

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Advanced Concept Inoovations, LLC dba Praxis Packaging Solutions			07/25 - Present	
Business Address		**City**	**State**	**Zip**
4100 Frontage Rd South Ste 104		Lakeland	FL	33815
Phone	**Title**		**Number of Employed Hours**	
863-688-1200	Vice President and General Manager		2,240	
Description of Duties				
Oversee all operations, including packaging and distribution of medical devices and drug products, at the Lakeland facility.				

Business Name			From - To (MM/YY – MM/YY)	
Marken (A UPS Healthcare Company)			05/21 - 03/24	
Business Address		**City**	**State**	**Zip**
1009 Slater Road, Suite 120		Durham	NC	27703
Phone	**Title**		**Number of Employed Hours**	
1-800-627-5361	VP, Global Clinical Trial Distribution		5,920	
Description of Duties				
Responsible for the implementation, maintenance, and follow up of the distribution operations performed in the GMP Depots globally owned by Marken.				

Business Name			From - To (MM/YY – MM/YY)	
PCI Pharma Services			03/13 - 03/21	
Business Address		**City**	**State**	**Zip**
8950 Global Way		West Chester	OH	45069
Phone	**Title**		**Number of Employed Hours**	
215-613-3600	Vice President and General Manager		16,640	
Description of Duties				
Oversee all operations, including packaging and distribution of medical devices and drug products, at the Ohio facility.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I, Leah Tufts, **certify that as the MDEG Administrator for**

Advanced Concept Innovations, LLC dba Praxis Packaging Solutions

that I (initial that you have read and meet the following requirements):

1. LT Have a high school diploma or its equivalent;
2. LT Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. LT Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. LT Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Leah Tufts

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/05/2026

Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Advanced Concept Innovations, LLC dba Praxis Packaging Solutions

Pharmacy/Wholesaler License # (if applicable): _____

Physical Address: 4100 Frontage Rd South Building 100, Ste 104

City: Lakeland State: FL Zip: 33815

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 863-688-1200 Website: acipak.com

Licensing Company Email: registrations-LL@praxispackaging.com

Section 2: Personal Information

First: Leah Middle: Jane Last: Tufts

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: 4100 Frontage Rd South Building 100, Ste 104

City: Lakeland State: FL Zip: 33815

Telephone: 863-688-1200 Email: ltufts@praxispackaging.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Lebanon High School		08/1999 - 05/2003	
Address	**City**	**State**	**Zip**
1916 Drake Road	Lebanon	OH	45036
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
University of Kentucky		08/2004-05/2007	
Address	**City**	**State**	**Zip**
410 Administration Drive	Lexington	KY	40506
Diploma/Degree obtained, if any			
Bachelors of Science - Nutrition			

School Name		From - To (MM/YY – MM/YY)	
University of Cincinnati		08/2014-04/2016	
Address	**City**	**State**	**Zip**
2600 Clifton Ave	Cincinnati	OH	45221
Diploma/Degree obtained, if any			
Masters of Science - Pharmaceutical Sciences / Drug Development			

School Name		From - To (MM/YY – MM/YY)	
University of Cincinnati		10/2016-05/2019	
Address	**City**	**State**	**Zip**
2600 Clifton Ave	Cincinnati	OH	45221
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/22-Current	[redacted]	Boca Raton	FL	[redacted]
07/21-06/22		Pompano Beach	FL	
10/08-07/21		Cincinnati	OH	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Advanced Concept Innovations, LLC dba Praxis Packaging Solutions			07/25 - Present	
Business Address		City	State	Zip
4100 Frontage Rd South Ste 104		Lakeland	FL	33815
Phone	Title		Number of Employed Hours	
863-688-1200	Vice President and General Manager		2,240	
Description of Duties				
Oversee all operations, including packaging and distribution of medical devices and drug products, at the Lakeland facility.				

Business Name			From - To (MM/YY – MM/YY)	
Marken (A UPS Healthcare Company)			05/21 - 03/24	
Business Address		City	State	Zip
1009 Slater Road, Suite 120		Durham	NC	27703
Phone	Title		Number of Employed Hours	
1-800-627-5361	VP, Global Clinical Trial Distribution		5,920	
Description of Duties				
Responsible for the implementation, maintenance, and follow up of the distribution operations performed in the GMP Depots globally owned by Marken.				

Business Name			From - To (MM/YY – MM/YY)	
PCI Pharma Services			03/13-03/21	
Business Address		City	State	Zip
8950 Global Way		West Chester	OH	45069
Phone	Title		Number of Employed Hours	
215-613-3600	Vice President and General Manager		16,640	
Description of Duties				
Oversee all operations, including packaging and distribution of medical devices and drug products, at the Ohio facility.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Leah Tufts, **certify that as the designated representative for**

Advanced Concept Innovation, LLC dba Praxis Packaging Solutions,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. LT I am at least 21 years of age;
3. LT I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. LT I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. LT I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. LT I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. LT I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Leah Tufts

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/04/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Leah Tufts

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/04/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Polk

I, LEAH TUFTS, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

08/04/2026

Date

Subscribed and Sworn to before me this 4th day of August.

Notary Public Signature

TAMMY COOPER
Notary Public-State of Florida
Commission # HH 324185
My Commission Expires
October 20, 2026

(Seal)

LEGAL LAST NAME	LEGAL FIRST NAME	POSITION ID	JOB TITLE	LOCATION	HIRE DATE	REHIRE DATE	YEARS OF SERVICE
Bozo	Maria	[redacted]	9021 - Production Supervisor - ACI	08 - ACI	08/07/2023		2:9
Chestnut	Jimmie		9060 - Facilities Manager - CYP	08 - ACI	11/18/2015		10:6
Colon	Rafael		9034 - Mechanic Manager	08 - ACI	12/01/2011		14:6
Colon	Efrain		9030 - Mechanic	08 - ACI	12/30/2024		1:5
Cooper	Tammy		9091 - Administrative Assistant	08 - ACI	02/26/2018		8:3
Corelli	Mario		9040 - Engineering Manager	08 - ACI	09/02/2002		23:8
Espinoza	Diana		9025 - Production Manager - ACI	08 - ACI	12/06/2020		5:5
Feliciano	Linda		9020 - Director of Operations - CYP	08 - ACI	10/10/2017		8:7
Figuero Negrin	Ana		9021 - Production Supervisor - ACI	08 - ACI	02/05/2024		2:4
Francis	Noreen		9080 - Client Services Rep	08 - ACI	06/30/2024		2
Fulghum.	Walter		9033 - Senior Mechanic	08 - ACI	06/21/2010		16
Garcia Rodriguez	Yilenis		9010 - Line Lead	08 - ACI	06/30/2025		1
George	Charles		9051 - Warehouse	08 - ACI	10/05/2009		16:7
Gilmore	Preshee		9081 - Senior Client Service Rep	08 - ACI	03/01/2013		13:3
Jaimes-Hidalgo	Zayra		9052 - Warehouse Coordinator	08 - ACI	12/06/2020		5:5
Jennings	Kerry		9072 - Document Control Coordinator	08 - ACI	09/06/2016		9:8
Johnson	Scott		9051 - Warehouse	08 - ACI	07/27/2020		5:9
Jones	Heather		9083 - Client Services Manager - ACI	08 - ACI	10/29/2018		7:7
Joyce	Shawn		9032 - Mechanic II	08 - ACI	01/17/2024		2:4
Lasanta	Fernando		9031 - Mechanic I	08 - ACI	01/13/2025		1:4
Manuel Estronza	Victor		9070 - Quality Control Inspector	08 - ACI	03/04/2024		2:3
Nolasco	Rosa		9011 - Line Lead II	08 - ACI	01/02/2013		13:5
Orozco	Eliseo		9030 - Mechanic	08 - ACI	07/22/2024		1:9
Penn	Shaquila		9070 - Quality Control Inspector	08 - ACI	07/15/2015		10:9
Pulcini	Kevin		9084 - Sr Business Development Director - ACI	08 - ACI	02/24/2020		6:3
Register	John		9042 - System Design Specialist	08 - ACI	08/12/2024		1:9
Rosado	Linda		9026 - Medical Device Production Supervisor	08 - ACI	07/04/2016		10
Ruiz-Ortiz	Rebeca		9012 - Medical Device Operator I	08 - ACI	07/28/2008		17:9
Sanz	Mayerling		9053 - Warehouse Manager - ACI	08 - ACI	07/15/2002		23:9
Terrones	Maria		9011 - Line Lead II	08 - ACI	01/02/2013		13:5

Thomas	Learnis	[redacted]	9074 - Quality Control Supervisor	08 - ACI	01/02/2013		13:5
Ventura	Brittney		9013 - Medical Device Operator II	08 - ACI	08/12/2013		12:9
Zelaya	Denisse		9023 - Planning Coordinator	08 - ACI	09/23/2024		1:8

4Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 · Reno, NV 89521 · (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Rayner Surgical, Inc

Physical Address: 7251 Appling Farms Parkway

City: Memphis State: TN Zip: 38133

Mailing Address (if different from physical address): (Same)

City: _____ State: _____ Zip: _____

Telephone: 901-235-0363 Website: www.rayner.com

Name of Designated Representative (DR): Klaus Ricardo Garcia-Robles

Licensing Company Email: Pharma-RA@Rayner.com DR Email: KlausGarciaRobles@rayner.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☑ Dangerous Drugs	Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☑ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☐ Others:	☑ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☑ Others: Customers		☑ Others: Medical devices and prescription drugs

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Cardinal Health 105, LLC, Specialty Pharmaceutical Services
Address: 501 Mason Road, Suite 200 City: La Vergne State: TN Zip: 37086

Name: Hospira (a Division of Pfizer)
Address: Highway 301 North City: Rocky Mount State: NC Zip: 27801

Name: Hospira
Address: 4285 N Wesleyan Blvd City: Rocky Mount State: NC Zip: 27801

Name: Patheon Manufacturing Services
Address: 5900 Martin Luther King Jr. Hwy, PO Box 1887 City: Greenville State: NC Zip: 27834

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Rayner US Newco, LLC
Corporation/Organization Name: Rayner Surgical, Inc
Mailing Address: 7251 Appling Farms Parkway
City: Memphis State: TN Zip: 38133
Telephone: 901-235-0363 Email: Pharma-RA@Rayner.com
Contact Person Name: Scott Corning

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Rayner Surgical, Inc

Facility Name

Scott Andrew Corning

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/23/26

Date

Board Use Only	Date Received: 5/7/26	Amount: Chek $1080 1210

Attachment to Rayner Surgical, Inc's Out-of-State Wholesaler Application (Nevada Board of Pharmacy)

Business Description
Rayner Surgical, Inc ("Rayner") is a medical device company selling prescription devices to wholesalers and customers. Rayner Intraocular Lenses Limited, based in the UK, is the manufacturer of the devices registered under P060011. No manufacturing, labelling or processing of devices is carried out in Memphis, TN. Distribution will be carried out directly by using FedEx.

Hours of operations are Monday through Friday from 8:00 a.m. to 5:00 p.m. PT.

Parent Company
Rayner US Newco, LLC (100%)
10 Dominion Way, Worthing,
West Sussex BN14 8AQ

Corporate Officer
(***Please note there is only one officer***)

Name	Title	Address
Scott Andrew Corning	Vice President, Americas	[redacted]

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "RAYNER SURGICAL INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE NINETEENTH DAY OF APRIL, A.D. 2001, AT 8:53 O`CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE CORPORATION IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RAYNER SURGICAL INC." WAS INCORPORATED ON THE NINETEENTH DAY OF APRIL, A.D. 2001.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

3382640 8315

SR# 20261315016

Authentication: 204062234

Date: 05-28-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

TENNESSEE DEPARTMENT OF HEALTH
RAYNER SURGICAL, INC
ID NUMBER: 11997
EXPIRATION DATE: 03/31/2028

THIS IS TO CERTIFY THAT ALL REQUIREMENTS OF THE STATE OF TENNESSEE HAVE BEEN MET.

BOARD OF PHARMACY
WHOLESALE/DISTRIBUTOR
ALL APPLICABLE QUALIFICATIONS AND/OR SPECIALTIES PRINTED ON BACK.

COMMISSIONER, DEPT. OF HEALTH

RAYNER SURGICAL, INC
7251 APPLING FARMS PARKWAY
MEMPHIS, TN 38133

15170568

State of Tennessee
Department of Health

Renewal No. 38344

Board of Pharmacy
Wholesale/Distributor

RAYNER SURGICAL, INC
7251 APPLING FARMS PARKWAY,
MEMPHIS, TN 38133

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 11997

EXPIRATION DATE: March 31, 2028

MEDICAL DEVICES

Commissioner, Dept. of Health

Assistant Commissioner, Health Licensure and Regulation

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/8/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Marsh & McLennan Agency LLC
Marsh & McLennan Ins. Agency LLC
PO Box 85638
San Diego CA 92186

License#: 0H18131

CONTACT NAME:
PHONE (A/C, No, Ext): 800-321-4696 **FAX (A/C, No):**
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Federal Insurance Company	20281
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Rayner Surgical, Inc
7521 Appling Farms Parkway
Memphis TN 38133

RAYNESURGI

COVERAGES **CERTIFICATE NUMBER:** 1140043208 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			36090986	12/31/2025	12/31/2026	EACH OCCURRENCE	$ 10,000,000
	[ ] CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 1,000,000
	[X] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 10,000,000
	[ ] OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	[X] UMBRELLA LIAB [X] OCCUR			56726197	12/31/2025	12/31/2026	EACH OCCURRENCE	$ 10,000,000
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$ 10,000,000
	[ ] DED [ ] RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			71835191	12/31/2025	12/31/2026	[ ] PER STATUTE [ ] OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Evidence of Insurance

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

TRAVELERS

BOND
(License or Permit - Continuous)

Bond No. 107644148

KNOW ALL MEN BY THESE PRESENTS:

THAT WE RAYNER SURGICAL, INC as Principal, and Travelers Casualty and Surety Company of America, a corporation duly incorporated under the laws of the State of Connecticut and authorized to do business in the State of NEVADA, as Surety, are held and firmly bound unto Nevada State Board of Pharmacy, as Obligee, in the penal sum of Twenty Five Thousand ($25,000.00) Dollars, for the payment of which we hereby bind ourselves, our heirs, executors and administrators, jointly and severally, firmly by these presents.

WHEREAS, the Principal has obtained or is about to obtain a license or permit for pharmaceutical company.

NOW, THEREFORE, THE CONDITIONS OF THIS OBLIGATION ARE SUCH, that if the Principal shall faithfully comply with all applicable laws, statutes, ordinances, rules or regulations, pertaining to the license or permit issued, then this obligation shall be null and void; otherwise to remain in full force and effect.

This bond shall become effective on May 27, 2022.

PROVIDED, that regardless of the number of years this bond is in force, the Surety shall not be liable hereunder for a larger amount, in the aggregate, than the penal sum listed above.

PROVIDED FURTHER, that the Surety may terminate its liability hereunder as to future acts of the Principal at any time by giving thirty (30) days written notice of such termination to the Obligee.

SIGNED, SEALED AND DATED this May 27, 2022.

RAYNER SURGICAL, INC

By: _____
Principal

Travelers Casualty and Surety Company of America

By: _____
Russell E. Vance — Attorney-in-fact

S-2151A (4/17)

_____
Producer Name
(Required in Arizona Only)

Bond Number: 107644148

Principal Name: RAYNER SURGICAL, INC

TRAVELERS

Bond Execution Instructions

You have successfully completed your bond submission using Travelers Click®. We thank you for your business!

Please review the following items before releasing the bond to your customer.

Surety Bond:

- For your convenience the bond has been pre-signed by a Travelers corporate officer or attorney in fact and our corporate seal for *Travelers Casualty and Surety Company of America* has been affixed.
- Please use the bond number assigned to this transaction on all related documents. Do not use any other bond number issued to your office, including Reporting Slips and/or pre-assigned numbers previously provided.
- Send the original document to the Principal for signatures (if applicable) and deliver to the Obligee.
- Retain a copy for your records.
- You must either forward the following documents to Travelers or upload them now before exiting your online transaction:
    - A copy of the executed form, *only if it was not generated for you* (i.e. a form was unavailable in our system or you used your own form); and/or
    - Any supporting documentation, if applicable.

Travelers Bond Express
770 Pennsylvania Drive, Suite 110
Exton, PA 19341
Email: TravelersClick@travelers.com
Fax: 866.785.2463

Billing Instructions:

Agency Billed Bonds - Premium must be paid in accordance with your monthly accounting statement or account current agreement with Travelers. Please DO NOT remit payments to your local underwriting office.

Direct Billed Bonds - Your customer will be billed directly by Travelers. It is imperative that premium is remitted promptly to avoid cancellation or collection action. Customer checks should include the bond number. Please DO NOT remit payments to your local underwriting office.

Remittance Information:
E-Pay (EFT only): https://travelers.com/epay
Pay by Phone (EFT only): 1.800.252.2268
Regular Payments by Mail: Travelers Commercial Lines, Remittance Box 660317, Dallas, TX 75266-0317

Renewal Guidelines:

This bond obligation is continuous and does not require any documentation at renewal

TRAVELERS

May 27, 2022

CELENE PLATT
ASSUREDPARTNERS OF IL (0CBH00)
4350 WEAVER PKWY
WARRENVILLE, IL 60555

Allison T Brophy
PO Box 2905
Hartford, CT 06104-2905

Phone: (610) 458-2233

Email: ABROPHY@travelers.com

This is an Agency Billed Policy.

This is the New Business for: RAYNER SURGICAL, INC
1460 BROADWAY
NEW YORK, NY 10036-7329

Bond Number:	**107644148**
Type of Bond:	**pharmaceutical company**
Obligee Name:	**Nevada State Board of Pharmacy**
Obligee Address:	**985 Damonte Ranch Pkwy, Suite 206**
Obligee City, State & Zip:	**RENO, NV 89521 USA**
Transaction Effective Date:	**May 27, 2022**
Premium Effective Date:	**May 27, 2022**
Premium Expiry Date:	**May 27, 2024**
Bond Limit:	**$25,000.00**
Bond Premium:	**$219.00**
Special Commission:	**$0.00**
Countersignature Branch:	
Countersignature Commission:	**$0.00**
State Tax:	**$0.00**
State Surcharge:	**$0.00**
TOTAL PREMIUM:	**$219.00**

Comments:

Thank you for placing your business with us.

Producer Name: **BARLAS, THEODORE G**

S-4123 (9/96) Premium Evidence

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Russell E. Vance**, of **Hartford**, **CT**, their true and lawful Attorney(s)-in-Fact, to sign, execute, seal and acknowledge the following bond:

Surety Bond No.: 107644148 **Principal: RAYNER SURGICAL, INC**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this **21st** day of **April, 2021.**

State of Connecticut

By: _____
Robert L. Raney, Senior Vice President

City of Hartford ss.

On this the **21st** day of **April**, **2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, **2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 27 day of May, 2022.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

TRAVELERS

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Rayner Surgical, Inc MDEG License # (if applicable) N/A

Physical Address 7251 Appling Farms Parkway

City Memphis State TN Zip 38133

Mailing Address (if different from physical address) (Same)

City State Zip

Telephone 901-235-0363 Website www.rayner.com

Licensing Company Email Pharma-RA@Rayner.com

Section 2: Personal Information

First Klaus Middle Ricardo Last Garcia-Robles

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Addr[redacted]

City Germantown State TN Zi[redacted]

Telephone 901-235-0363 Email www.rayner.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Northeastern University		May 2022	
Address	**City**	**State**	**Zip**
360 Huntington Ave	Boston	MA	02115
Diploma/Degree obtained, if any: Master of Science in Regulatory Affairs			

School Name		From - To (MM/YY – MM/YY)	
Rhodes College		May 2014	
Address	**City**	**State**	**Zip**
2000 North Pwky	Memphis	TN	38112
Diploma/Degree obtained, if any: Bachelor of Science in Chemistry			

School Name		From - To (MM/YY – MM/YY)	
Memphis University School		08/07-05/10	
Address	**City**	**State**	**Zip**
6191 Park Avenue	Memphis	TN	38119
Diploma/Degree obtained, if any: High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Bolton High School		08/06-05/07	
Address	**City**	**State**	**Zip**
7323 Brunswick Rd	Arlington	TN	38002
Diploma/Degree obtained, if any: Transfer to Memphis University School			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
N/A			
Diploma/Degree obtained, if any: Klaus (Klaus Gaerdt-Robles). 04MAY2026			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/07-05/26	[redacted]	Germantown	TN	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address: N/A. Klaus (Klaus R Gaerdt-Robles) 04MAY2026	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Rayner Surgical Inc.			Sept 2025 - Present
Business Address	**City**	**State**	**Zip**
7251 Appling Farms Parkway	Memphis	TN	38133
Phone	**Title**		**Number of Employed Hours**
901-235-0363	Pharma QARA Specialist		Less than 500 hours

Description of Duties

Pharma QARA Specialist ensuring compliance with the requirements of medical device and applicable medicinal regulations

Business Name			From - To (MM/YY – MM/YY)
Charles River Laboratories			Nov 2022 – Feb 2025
Business Address	**City**	**State**	**Zip**
4600 E Shelby Dr. Ste 108	Memphis	TN	38118
Phone	**Title**		**Number of Employed Hours**
(901) 541-9800	Quality Operations Specialist		Approx. 4480 Hours

Description of Duties

Quality Operations Specialist with responsibilities of, including but not limited to, API and blood receipt, aseptic GMP medicinal product manufacturing, daily operations oversight, and final product release and shipping from facility.

Business Name			From - To (MM/YY – MM/YY)
J&B Precision, Inc.			Feb 2015 – Feb 2020
Business Address	**City**	**State**	**Zip**
9261 Cordova Park	Cordova	TN	38018
Phone	**Title**		**Number of Employed Hours**
(901) 759-5858	Regulatory Affairs Manager		Approx. 9,000 Hours

Description of Duties

Regulatory Affairs Manager of spinal, trauma, orthopedic implantable medical devices with responsibilities of raw materials receipt oversight, in-process production capabilities, developing and improving quality inspection records, final product release from facility, and QMS compliance to FDA, international regulatory bodies, and international standards.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

N/A. Klaus Garcia-Robles. 04/MAY/2026

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

N/A. Klaus Garcia-Robles. 04MAY2026

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
N/A. Klaus Garcia-R (Klaus Garcia-Robles). 04MAY2026				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A.
Klaus Garcia-R
(Klaus Garcia-Robles).
04MAY2026

Klaus Garcia-R
Original Signature (electronic, copies or stamps not accepted)

04MAY2026
Date

I, Klaus Ricardo Garcia-Robles, **certify that as the MDEG Administrator for**

Rayner Surgical, Inc,

that I (initial that you have read and meet the following requirements):

1. KRG Have a high school diploma or its equivalent;
2. KRG Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. KRG Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. KRG Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Klaus Ricardo Garcia-Robles

Print Name (First, Last)

Klaus Garcia-R

Original Signature (electronic, copies or stamps not accepted)

04 MAY 2026

Date

Board Use Only	Date Received:

Klaus R. Garcia-Robles [redacted]

Regulatory Affairs and Quality Systems professional with over 8 years of experience across FDA and ISO regulated environments. Proven ability to lead CAPA programs, quality systems design, and cross-functional training in GMP and ISO 13485 settings; knowledgeable of regulatory submissions (FDA, EU, MDR, ANVISA). Skilled in data analysis, risk-based validation, and regulatory intelligence across medical device and life science industries.

Core Competencies

- ISO 13485:2016, Quality Management Systems (QMS), FDA and International Compliance
- CAPA, Deviations / Nonconformance handling, Root Cause Analysis, GxP, & ALCOA+ Training
- Risk-Based Validation, Change Controls, Design of Experiments (DoE)
- Quality on the Floor Implementation, KPI Tracking, Batch Production Record quality
- Internal Audits, Supplier Quality, UDI Compliance, ERP System Optimization, Inventory Management
- Aseptic Processing, Product Lifecycle Support
- Software: Microsoft Office, VBA, SAP, E2 (ERP Systems)

Professional Experience

Rayner Surgical Inc. – Memphis, TN **Pharma QARA Specialist** | *Sept 2025 – Present* | Less than 500 hours
Leading Developer and Manufacturer of Ophthalmic Solutions

Pharma QARA Specialist ensuring compliance with the requirements of medical device and applicable medicinal regulations; liaison between regulatory bodies as needed; oversight of product recalls; responsible for vendor approval and oversight; ensure product dossiers are current and maintained; review pharmaceutical and medical device batch production records confirming safety, quality, integrity, identity, potency, and purity; management of change controls, deviations, validation efforts, stability data, and CAPA's; and act as the US responsible person for the device warehouse designated for the prescription medical device range.

Charles River Laboratories – Memphis, TN **Quality Operations Specialist** | *Nov 2022 – Feb 2025* | 4480 Hours approx.
Cell & Gene Therapy Pharmaceutical Manufacturer

Quality Operations Specialist with responsibilities of, including but not limited to, API and blood receipt, aseptic GMP medicinal product manufacturing, daily operations oversight, and final product release and shipping from facility. Product integrity was ensured by confirming compliance with policies and procedures for storage; product handling, either general or aseptic; regulatory and labelling compliance; internal batch identification and control; cross-contamination controls; supply strategies of ordering management, inventory control; and distribution optimization.

Maintained and supported Quality, Regulatory, and Operations by processing nonconformance events, CAPAs, and SCARs in a timely manner; assisting in audits as needed; providing quality-on-the-floor reports from manufacturing or GEMBA walks; and implementing policies and standard operating procedures related to US order management Operations.

- Delivered department-wide training on GMP topics including ALCOA+, data integrity, and deviation handling, improving quality event initiation and closure timelines
- Designed and implemented SOPs for "Quality on the Floor" initiatives, improving KPI performance in aseptic manufacturing environment
- Strengthened site safety culture as an active member of the internal Environmental Health & Safety (EHS)
- Performed quality checks upon receiving API raw materials and blood components at various environmental requirements (ambient, refrigerated, deep-frozen, and LN2 conditions) ensuring no thermal excursions occurred
- Executed quality review of batch production record of GMP manufacturing activities permitting final product release from the facility

Klaus R. Garcia-Robles [redacted]

- Conducted quality on the floor activities for product release activities, ensuring products being released were kept in required storage conditions and that requested product was correctly identified, packaged, and shipped
- Executed quality on the floor activities for ensuring aseptic GMP manufacturing activities for producing aseptic products were in accordance with sterile manufacturing protocols and procedures
- Performed Gemba walks for ensuring facility was in desired operational conditions, including cleanliness and security mechanisms
- Assisted in audits as needed
- Initiated and processed nonconformance/deviations/CAPAs

J&B Precision, Inc. – Memphis, TN **Regulatory Affairs Manager** | *Feb 2015 – Feb 2020* | 9,000 Hours approx.
Medical Device Manufacturer – Spinal, Trauma, Orthopedic implantable devices

Regulatory Affairs Manager of spinal, trauma, orthopedic implantable medical devices with responsibilities of raw materials receipt oversight, in-process production capabilities, developing and improving quality inspection records, final product release from facility, and QMS compliance to FDA, international regulatory bodies, and international standards. Product integrity was ensured by confirming compliance with policies and procedures for storage, product handling, internal batch identification and control; inventory control; implemented policies and standard operating procedures related to US order management Operations; handled product recall; handled customer product returns and, if applicable, reprocessing; oversaw internal and external product complaints.

Maintained and support Quality and Regulatory by ensuring QMS compliance to FDA and internal regulatory bodies; conducting internal audits; co-leading external-initiated audits, such as regulatory and client; overseeing and audited suppliers; maintaining DMR and DHR of contracted medical devices; annual product filing to FDA; initializing and finalizing nonconformance, CAPAs, complaint events via those systems; designed and implemented SOPs as necessary.

- Transformed the site's Quality Manual to a risk-based structure per ISO 13485:2016, earning regulatory certifications (FDA, EU MDR, ANVISA) via implementation of audit-ready ideology
- Managed and closed CAPAs through structured root cause analysis: reducing nonconformance rates, improving production timelines, reducing quantity of customer complaints
- Led process validation activities using statistical methodology (DoE) for secondary manufacturing steps
- Designed and implemented VBA-based automation for UDI tracking, training logs, PM, and supplier oversight
- Oversaw integration of Keyence measurement systems, increasing dimensional inspection capability
- Performed quality review of produced medical devices, responsible for reviewing and signing production records allowing release of finished medical devices from facility.
- Scheduled and ran internal audits, as needed, resolving audit findings via the CAPA system
- Co-hosted external audits, resolving audit findings via the CAPA system
- Maintained compliance in accordance with customer Quality Technical Agreements and relevant regulations
- Created, oversaw, and maintained vigilance system for when field complaints were made aware of to the organization.

MeadWestvaco – Charleston, SC **Associate Oilfield Chemist** | *Jul 2014 – Feb 2015* | 1,280 Hours approx.
Product Developer of Packaging and Specialty Chemicals

Oilfield chemist with responsibility of product development, creation of quality control inspection criteria, and general laboratory oversight and management.

- Developed diagnostic testing methods to support formulation initiatives in alignment with sales strategies
- Reduced unnecessary chemical purchasing by creating a centralized, electronic chemical inventory system
- Researched novel molecules for suitability for experimental formulations
- Conducted rheological testing of experimental formulations preparing data as needed for further product forecasting

Klaus R. Garcia-Robles [redacted]

Education

Northeastern University – Boston, MA
Master of Science in Regulatory Affairs *Concentration: Medical Devices | May 2022*
Rhodes College – Memphis, TN
Bachelor of Science in Chemistry *Minors: Physics and Mathematics | May 2014*

Technical & Analytical Skills

- **Analytical Tools:** pH probes, micrometers, ICP, IC, optical comparators
- **Software & Systems:** VBA, Microsoft Office Suite, SAP, E2 ERP
- **Languages:** English (fluent), Spanish (proficient)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Rayner Surgical, Inc

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 7251 Appling Farms Parkway

City: Memphis State: TN Zip: 38133

Mailing Address (if different from physical address): (Same)

City: State: Zip:

Telephone: 901-235-0363 Website: www.rayner.com

Licensing Company Email: Pharma-RA@Rayner.com

Section 2: Personal Information

First: Klaus Middle: Ricardo Last: Garcia-Robles

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Addr[redacted]

City: Germantown State: TN Zip: [redacted]

Telephone: 901-235-0363 Email: Pharma-RA@Rayner.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	☐	☑
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	☐ N/A	☐

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Northeastern University			May 2022	
Address		City	State	Zip
360 Huntington Ave		Boston	MA	02115
Diploma/Degree obtained, if any				
Master of Science in Regulatory Affairs				

School Name			From - To (MM/YY – MM/YY)	
Rhodes College			May 2014	
Address		City	State	Zip
2000 North Pwky		Memphis	TN	38112
Diploma/Degree obtained, if any				
Bachelor of Science in Chemistry				

School Name			From - To (MM/YY – MM/YY)	
Memphis University School			08/07 - 05/10	
Address		City	State	Zip
6191 Park Avenue		Memphis	TN	38119
Diploma/Degree obtained, if any				
High School Diploma				

School Name			From - To (MM/YY – MM/YY)	
Bolton High School			08/06 - 05/07	
Address		City	State	Zip
7323 Brunswick Rd		Arlington	TN	38002
Diploma/Degree obtained, if any				
Transfer to Memphis University School				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
N/A				
Diploma/Degree obtained, if any				
Klaus Garcia-Robles, 04 MAY 2026				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/07 - 05/26	[redacted]	Germantown	TN	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address N/A.	City	State	Zip
From - To (MM/YY – MM/YY)	Address Klaus Garcia-Robles	City	State	Zip
From - To (MM/YY – MM/YY)	Address (Klaus Garcia-Robles)	City	State	Zip
From - To (MM/YY – MM/YY)	Address 04 MAY 2026	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Rayner Surgical Inc.			Sept 2025 - Present	
Business Address		City	State	Zip
7251 Appling Farms Parkway		Memphis	TN	38133
Phone	Title		Number of Employed Hours	
425-419-1681	QARA Specialist		Less than 500 hours	
Description of Duties				
Pharma QARA Specialist ensuring compliance with the requirements of medical device and applicable medicinal regulations				

Business Name			From - To (MM/YY – MM/YY)	
Charles River Laboratories			Nov 2022 – Feb 2025	
Business Address		City	State	Zip
4600 E Shelby Dr. Ste 108		Memphis	TN	38118
Phone	Title		Number of Employed Hours	
(901) 541-9800	Quality Operations Specialist		4480 Hours approx.	
Description of Duties				
Quality Operations Specialist with responsibilities of, including but not limited to, API and blood receipt, aseptic GMP medicinal product manufacturing, daily operations oversight, and final product release and shipping from facility.				

Business Name			From - To (MM/YY – MM/YY)	
J&B Precision, Inc.			Feb 2015 – Feb 2020	
Business Address		City	State	Zip
9261 Cordova Park		Cordova	TN	38018
Phone	Title		Number of Employed Hours	
(901) 759-5858	Regulatory Affairs Manager		9,000 Hours approx.	
Description of Duties				
Regulatory Affairs Manager of spinal, trauma, orthopedic implantable medical devices with responsibilities of raw materials receipt oversight, in-process production capabilities, developing and improving quality inspection records, final product release from facility, and QMS compliance to FDA, international regulatory bodies, and international standards.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
N/A. Klaus Garcia-Robles. 04MAY2026				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	N/A	
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Klaus Garcia F

Original Signature (electronic, copies or stamps not accepted)

04 MAY 2026

Date

I, Klaus Ricardo Garcia-Robles, **certify that as the designated representative for**

Rayner Surgical, Inc,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. KRG I am at least 21 years of age;
3. KRG I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. KRG I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. KRG I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. KRG I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. KRG I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Klaus Ricardo Garcia-Robles
Print Name (First, Last)

Klaus Garcia-R
Original Signature (electronic, copies or stamps not accepted)

04 MAY 2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Klaus Ricardo Garcia-Robles

Print Name (First, Last)

Klaus Garcia 7 — 04MAY2026

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of TN, ss. County of Shelby

I, Klaus Ricardo Garcia-Robles, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Klaus Garcia 7 — 04MAY2026

Original Signature — **Date**

Subscribed and Sworn to before me this 4th day of May, 2026

Cheryll Morales

Notary Public Signature

CHERYLL MORALES
STATE OF TENNESSEE
NOTARY PUBLIC
My Commission Expires on 05/17/2027
SHELBY COUNTY

(Seal)

Scott A. Corping

[redacted]

Professional Summary

Collaborative, strategic executive leader with product marketing, launch and management experience in the pharmaceutical and biopharmaceutical sectors. Seeking to leverage my marketing and leadership experience for a company dedicated to improving healthcare for people battling neurological/neurodegenerative diseases. Analytical and adept at distilling complex data or situations into clear, compelling narratives. Demonstrated expertise in strategic planning and assessment, go-to market strategy and cross-functional collaboration. Possesses strong executive presence and presentation skills, and can either lead a team or participate on one to accelerate progress.

Accomplishments

- **Launched company's first drug product** by assessing market opportunity and devising go-to-market strategy and budget, responsible for financial results surpassing $50 million.
- **Built and led 80+ person commercial team** consisting of Marketing, Sales/Sales Management, Commercial Operations & Analytics, Field Reimbursement and Market Access, demonstrating success **creating commercial core competency** at a company with no prior commercial personnel or capability.
- Ability to **mentor, coach, and elevate talent** to achieve organizational goals.
- **Identified specific pipeline assets** to be pursued by company in order to increase probability of success, maximize commercial opportunity and remain focused on company core competencies.
- Central in **guiding company's transformation** from venture-backed start-up to public biopharmaceutical company, including the company's initial public offering (IPO) with CEO and CFO.

EXPERIENCE

RAYNER, Worthing, United Kingdom (Hybrid) **2024 - present**

Vice President, Americas

- Responsible for driving growth, profitability, sales, and operational excellence across the Americas region.
- Rayner is a leading developer and manufacturer of ophthalmic surgical device and pharmaceutical solutions. With more than 70 years of continuous growth and experience, Rayner currently sells in over 80 countries with a mission is to deliver innovative and clinically superior ophthalmic products.

RE-VANA THERAPEUTICS, Belfast, Northern Ireland, UK; Tampa, FL (remote)

Corporate Strategic Advisor **2023 – 2024**

- Retained as a member of the strategic planning team to deliver on corporate objectives at venture-backed therapeutics and drug delivery company. Forecasting and valuing assets for development.
- Working with senior management and select board members on Series B planning process and implementation, creating company narrative and pitch deck, and identifying potential investors.
- Participate in and provide consulting on all business development strategies, market research projects, and input to investor pitch and congress decks.

OCULAR THERAPEUTIX, Bedford, Massachusetts (OCUL: NASDAQ) **2010 - 2023**

Senior Vice President, Commercial 2017 - 2023

Vice President, Sales and Marketing 2010 - 2017

Promoted to **lead creation of commercial capability, branding and readiness for launch** of company's first pharmaceutical product, DEXTENZA®, the world's first FDA-approved drug-eluting intracanalicular insert, surpassing $50 million in net revenue.

- Conceived go-to-market strategy and organizational design, and subsequently built and led all commercial functions for small-cap biopharma company, including **marketing, sales, market access,**

field reimbursement, reimbursement services hub, commercial operations & analytics, and distribution. Created and managed associated departmental personnel and program budgets.

- Led the creation and implementation of our **targeting model based on "total office" call**, including clinics, and their physicians, staff, and associated surgery centers. Used Veeva/Salesforce to manage account activity and derive insights.
- Attained **multiple market access milestones** enabling both permanent drug payment and procedure payment, including C-code, J-code, Category I and III CPT codes and ongoing separate payment beyond the 3-year period of pass-through payment status.
- As **Member of Executive Leadership Team** for entire tenure at the company:
  - Co-led progression from pre-commercial, venture-backed medical device start-up to transformation to publicly-traded biopharmaceutical company as company grew from 30 to over 250 employees.
  - Identified specific pipeline assets to be pursued by company in order to increase probability of success, maximize commercial opportunity and remain focused on company core competencies.
  - Worked directly with Investor Relations firm and CFO on all company press releases.
- Member of **3-person IPO roadshow team** including former CEO and CFO, and regular participant in meetings to elevate company profile and advance critical relationships with key stakeholders including KOLs, strategics, institutional investors, and buy-side and sell-side analysts.

ALCON LABORATORIES, Fort Worth, Texas **2001 - 2010**

Group Product Director, International Surgical 2009 - 2010

Integration team for the acquisition of Israel-based, Optonol, and Ex-Press Glaucoma Shunt.

- Partnered with Optonol leadership teams to plan and implement the transition into Surgical Division.
- Managed sales distributor agreements with global sales network to transition from international sales distribution network to Alcon regional and in-country sales and marketing management.

Global Marketing Director - Pharmaceutical Division 2007 - 2009

Promoted to global marketing and product management, responsibility for major brands spanning anti-infectives, anti-inflammatories, combinations and otic, totaling over $600 million in annual sales.

- Managed 8-person staff responsible for all aspects of marketing including brand & campaign development, trade PR, POA creation & sales roll-out, sales training, and product launches.
- Broad responsibility for overseeing and approving product managers' annual marketing plans, and writing 5-year strategic plan for entire portfolio of products.

Senior Product Manager - Pharmaceutical Division 2006 – 2007

- Managed product marketing and messaging, growing sales from $50 million to over $150 million
- Member of divisional leadership team with sales management to build territories, and vet candidates for sales management roles; Trained sales representatives on Alcon pharmaceuticals portfolio

Marketing Manager – Surgical Division 2001 – 2005

- Held market share with marginalized product in highly competitive refractive surgery market
- 2x Winner of Master's Club Award for Top Marketer

PRIOR EXPERIENCE

- SUMMIT TECHNOLOGY - *Product Marketing Manager* (Acquired by Alcon), Waltham, MA
- EUROCLEAR (J.P. Morgan) - *Marketing and Corporate Communications,* Brussels, Belgium
- SALZBURG INTERNATIONAL PREPARATORY SCHOOL - *Resident Counselor*, Salzburg, Austria
- GROUP FIVE ADVERTISING - *Account Executive,* Newton, MA

EDUCATION

BOSTON UNIVERSITY, Brussels, Belgium - International dual master's degree program
Master of Science, Management
Master of Arts, International Relations

Financed tuition as *Graduate Intern, 3M Europe,* Electrical Products & Consumer Office Supply Divisions

WESLEYAN UNIVERSITY, Middletown, Connecticut
Bachelor of Arts, English; Varsity Ice Hockey, 4 years

BOARDS/VOLUNTEER ACTIVITY

- Advisory Council Member- Boys & Girls Club of Lawrence, Lawrence, MA **2024 - present**
- Council Member, Member of the Finance Committee - South Church, Andover, MA **2023 – present**
- Board Member, Compliance Director, Coach - Andover Hockey Association, MA **2023 - present**

Name	Title
Cheryll Morales	Executive Assistant
Justin Robidas	Supply Chain Analyst
Klaus Garcia-Robles	Pharma RAQA Specialist
Morlette Scott	Staff Accountant
Jonathan Kohlbauer	Finance Director, Americas
Amanda Howard	HR Generalist
Darian Clinton	Supply Chain and Procurement Manager
Rhonda Martin-Hawkins	Senior Demand and Supply Planner
Andrea Murry	I.T. Helpdesk Analyst
Heather Jones	HR Director, Americas
Jacob Lopez	Inside Sales Representative
Mary K. Thomas	Inside Sales Representative
Tristan Thornhill	Inside Sales Representative
Christopher Hardaway	Warehouse Team Leader
Tawanna Flowers	Warehouse Associate
Erin Rotonde	Customer Service Manager
Brandee Millington	Senior Customer Service Advisor
Melissa Thomas	Customer Service Advisor
Brianna Rush	Customer Service Advisor

4Z

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)	**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☑ Ownership Change* ☑ Name Change* ☐ Location Change* (in-state only) See Attachment A * If making a change, provide current license number: WH WH03963	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: SHINE SPECT USA, LLC

Physical Address: 325 Treble Cove Road

City: North Billerica State: MA Zip: 01862

Mailing Address (if different from physical address): Same as physical address above.

City: _____ State: _____ Zip: _____

Telephone: 608-210-1060 Website: https://www.shinefusion.com/

Name of Designated Representative (DR): Jill M. Corbett

Licensing Company Email: regulatory@shinenuclearmedicine.com DR Email: jillcorbett@shinenuclearmedicine.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☑ Pharmacies	☑ Dangerous Drugs	☑ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☑ Hospitals	☑ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☑ Others: Government and Radiopharmacies.		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A
Original Signature (electronic, copies or stamps not accepted)

N/A
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A - Start up company.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

N/A

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): SHINE SPECT, LLC

Corporation/Organization Name: SHINE SPECT USA, LLC

Mailing Address: 325 Treble Cove Road

City: North Billerica State: MA Zip: 01862

Telephone: 608-210-1060 Email: regulatory@shinenuclearmedicine.com

Contact Person Name: Jill M. Corbett

/A

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

/A

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
N/A 1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration See Attachment B 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See Attachment C		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment F	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** N/A	✓			
• **List of all corporation shareholders and their percent ownership.** See Attachment A		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. See Attachment D	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment E		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - Wholly owned by parent company		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) N/A	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment F	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment G	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ See Attachment H	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). See Attachment I	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
N/A - See Attachments B and C • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

SHINE SPECT USA, LLC

Facility Name

Jill M. Corbett

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

16 DEC 2025

Date

Board Use Only	Date Received: 2/2/26	Amount: $1000.00 CC

Attachment A

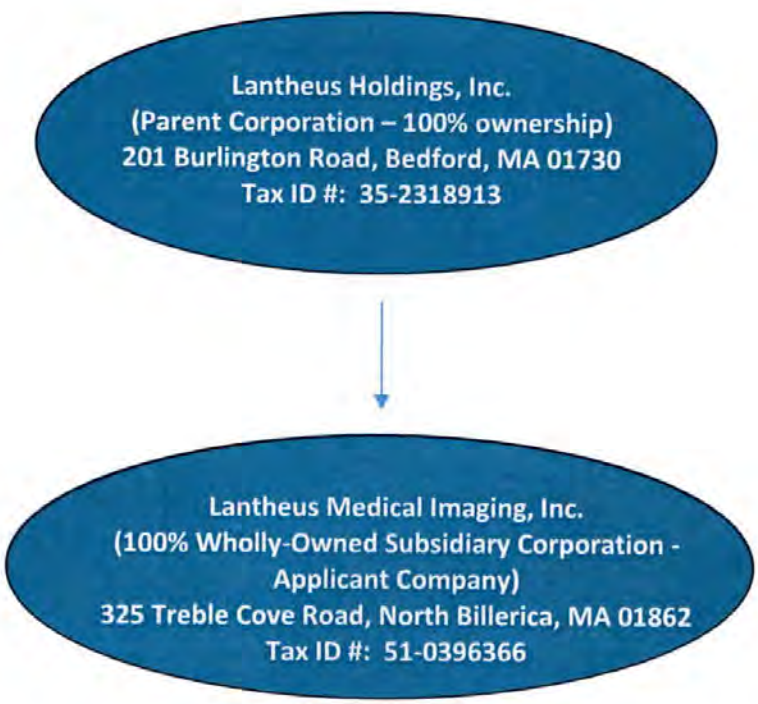
Regarding the Changes and Ownership Charts

Effective on or around January 2, 2026, SHINE SPECT USA, LLC (SHINE) will acquire a Lantheus Medical Imaging, Inc. (Lantheus) facility located at 325 Treble Cove Road, North Billerica, MA 01862. SHINE will also be acquiring certain other Lantheus assets; however, the ownership of the Lantheus company will not change.

As a result of the facility space/asset acquisition, the facility name will change from Lantheus Medical Imaging, Inc. to SHINE SPECT USA, LLC. Since the facility is owned by a new company, this will also result in the **parent company** change from Lantheus Holdings, Inc. to SHINE SPECT, LLC. There will also be a change in officers. **Note that the Designated Representative for the location will NOT change**.

Also note that the FEIN # will change to **39-4908246**.

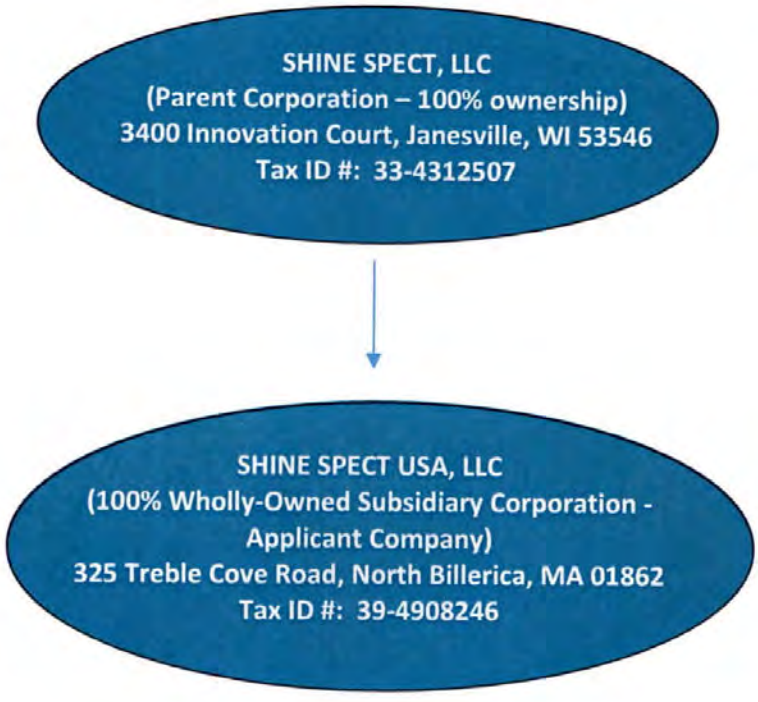
Ownership Prior to 1/2/2026:



Attachment A

Regarding the Changes and Ownership Charts (cont.)

Ownership After 1/2/2026:



Attachment F

Personnel Information

SHINE SPECT USA, LLC

LLC Officers:

A. Gregory Sorensen
Chief Executive Officer

Christopher D. Lee
Chief Financial Officer

Christine C. Wu
Secretary

Designated Representative:

Jill M. Corbett
Trade and Transportation Compliance Manager

Enclosed please find a list of all site employees.

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

Drug Establishments Current Registration Site

New Search (index.cfm)

Search Results for **SHINE SPECT**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Shine Spect USA,LLC	3042513702	144915003	ANALYSIS; LABEL; MANUFACTURE; PACK; STERILIZE;	325 Treble Cove Rd, North Billerica, Massachusetts (MA) 01862, United States (USA)	12/31/2026

Showing 1 to 1 of 1 entries
Previous1Next
Data Current through: Wednesday, Jan 7, 2026

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHINE SPECT USA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHINE SPECT USA, LLC" WAS FORMED ON THE THIRTEENTH DAY OF OCTOBER, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

10364903 8300

SR# 20254965235

Authentication: 205699112

Date: 12-22-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM

Massachusetts Controlled Substance Registration

In accordance with the provision of Massachusetts General Laws, Chapter 94C, issues the registration of Drug Manufacturer or Drug Distributor Controlled Substance Registration to:

SHINE SPECT USA, LLC
325 Treble Cove Road
North Billerica, MA 01862

Robert Goldstein, MD, PhD
Commissioner - Department of Public Health

Registration Number: RMD400269

Type: Manufacture, Distribute

Schedules: VI

Issue Date: 01/07/2026

Expiration Date: 01/07/2027

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/23/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Marsh USA LLC
333 South 7th Street, Suite 1400
Minneapolis, MN 55402-2400

CN119020259--GAWUC-25-26

CONTACT NAME:
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : American Casualty Company of Reading, PA	20427
INSURER B : N/A	N/A
INSURER C : At-Bay Specialty Insurance Company	19607
INSURER D : N/A	N/A
INSURER E : N/A	N/A
INSURER F :	

INSURED
Illuminated Holdings, Inc.
dba Shine Technologies, LLC
2400 Innovation Court
Janesville, WI 53546

COVERAGES **CERTIFICATE NUMBER:** CHI-011135898-14 **REVISION NUMBER:** 8

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			7064265533	10/01/2025	10/01/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 15,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ EXCLUDED
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Cyber			AB-6668211-02	04/01/2025	10/01/2026	Limit:	2,000,000
							SIR:	15,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Locations at 325 Treble Cove Rd, North Billerica, MA 01862 and 331 Treble Cove Rd, North Billerica, MA 01862
Named Insured includes Shine SPECT USA, LLC

CERTIFICATE HOLDER

Shine Technologies, LLC
3400 Innovation Dr.
Janesville, WI 53546

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN119020259
LOC #: Minneapolis

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Marsh USA LLC		Illuminated Holdings, Inc. dba Shine Technologies, LLC 2400 Innovation Court Janesville, WI 53546
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Isotope Products Continued:
$5,000,000 policy aggregate
$50,000 deductible
Products- Work Hazard Coverage
$5,000,000 each claim
$10,000 each claim deductible
$5,000,000 aggregate
$50,000 aggregate deductible
Medical Expenses
$1,000 each person
$5,000 aggregate

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. EACX4053684

Application/License No. _____

SHINE SPECT USA, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 325 Treble Cove Road North Billerica, MA 01862 (Address of Applicant/Principal), as PRINCIPAL, and Endurance Assurance Corporation (Surety Company), a corporation organized under the laws of the state of DE (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 4 Manhattanville Road 3rd Floor, Purchase, NY 10577 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 1, 2026 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 30 day of March, 20 26.

APPLICANT/PRINCIPAL
SHINE SPECT USA, LLC

Authorized Representative

SURETY COMPANY
Endurance Assurance Corporation

Surety Company's Representative

Loretta Jones, Attorney-in-fact *
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Bonnie Rice

Witness Michelle Lute-Heatherly

Countersigned by:

*Non-resident license no. 527233
Nevada Resident Agent

KIMBERLY HILLISON
Notary Public
State of Wisconsin

My Commission Expires 10/17/28

Posted February 20, 2020

SOMPO INTERNATIONAL
INSURANCE

POWER OF ATTORNEY

2640

KNOW ALL BY THESE PRESENTS, that **Endurance Assurance Corporation**, a Delaware corporation ("EAC"), **Endurance American Insurance Company**, a Delaware corporation ("EAIC"), **Lexon Insurance Company**, a Texas corporation ("LIC"), and/or **Bond Safeguard Insurance Company**, a South Dakota corporation ("BSIC"), each, a "Company" and collectively, "**Sompo International**," do hereby constitute and appoint: Loretta Jones of Knoxville TN

as true and lawful Attorney(s)-In-Fact to make, execute, seal, and deliver for, and on its behalf as surety or co-surety; bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking so made, executed and delivered shall obligate the Company for any portion of the penal sum thereof in excess of the sum of **One Hundred Million Dollars ($100,000,000.00)**.

Such bonds and undertakings for said purposes, when duly executed by said attorney(s)-in-fact, shall be binding upon the Company as fully and to the same extent as if signed by the President of the Company under its corporate seal attested by its Corporate Secretary.

This appointment is made under and by authority of certain resolutions adopted by the board of directors of each Company by unanimous written consent effective the 30th day of March, 2023 for BSIC and LIC and the 17th day of May, 2023 for EAC and EAIC, a copy of which appears below under the heading entitled "Certificate".

This Power of Attorney is signed and sealed by facsimile under and by authority of the following resolution adopted by the board of directors of each Company by unanimous written consent effective the 30th day of March, 2023 for BSIC and LIC and the 17th day of May, 2023 for EAC and EAIC and said resolution has not since been revoked, amended or repealed:

RESOLVED, that the signature of an individual named above and the seal of the Company may be affixed to any such power of attorney or any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signature or seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN WITNESS WHEREOF, each Company has caused this instrument to be signed by the following officers, and its corporate seal to be affixed this 25th day of May, 2023.

Endurance Assurance Corporation
By: Richard M Appel
Richard Appel; SVP & Senior Counsel

Endurance American Insurance Company
By: Richard M Appel
Richard Appel; SVP & Senior Counsel

Lexon Insurance Company
By: Richard M Appel
Richard Appel; SVP & Senior Counsel

Bond Safeguard Insurance Company
By: Richard M Appel
Richard Appel; SVP & Senior Counsel

ACKNOWLEDGEMENT

On this 25th day of May, 2023, before me, personally came the above signatories known to me, who being duly sworn, did depose and say that he/they is an officer of each of the Companies; and that he executed said instrument on behalf of each Company by authority of his office under the by-laws of each Company.

By: Amy Taylor
Amy Taylor, Notary Public - My Commission Expires 3/9/27

CERTIFICATE

I, the undersigned Officer of each Company, DO HEREBY CERTIFY that:

1. That the original power of attorney of which the foregoing is a copy was duly executed on behalf of each Company and has not since been revoked, amended or modified; that the undersigned has compared the foregoing copy thereof with the original power of attorney, and that the same is a true and correct copy of the original power of attorney and of the whole thereof;
2. The following are resolutions which were adopted by the board of directors of each Company by unanimous written consent effective 30th day of March, 2023 for BSIC and LIC and the 17th day of May, 2023 for EAC and EAIC and said resolutions have not since been revoked, amended or modified:

   "RESOLVED, that each of the individuals named below is authorized to make, execute, seal and deliver for and on behalf of the Company any and all bonds, undertakings or obligations in surety or co-surety with others: RICHARD M. APPEL, MATTHEW E. CURRAN, MARGARET HYLAND, SHARON L. SIMS, CHRISTOPHER L. SPARRO,

   and be it further

   RESOLVED, that each of the individuals named above is authorized to appoint attorneys-in-fact for the purpose of making, executing, sealing and delivering bonds, undertakings or obligations in surety or co-surety for and on behalf of the Company."
3. The undersigned further certifies that the above resolutions are true and correct copies of the resolutions as so recorded and of the whole thereof.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal this 30th day of March, 20 26.

By: Daniel S. Lorie, Secretary

NOTICE: U. S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC)

No coverage is provided by this Notice nor can it be construed to replace any provisions of any surety bond or other surety coverage provided. This Notice provides information concerning possible impact on your surety coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous foreign agents, front organizations, terrorists, terrorist organizations, and narcotics traffickers as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's website – https://www.treasury.gov/resource-center/sanctions/SDN-List.

In accordance with OFAC regulations, if it is determined that you or any other person or entity claiming the benefits of any coverage has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, any coverage will be considered a blocked or frozen contract and all provisions of any coverage provided are immediately subject to OFAC. When a surety bond or other form of surety coverage is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments may also apply.

Any reproductions are void.

Surety Claims Submission: LexonClaimAdministration@sompo-intl.com
Telephone: 615-553-9500 Mailing Address: Sompo International; 12890 Lebanon Road; Mount Juliet, TN 37122-2870

ENDURANCE ASSURANCE CORPORATION
Balance Sheet - Statutory - Basis
December 31, 2024

Assets:		
Bonds	$	9,575,738,600
Preferred stocks		15,965,244
Common stocks		2,974,058,744
Cash, cash equivalents, and short-term investments		380,926,489
Other invested assets		382,161,094
Receivables for securities		7,743,789
Total cash and invested assets		**13,336,593,960**
Agents' balances or uncollected premiums		3,751,103,321
Reinsurance recoverable on loss and loss adjustment expense payments		1,079,426,776
Funds held by or deposited with reinsured companies		146,694,256
Investment income due and accrued		75,551,122
Current federal and foreign income tax recoverable and interest thereon		9,551,514
Net deferred tax asset		201,158,214
Receivables from parent, subsidiaries and affiliates		38,811,391
Other assets		396,387,073
Total admitted assets	$	**19,035,277,627**
Liabilities:		
Loss and loss adjustment expenses	$	7,434,113,469
Reinsurance payable on paid loss and loss adjustment expenses		797,536,780
Commissions payable, contingent commissions and other similar charges		7,067,852
Other expenses		26,564,195
Taxes, licenses and fees (excluding federal and foreign income taxes)		18,927,896
Unearned premiums		2,959,915,954
Advanced premium		9,091,368
Dividends declared and unpaid (stockholders)		430,000,000
Ceded reinsurance premiums payable		1,659,311,317
Funds held by company under reinsurance treaties		155,788,157
Amounts withheld or retained by company for account of others		702,732,322
Remittances and items not allocated		186,045,368
Provision for reinsurance		26,000,766
Payable to parent, subsidiaries and affiliates		234,928,735
Payable for securities		48,893,701
Other liabilities		57,059,433
Total liabilities		**14,753,977,313**
Capital and surplus:		
Common capital stock		5,000,000
Gross paid in and contributed surplus		3,480,137,280
Unassigned funds (surplus)		794,870,512
Aggregate write-ins for special surplus funds		1,292,522
Total capital and surplus		**4,281,300,314**
Total liabilities and capital and surplus	$	**19,035,277,627**

I, Hana Entela, Treasurer of Endurance Assurance Corporation (the "Company") do hereby certify that to the best of my knowledge and belief, the foregoing is a full and true Statutory Statement of Admitted Assets, Liabilities, Capital and Surplus of the Company as of December 31, 2024 prepared in conformity with accounting practices prescribed or permitted by the State of Delaware Department of Insurance. The foregoing statement should not be taken as a complete statement of financial condition of the Company. Such a statement is available upon request at the Company's office located at 4 Manhattanville Road, Purchase, NY 10577.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Company at Purchase, New York.

Hana Entela

Subscribed and sworn to before me this 25th day of March, 2025

State of New York, County of Westchester

Fiona McNamara

Fiona McNamara
STATE OF NEW YORK
NOTARY PUBLIC
MY COMMISSION EXPIRES 07/14/2025

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: SHINE SPECT USA, LLC — MDEG License # (if applicable): N/A

Physical Address: 325 Treble Cove Road

City: North Billerica — State: MA — Zip: 01862

Mailing Address (if different from physical address): Same as physical address above.

City: _____ — State: _____ — Zip: _____

Telephone: 608-210-1060 — Website: https://www.shinefusion.com/

Licensing Company Email: regulatory@shinenuclearmedicine.com

Section 2: Personal Information

First: Jill — Middle: Meredith — Last: Corbett

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☐ M ■ F ☐ X

Mailing Address: 325 Treble Cove Road

City: North Billerica — State: MA — Zip: 01862

Telephone: [redacted] — Email: jillcorbett@shinenuclearmedicine.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Massachusetts		09/97 - 06/06	
Address	City	State	Zip
181 Presidents Drive	Amherst	MA	01003
Diploma/Degree obtained, if any			
Bachelor of Arts: Economics			

School Name		From - To (MM/YY – MM/YY)	
Reading Memorial High School		09/93 - 06/97	
Address	City	State	Zip
62 Oakland Road	Reading	MA	01867
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/25 - Current	[redacted]	Belmont	MA	[redacted]
12/07 - 10/25		Belmont	MA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
SHINE SPECT USA, LLC			01/26 - Present
Business Address	**City**	**State**	**Zip**
325 Treble Cove Road	North Billerica	MA	01862
Phone	**Title**	**Number of Employed Hours**	
608-210-1060	Trade and Transportation Compliance Manager	40 hours / week	
Description of Duties			
Responsible for all regulatory compliance including PDMA, Customs, US Export, Domestic and International Hazardous Materials Regulations (DOT and IATA).			

Business Name			From - To (MM/YY – MM/YY)
Lantheus Medical Imaging, Inc.			07/15 - 01/26
Business Address	**City**	**State**	**Zip**
325/331 Treble Cove Road	North Billerica	MA	01862
Phone	**Title**	**Number of Employed Hours**	
978-436-7387	Trade and Transportation Compliance Manager	40 hours / week	
Description of Duties			
Responsible for all regulatory compliance including PDMA, Customs, US Export, Domestic and International Hazardous Materials Regulations (DOT and IATA).			

N/A

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

N/A

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

N/A

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Jill Meredith Corbett, **certify that as the MDEG Administrator for**

SHINE SPECT USA, LLC,

that I (initial that you have read and meet the following requirements):

1. JM Have a high school diploma or its equivalent;
2. JM Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JM Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JM Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jill Corbett

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

16DEC2025

Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: SHINE SPECT USA, LLC

Pharmacy/Wholesaler License # (if applicable): current #: WH03963; new #: pending

Physical Address: 325 Treble Cove Road

City: North Billerica State: MA Zip: 01862

Mailing Address (if different from physical address): Same as physical address above.

City: State: Zip:

Telephone: 608-210-1060 Website: https://www.shinefusion.com/

Licensing Company Email: regulatory@shinenuclearmedicine.com

Section 2: Personal Information

First: Jill Middle: Meredith Last: Corbett

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: 325 Treble Cove Road

City: North Billerica State: MA Zip: [redacted]

Telephone: [redacted] Email: jillcorbett@shinenuclearmedicine.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Massachusetts		09/97 - 06/06	
Address	City	State	Zip
181 Presidents Drive	Amherst	MA	01003
Diploma/Degree obtained, if any			
Bachelor of Arts: Economics			

School Name		From - To (MM/YY – MM/YY)	
Reading Memorial High School		09/93 - 06/97	
Address	City	State	Zip
62 Oakland Road	Reading	MA	01867
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/25 - Current	[redacted]	Belmont	MA	[redacted]
12/07 - 10/25	[redacted]	Belmont	MA	
From - To (MM/YY – MM/YY)	Address	City	State	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
SHINE SPECT USA, LLC			01/26 - Present	
Business Address		**City**	**State**	**Zip**
325 Treble Cove Road		North Billerica	MA	01862
Phone	**Title**		**Number of Employed Hours**	
608-210-1060	Trade and Transportation Compliance Manager		40 hours / week	
Description of Duties				
Responsible for all regulatory compliance including PDMA, Customs, US Export, Domestic and International Hazardous Materials Regulations (DOT and IATA).				

Business Name			From - To (MM/YY – MM/YY)	
Lantheus Medical Imaging, Inc.			07/15 - 01/26	
Business Address		**City**	**State**	**Zip**
325/331 Treble Cove Road		North Billerica	MA	01862
Phone	**Title**		**Number of Employed Hours**	
978-436-7387	Trade and Transportation Compliance Manager		40 hours / week	
Description of Duties				
Responsible for all regulatory compliance including PDMA, Customs, US Export, Domestic and International Hazardous Materials Regulations (DOT and IATA).				

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Jill Meredith Corbett, **certify that as the designated representative for**

SHINE SPECT USA, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JMC I am at least 21 years of age;
3. JMC I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JMC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JMC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JMC I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JMC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jill Corbett

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

16 DEC 2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jill Corbett

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

16 DEC 2025

Date

Please have this section completed in the presence of a Notary Public.

State of Massachusetts, ss. County of Middlesex

I, Jill M. Corbett, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

16 DEC 2025

Date

Subscribed and Sworn to before me this 16th day of December 2025

Margaret E Ryan

Notary Public Signature

Margaret E. Ryan
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
11/16/29

(Seal)

Last Name	Preferred/First Name
Adames Rojas	Maite
Alas	Oscar
Banks	John
Barrieau	Amy
Barros	Angela
Bell	Britt
Blydenburgh	Cathy
Boudreau	Kevin
Buckley	Ceara
Butland	Tricia
Campbell	Lenvill
Capaldo	Steven
Carter	Mike
Chandler	Scott
Chapman	Paul
Chhoun	Mala
Cola	Kim
Collazo	Julio
Coppellotti	Andrew
Corbett	Jill
Crampton	Rob
Doherty	Matthew
Donahue	Jimmy
Duffty	Melissa
Dunn	Keith
Feliz	Francis
Francoeur	John
Gacek	Mark
Gallagher	Rachel
Ganier	Keith
Gendreau	Jim
George	Tracy
Grant	Jason
Gyles	Michael
Hahn	William
Hang	Rene
Heckman	John
Howarth	Ryan
Howe	David
Irons	Keith
Jain	Jyoti
Janeczko	Thomas
Jones	Will

Last Name	Preferred/First Name
Kinney	Megan
Laforge	Dave
Larson	Dara
Lee	Bill
Lewis	David
L'Heureux	Ronald
Lynch	Timothy
Macdonald	Corey
MacDonald	Ryan
Martin	Shawn
Matrisciano	Dan
Maunsell	Genevieve
McAveeney	Michael
Medina	Carlos
Meech	William
Mellace	Timothy
Molina	Vincent
Monaco	Tony
Morelli	Brian
Morgan	Benjamin
Mourtada	Billal
Moussa	Tarek
Murtagh	Scott
Muthoni	Ann
Ngeth	Bunra
Nguyen	Vi
Nieves Huertas	Arelis
Nolet	Zac
Normandin	Donald
O'Keefe	Bryan
O'Neil	Matt
Ortiz	Jose
Parker	James
Patten	Dawn
Pelleriti	Sandy
Peters	Gabe
Phay	Johnny
Pinet	Michelle
Poku	Manny
Quadri	Syed
Reid	Nathaniel
Rios	Michael
Rivera Gonzalez	Victor

Last Name	Preferred/First Name
Rung	Jonathan
Sayahi	Sami
Schnebly	Keith
Shahid	Muhammad
Sim	Sodavy
Simmons	Michael
Smeltzer	Ally
Soto	Roman
Stepenuck	Jonathan
Suarez	David
Tetreault	Richard
Theum	April
Trudel	Kimberly
Vargas	Steven
Vigeant	Michael
Walton	Josh
Weeks	Bruce
Weston	Chuck
Williams	Melissa
Williams	Wayne

4AA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10) ■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10)

Section 1: General Information

Facility Name: Spineology, Inc.

Physical Address: 7800 3rd St N #600

City: Saint Paul State: MN Zip: 55128

Mailing Address (if different from physical address): n/a

City: n/a State: n/a Zip: n/a

Telephone: 651-256-8533 Website: www.spineology.com

Name of Designated Representative (DR): Andrew Adams

Licensing Company Email: n/a DR Email: aadams@spineology.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies ■ Practitioners ■ Hospitals ☐ Wholesalers ☐ Veterinarians ☐ Others:	☐ Dangerous Drugs ☐ Controlled Substances ■ [a]Medical Products (medical devices, equipment, supplies, gases) ☐ Others:	■ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☐ Others:

Section 2: ONLY COMPLETE THIS SECTION IF THE COMPANY IS WHOLESALING *Medical Products (medical devices, equipment, supplies and gases). Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: n/a	Credentials: n/a	%: n/a
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 3 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

6/1/2026
Date

Section 4: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 5: Publicly Traded Corporation

State of Incorporation: n/a

Parent Company (if any): n/a

Corporation Name: n/a

Mailing Address: n/a

City: n/a State: n/a Zip: n/a

Telephone: n/a Email: n/a

Contact Person Name: n/a

Date of SEC Registration: n/a | SEC Registration Number: n/a | Stock Exchange Symbol: n/a

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): n/a

Corporation/Organization Name: Spineology, Inc.

Mailing Address: 7800 3rd St N #600

City: Saint Paul State: MN Zip: 55128

Telephone: 651-256-8533 Email: aadams@spineology.com

Contact Person Name: Andrew Adams

Section 7: Partnership

Partnership Name: n/a

Mailing Address: n/a

City: n/a State: n/a Zip: n/a

Telephone: n/a Email: n/a

Contact Person Name: n/a

Section 8: Sole Owner

Owner's Name: n/a

Business Name: n/a

Business Address: n/a

City: n/a State: n/a Zip: n/a

Telephone: n/a Email: n/a

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Spineology Inc.

Facility Name

Andrew Adams

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

5/29/26

Date

Board Use Only	Date Received: 6/9/26	Amount: $1000 cc

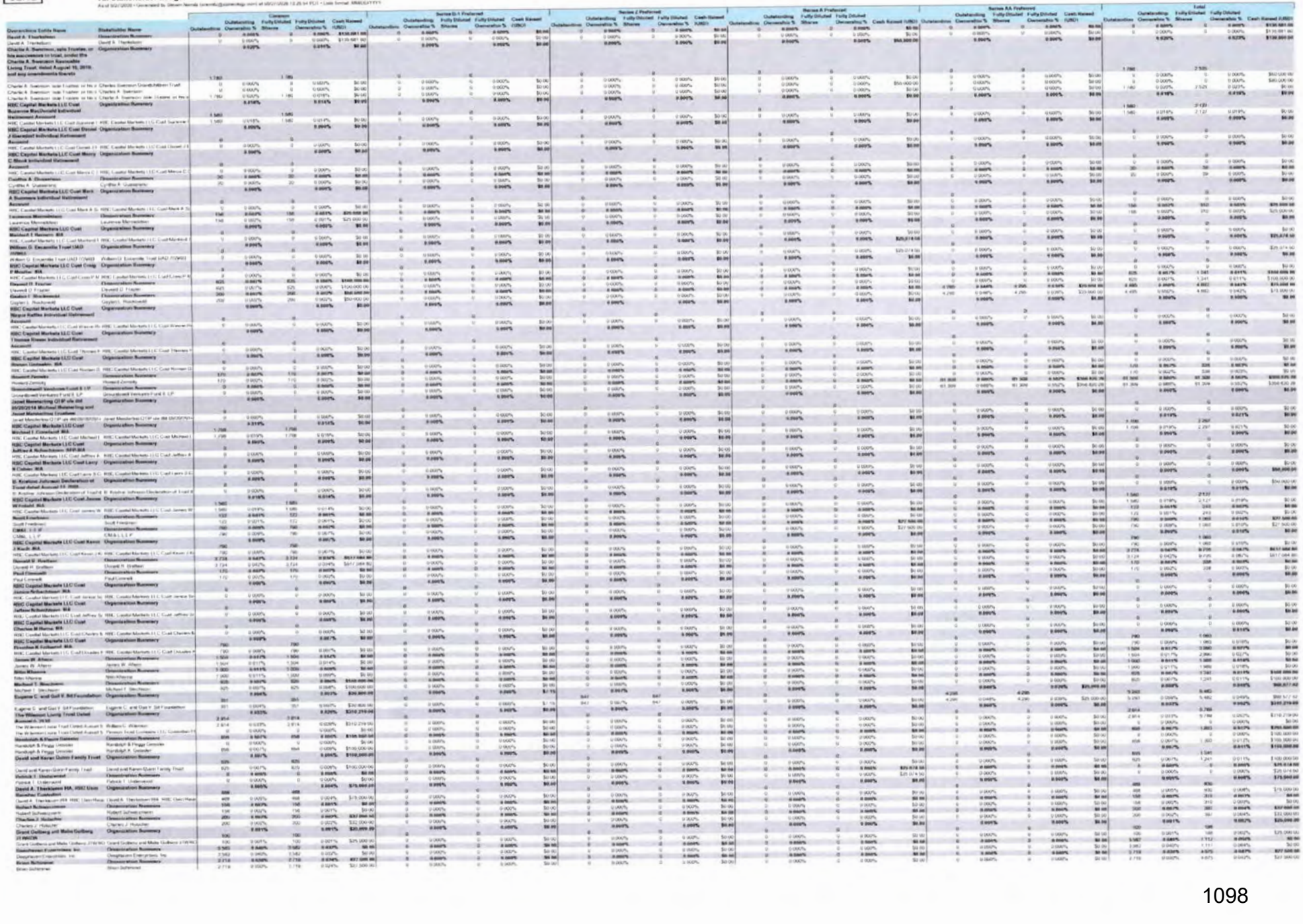
Section 9: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

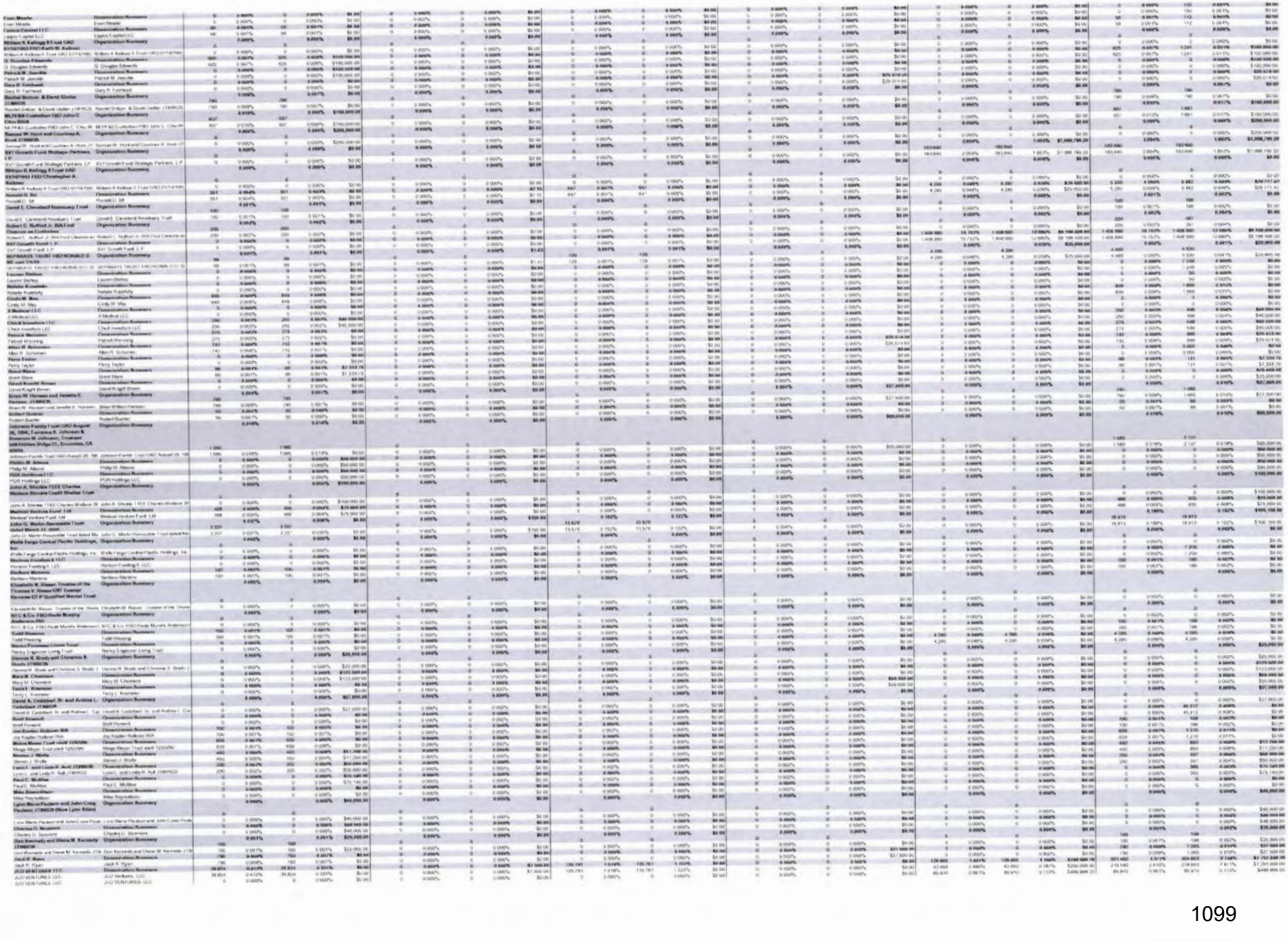
Section 10: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale [a]Medical Products (medical devices, equipment, supplies, gases). (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Products (medical devices, equipment, supplies, gases), supply a copy of proof of insurance (NAC 639.6957).** The Medical Products wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 9)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20NRS%20639.500%20-%20Effective%2001.07.2026%20-%20Wholesaler%20-%20Post%20on%201.26.26.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

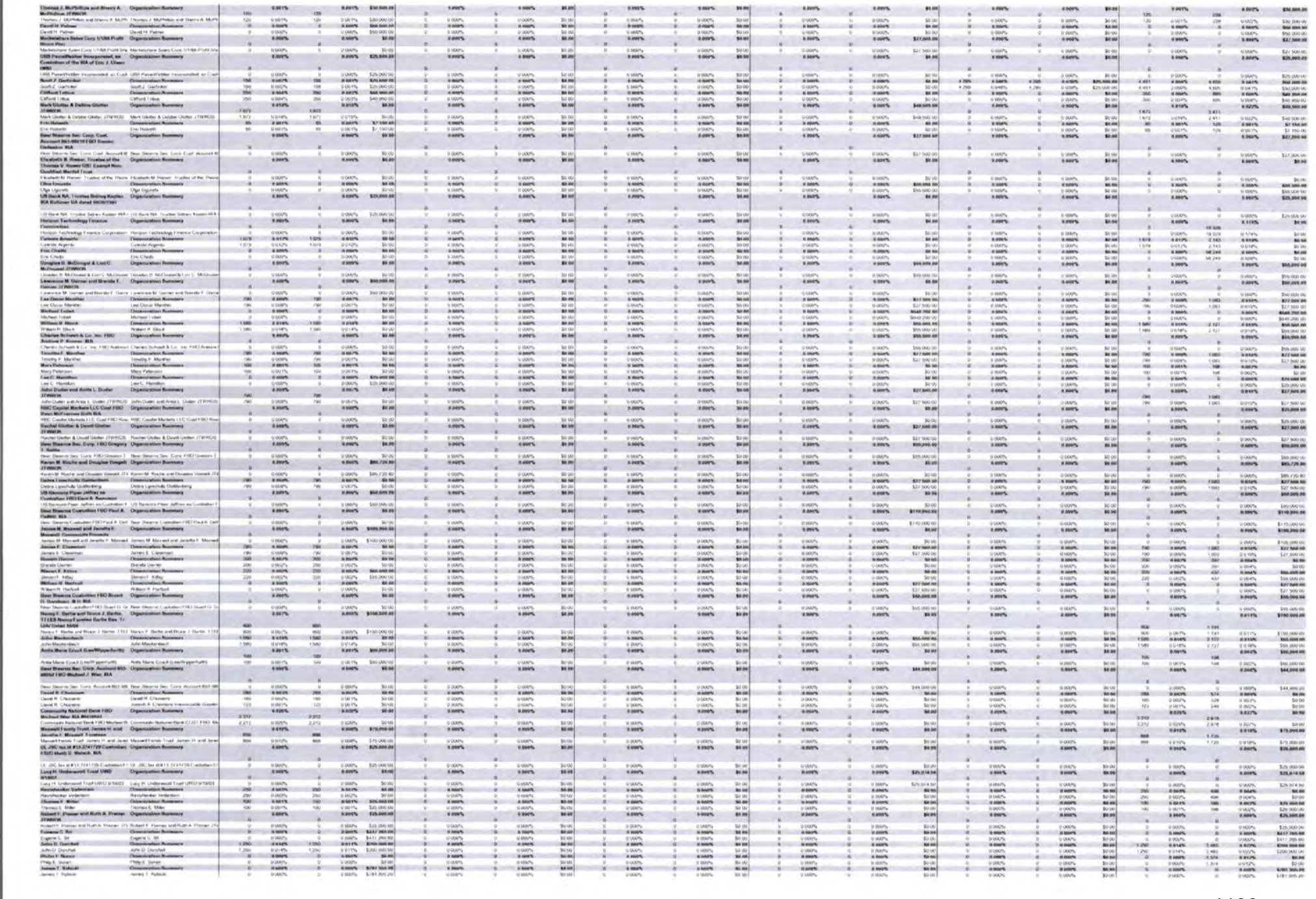
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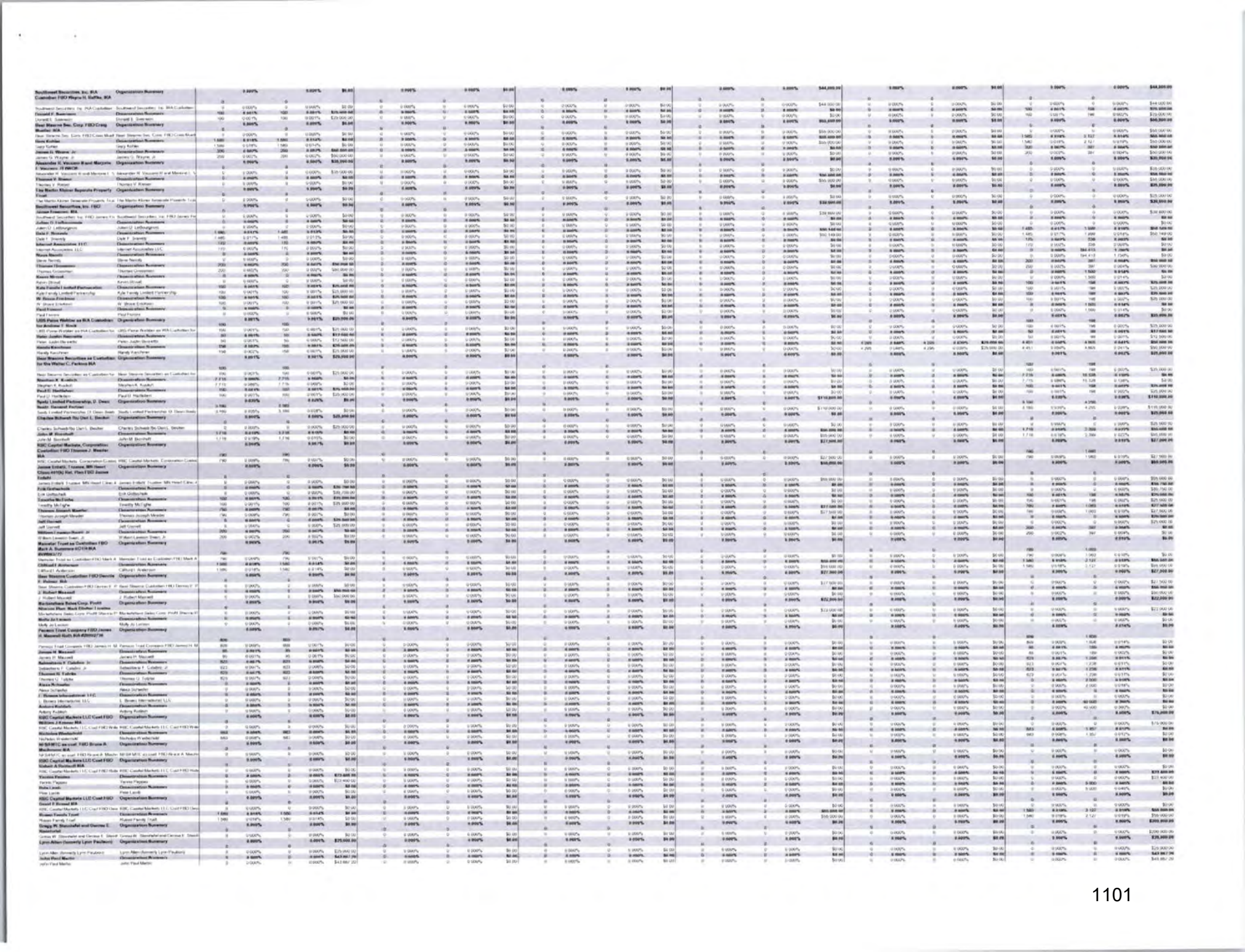
All Stakeholder Ledger

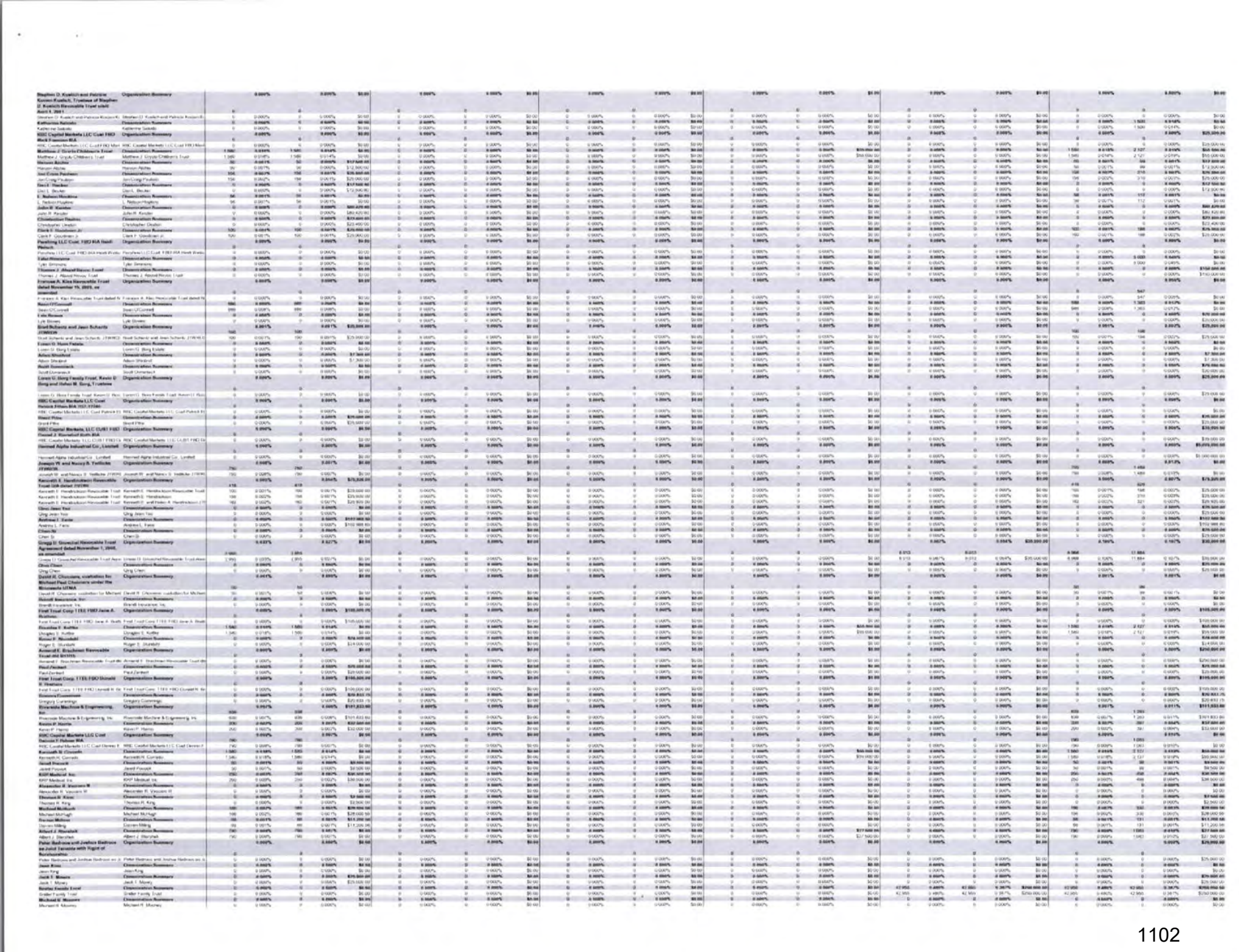
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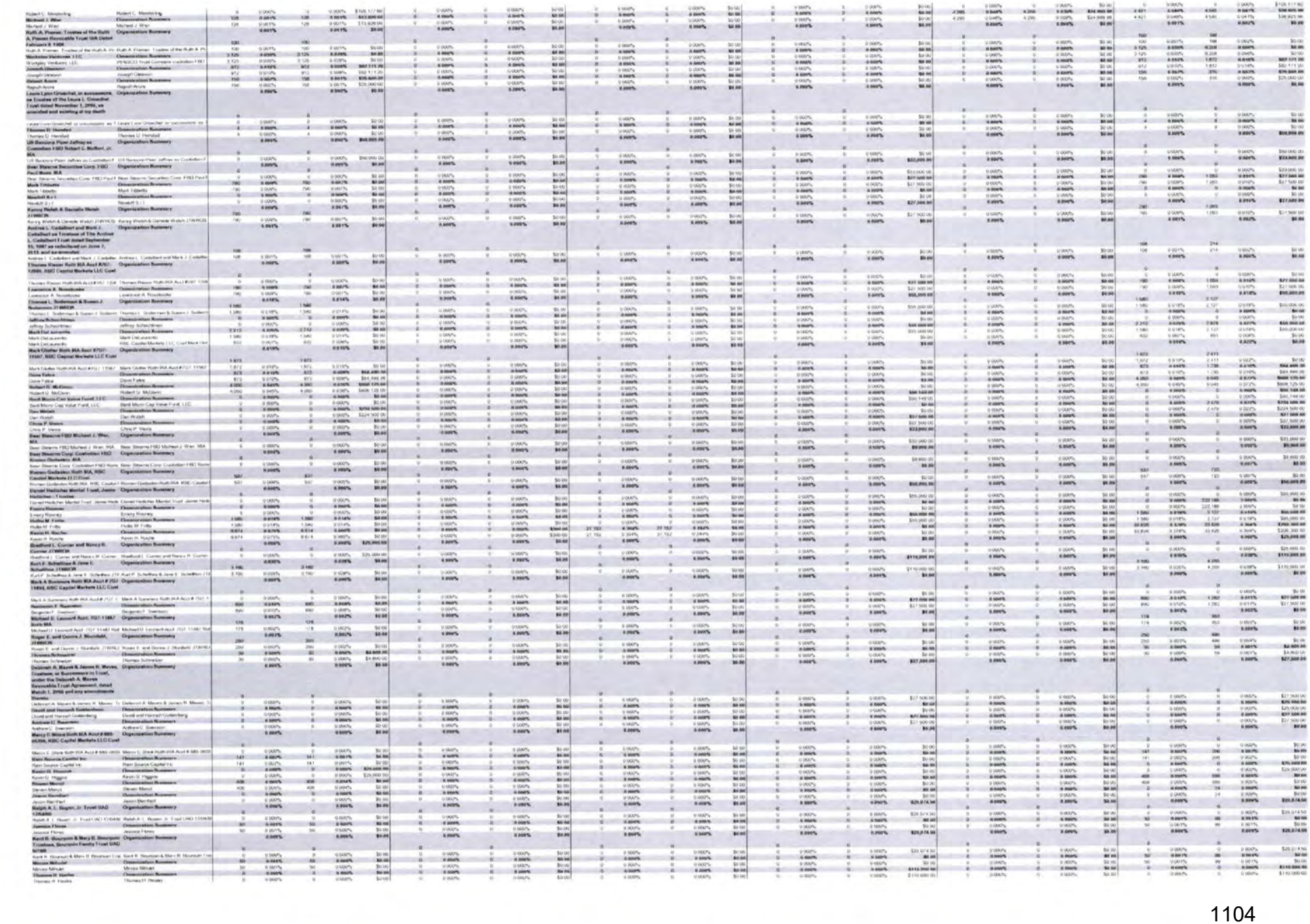


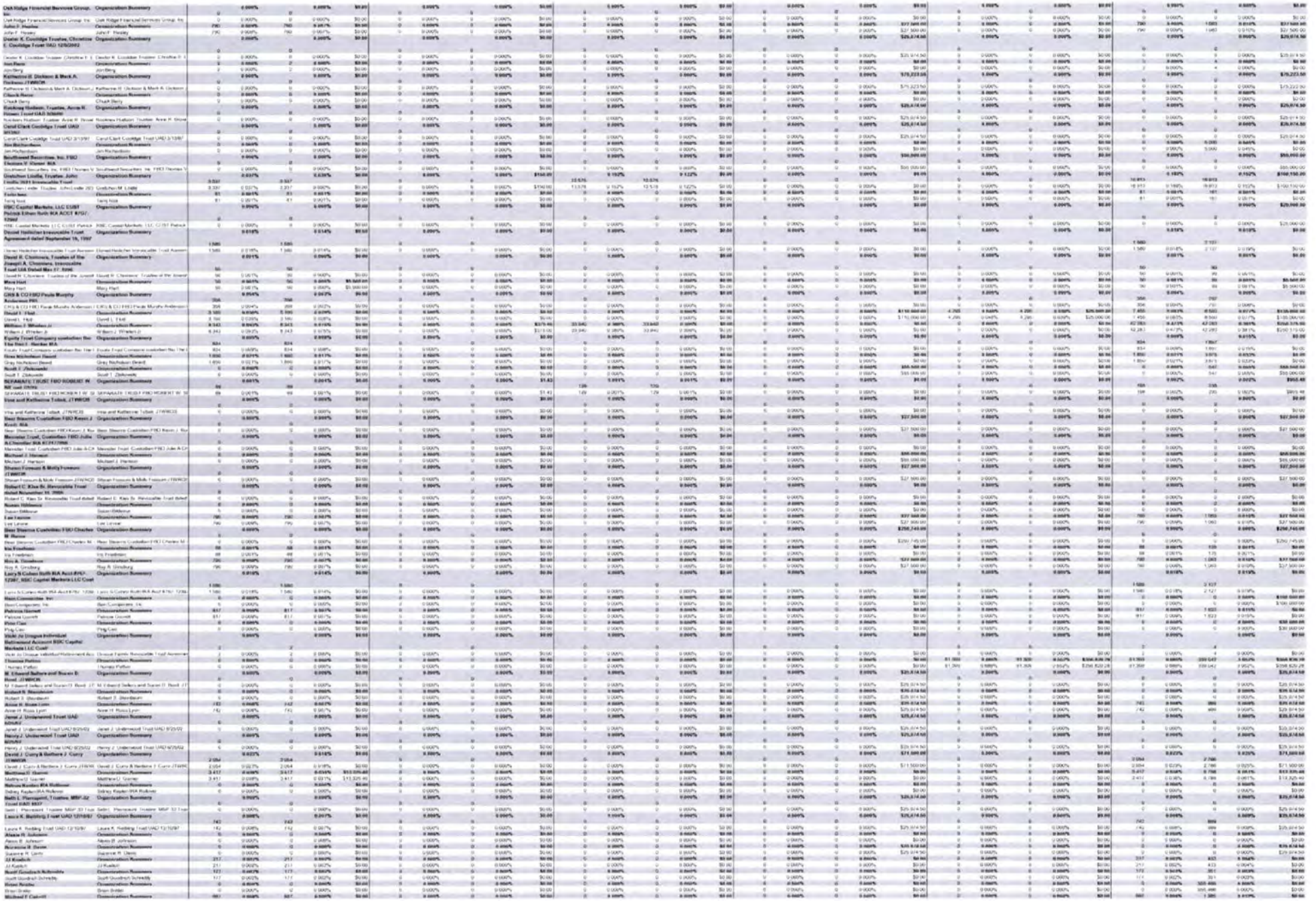


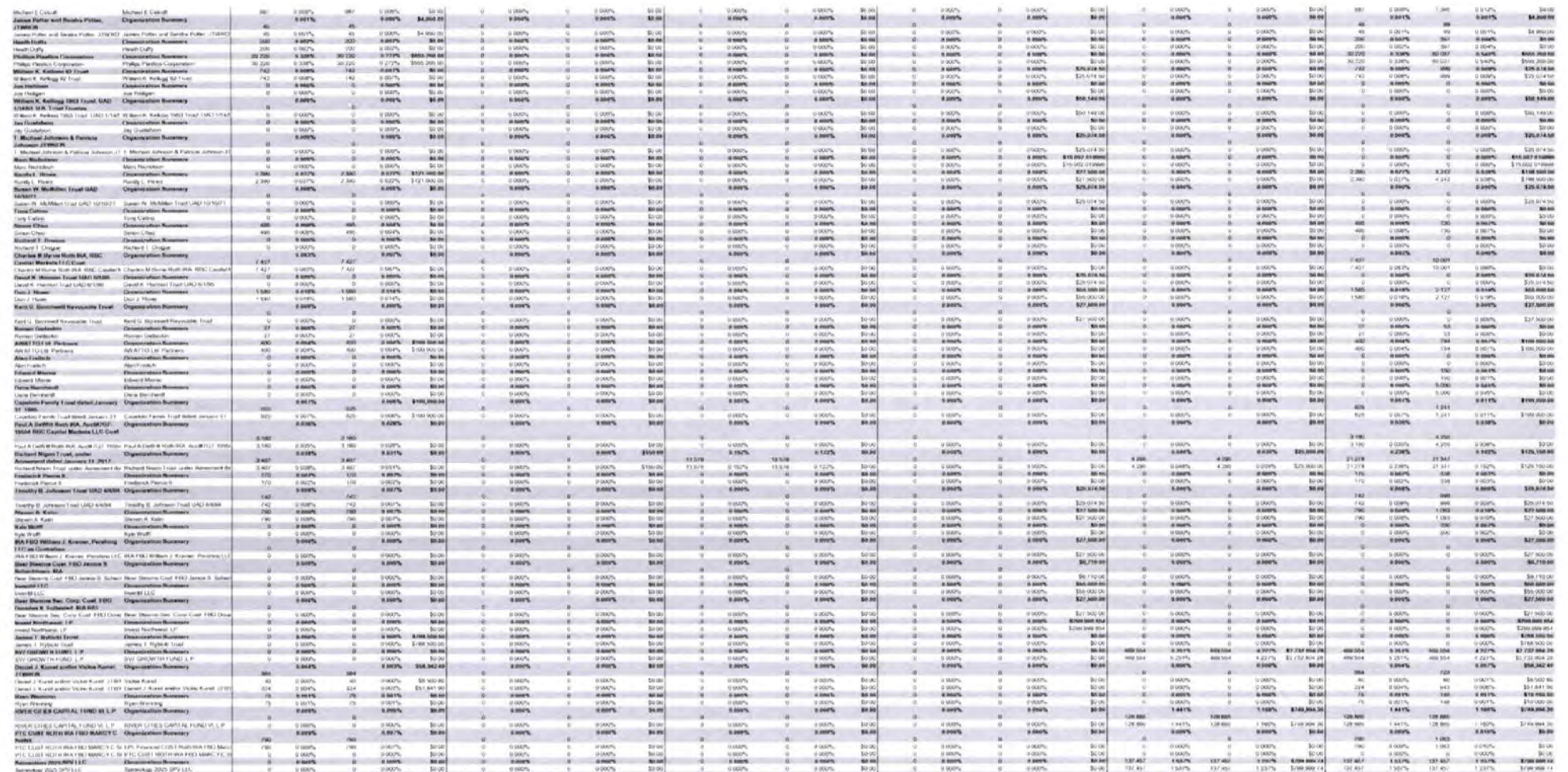


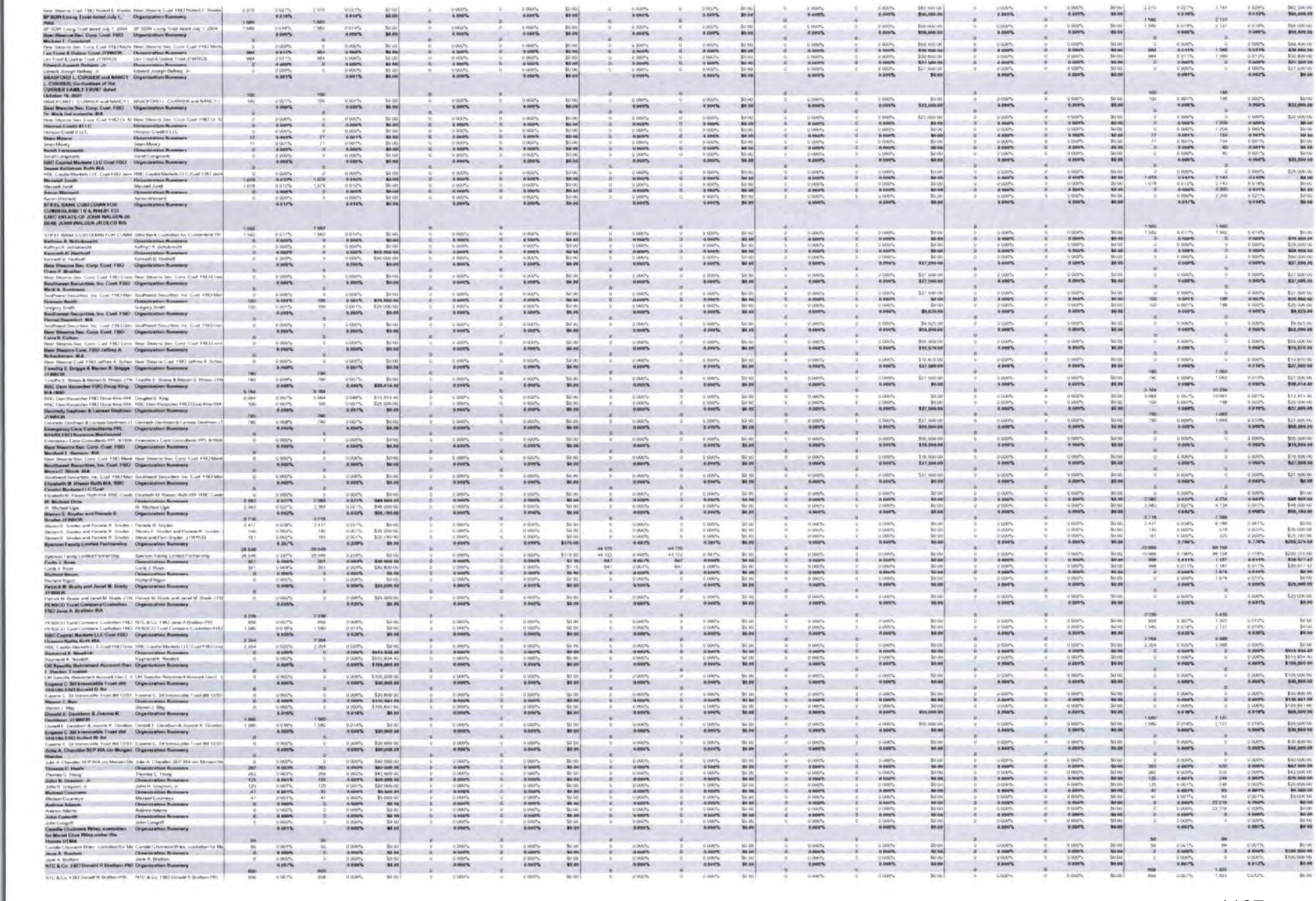


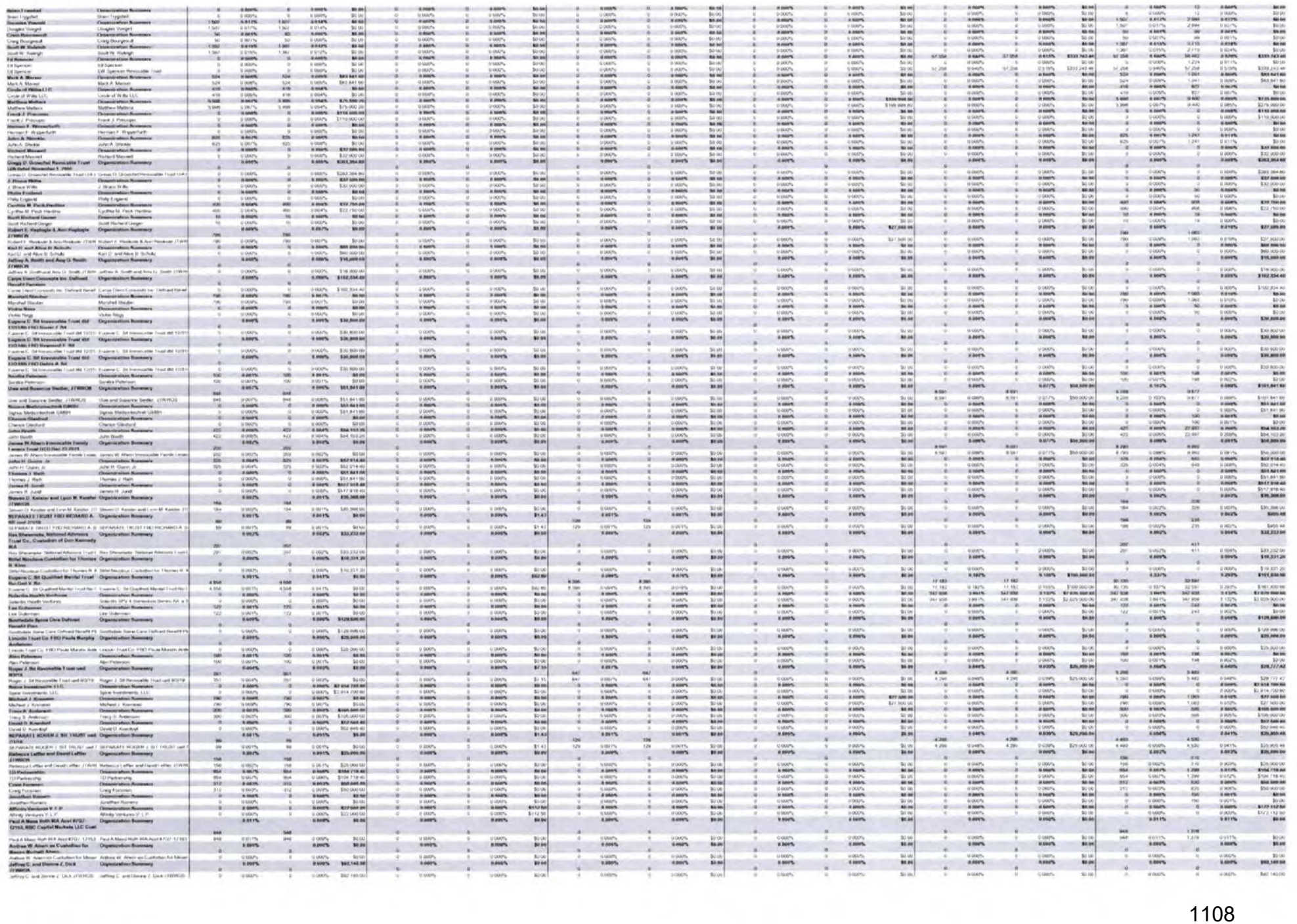


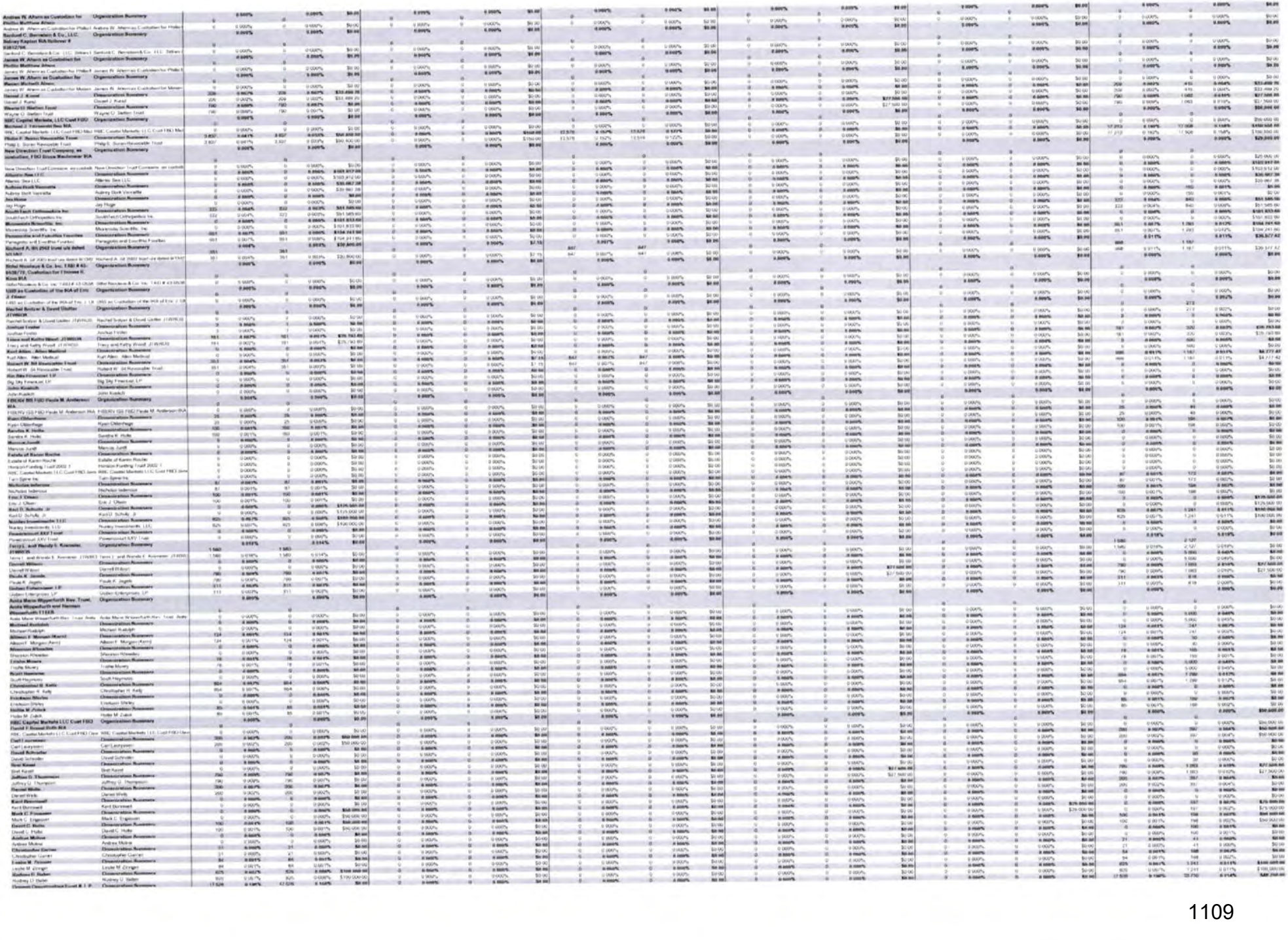


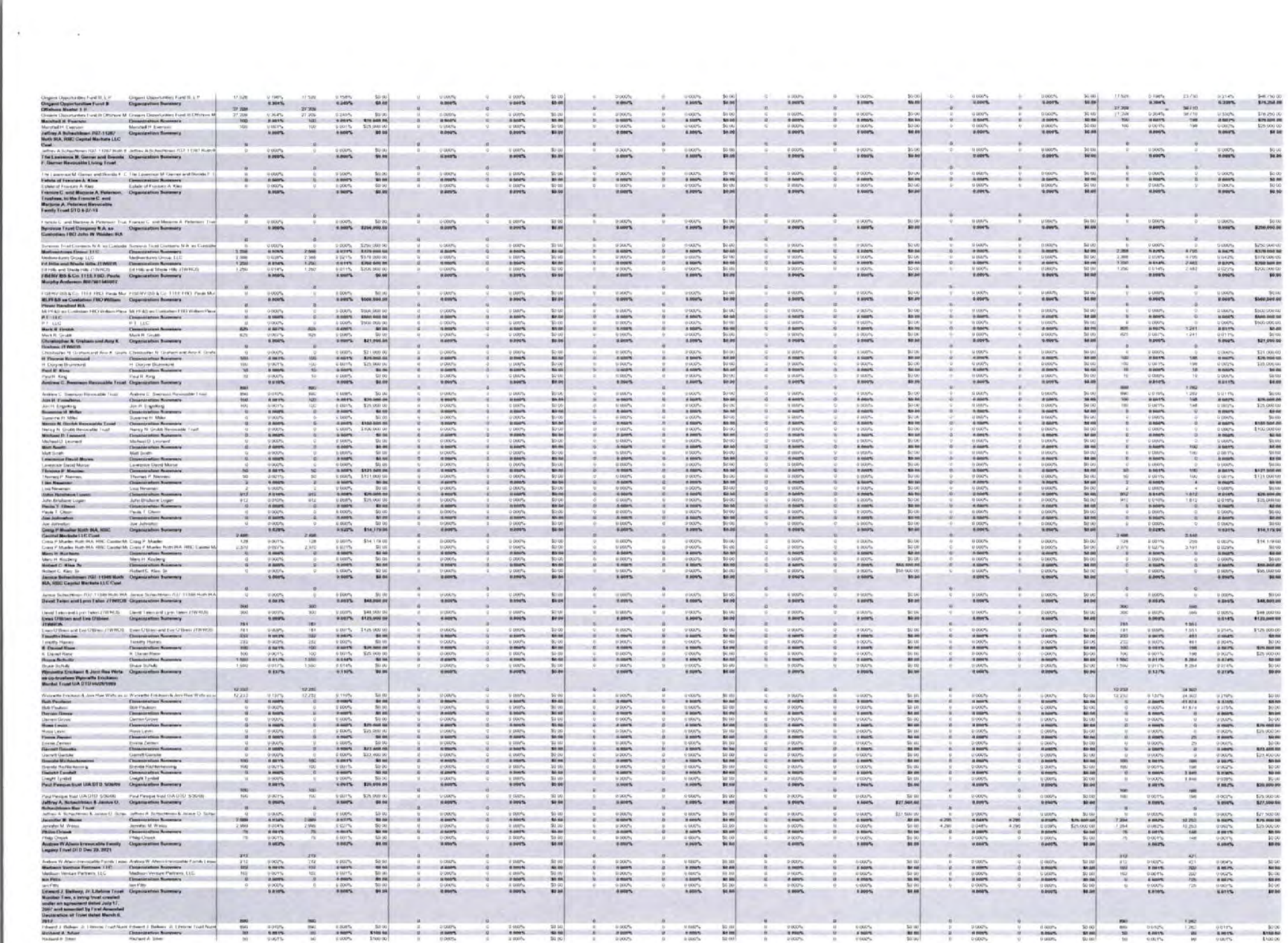


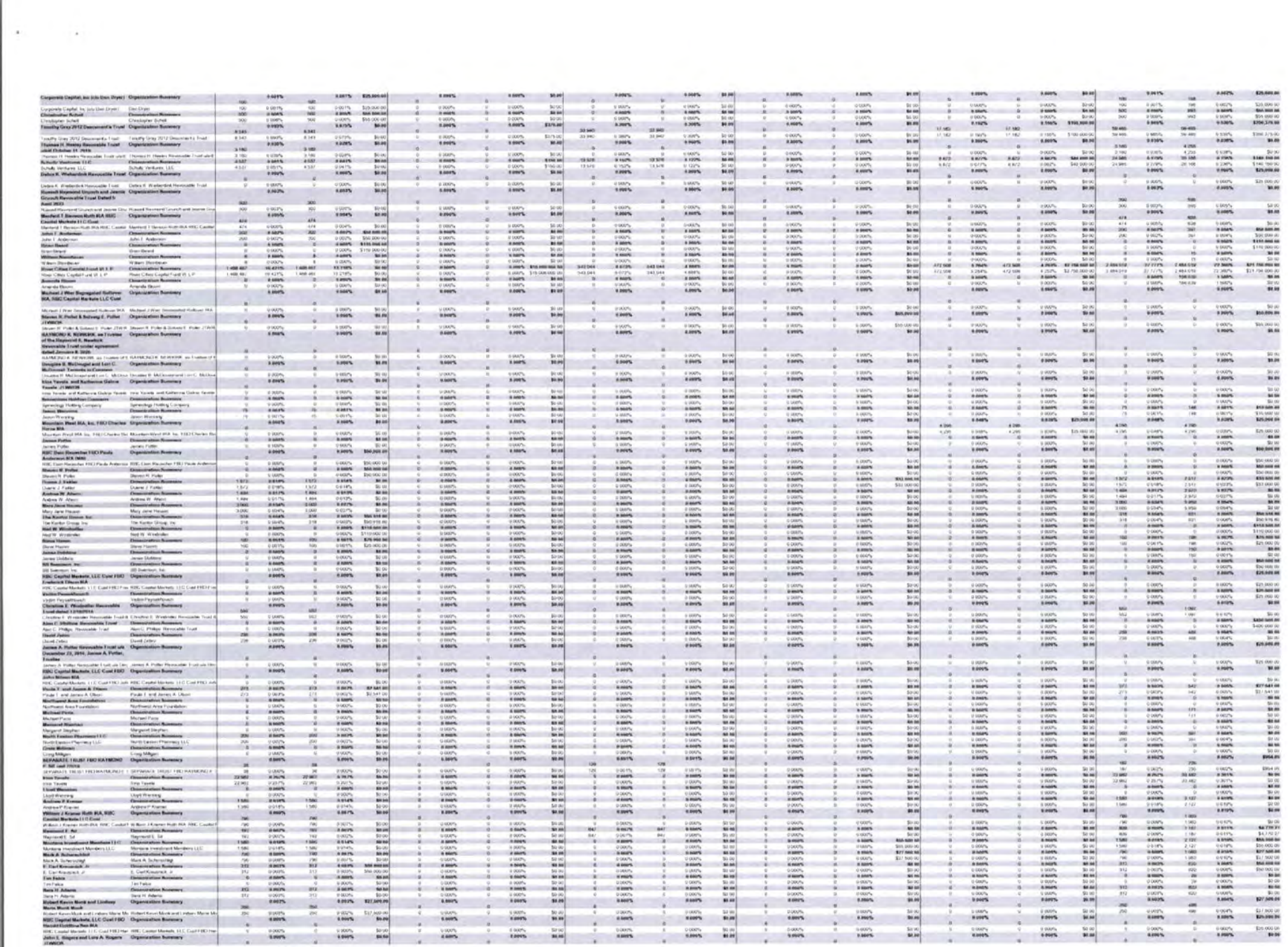


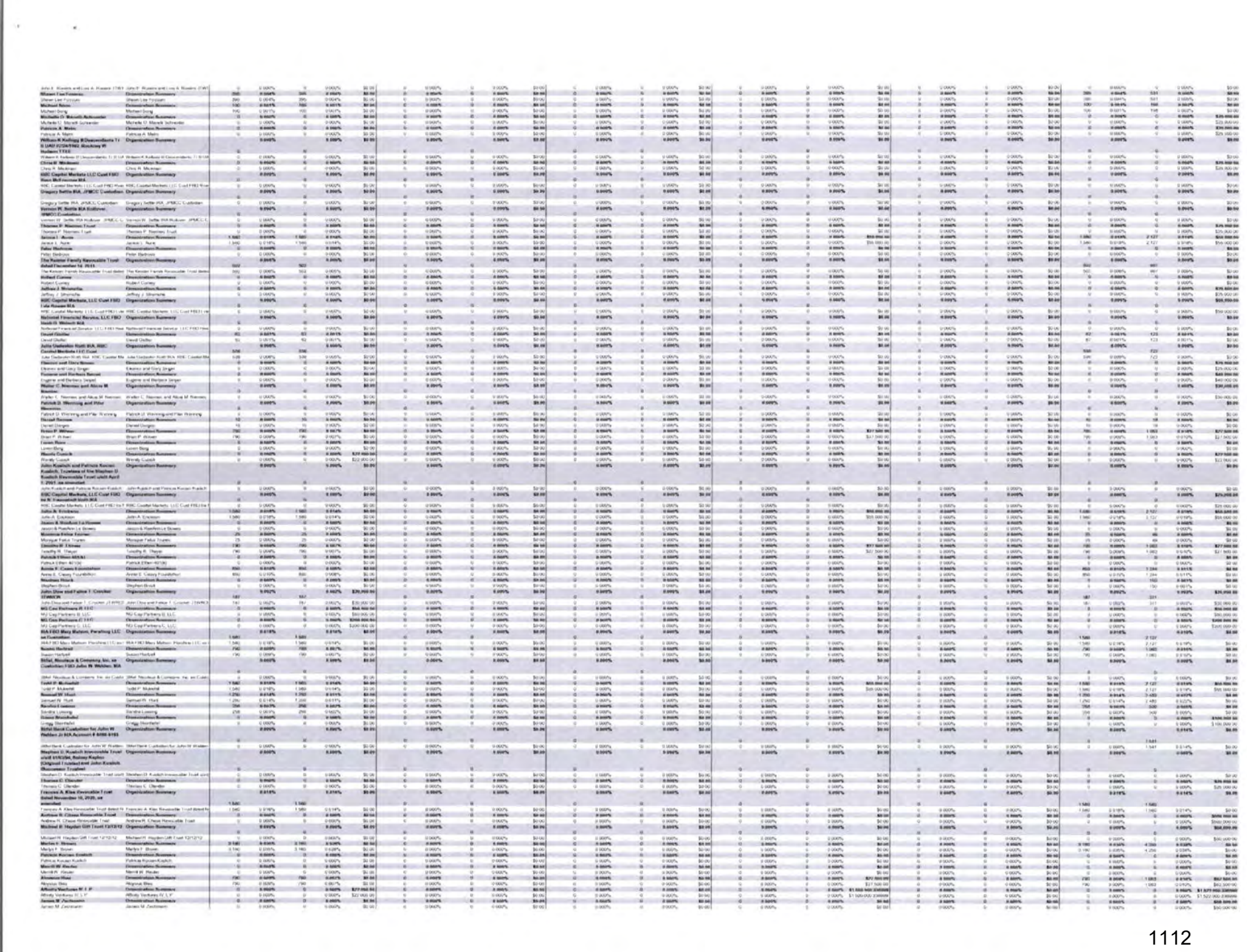


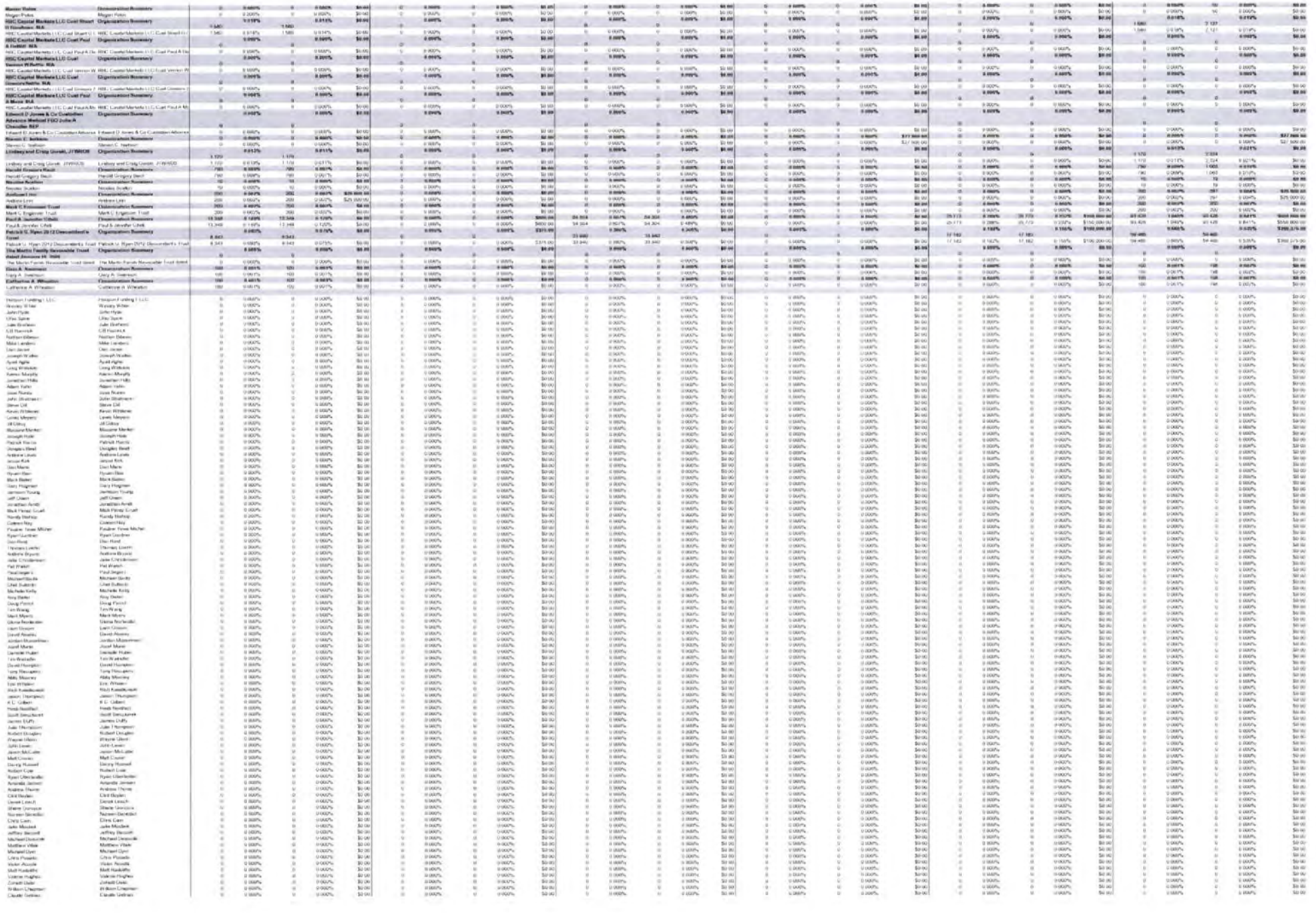


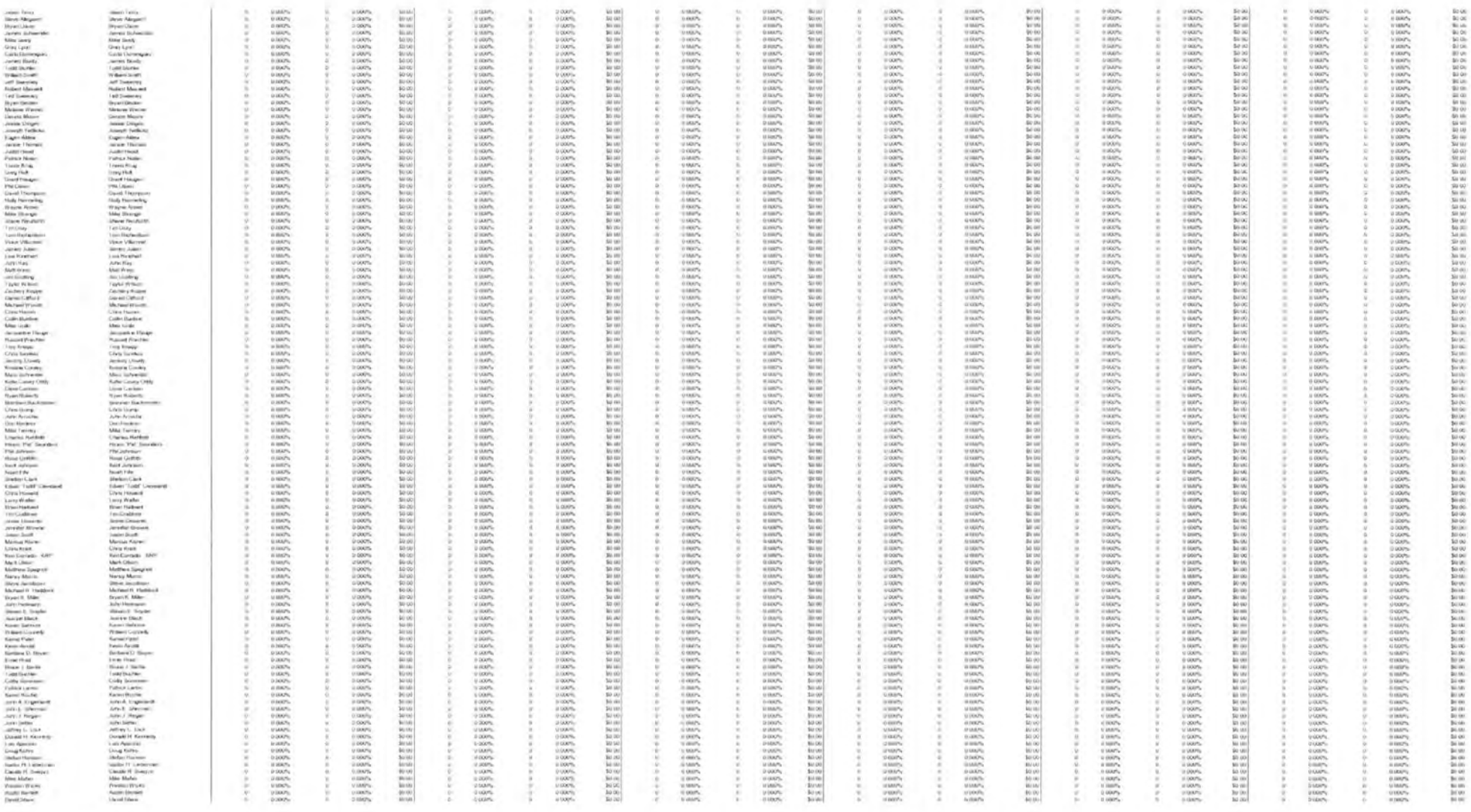












FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
SPINEOLOGY INC.
7800 THIRD STREET N.
SUITE 600
Saint Paul, MN 55128
Registration Number: 2135156
FEI Number*: 3003179719
Status: Active
Date Of Registration Status: 2026

Owner/Operator:
Spineology Inc[6]
7800 Third ST. N.
Suite 600
Saint Paul, MN 55128
Owner/Operator Number: 9036813[7]

Official Correspondent:
Andrew Adams
7800 3rd Street N
Suite 600
Saint Paul, MN 55128
Phone: 1-651-2568500

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9036813&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryN
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9036813&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryN

Page Last Updated: 06/08/2026

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?
   start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9036813&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryNa
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Entity Name: Spineology, Inc.

5/27/2026

NAME	Title	Address
Brian Snider	CEO, Secretary	7800 3rd Street N, Suite 600, St Paul, MN 55128-5455
Craig Matturo	Director	7800 3rd Street N, Suite 600, St Paul, MN 55128-5455
Thomas Patton	Director	7800 3rd Street N, Suite 600, St Paul, MN 55128-5455
Greg Madden	Director	7800 3rd Street N, Suite 600, St Paul, MN 55128-5455
J Carter McNabb	Director	7800 3rd Street N, Suite 600, St Paul, MN 55128-5455
Bob Paulson	Director	7800 3rd Street N, Suite 600, St Paul, MN 55128-5455
Antony Koblish	Director	7801 3rd Street N, Suite 600, St Paul, MN 55128-5455

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPINEOLOGY INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF MAY, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

7621298 8300

SR# 20263000708

Authentication: 204051013

Date: 05-27-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

Maria Herrera

From: Andrew Adams <aadams@spineology.com>
Sent: Tuesday, June 16, 2026 9:51 AM
To: Maria Herrera
Subject: RE: Nevada Out-of-State Wholesaler application- Spineology, Inc.
Attachments: Business Filing Details.pdf

Categories: Emailed for More Docs

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Maria,

See below and attached.

1. 25k Surety Bond: We have the Surety Bond, but it requires the NV license #. And you require the Surety Bond to process our license application and provide me with a license #... I need some direction on how to proceed with this, please advise.
2. Home State License: We do not require a home state pharmacy board license in MN to conduct business. Attached is a document from our Secretary of State showing that Spineology is in good standing
3. I confirm that no individual owner owns more than 10% of Spineology

Thank you and I look forward to your response.

My best,

Andrew

Andrew Adams
Vice President, Regulatory, Clinical, Quality, & Compliance Officer
cell: [redacted]
Spineology Inc.
7800 3rd Street N., Suite 600 | St. Paul, MN 55128

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Friday, June 12, 2026 3:33 PM
To: Andrew Adams <aadams@spineology.com>
Subject: Nevada Out-of-State Wholesaler application- Spineology, Inc.

Caution: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from Spineology, Inc. The application is incomplete due to the following missing item(s).

- A copy of the 25k Surety Bond
- A copy of the Home State License
- Please confirm there nor individual owner that own more than 10%

All documents can be sent to me by email for quicker processing.

All items must be received to move forward with processing your application

Please let me know if you have any questions.

Thank you,

Maria Herrera
Licensing Specialist
Nevada State Board of Pharmacy
775-850-1440
m.herrera@pharmacy.nv.gov

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/18/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Stephanie Landmark
Marsh & McLennan Agency LLC 6150 Golden Hills Drive Minneapolis MN 55416	PHONE (A/C, No, Ext): 763-746-8203 FAX (A/C, No): E-MAIL ADDRESS: stephanie.landmark@marshmma.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Atlantic Specialty Insurance C	27154
INSURER B : BEAZLEY EXCESS AND SURPLUS INS	17520
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED	SPINEINC
Spineology, Inc. 7800 3rd Street North, Suite 600 Oakdale MN 55128	

COVERAGES **CERTIFICATE NUMBER:** 1851842159 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			7110186380001	12/31/2025	12/31/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 15,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT X LOC						PRODUCTS - COMP/OP AGG	$ EXCLUDED
	OTHER:							$
A	AUTOMOBILE LIABILITY			7110186380001	12/31/2025	12/31/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			7110186380001	12/31/2025	12/31/2026	EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED X RETENTION $ 0							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A		4060501010001	12/31/2025	12/31/2026	X PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)						E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Products/Compl Ops Liab and E&O			7500005550000	12/31/2025	12/31/2026	See Desc of Ops below	
A	Property			7110186380000	12/31/2025	12/31/2026	See Desc of Ops below	
B	Cyber			D31D7D250401	3/27/2025	3/27/2026	See Desc of Ops below	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Umbrella does NOT go over the Products/Completed Operations Liability and E&O

PRODUCTS/COMPLETED OPERATIONS LIABILITY AND E&O:
$10,000,000 Maximum Policy Aggregate Limit
Products/Completed Operations Liability:
$10,000,000 Each Claim
$10,000,000 Aggregate
$100,000 Retention Per Claim
See Attached...

CERTIFICATE HOLDER

For Information Only

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: SPINEINC

LOC #:

ACORD®

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Marsh & McLennan Agency LLC	Spineology, Inc. 7800 3rd Street North, Suite 600 Oakdale MN 55128
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

$500,000 Retention Aggregate
Claims-Made; 1/1/2000 Retro Date
Errors and Omissions Liability:
$10,000,000 Each Claim
$10,000,000 Aggregate
$100,000 Retention Per Claim
$500,000 Retention Aggregate
Claims-Made; 12/31/2018 Retro Date
Worldwide Coverage

BUSINESS PERSONAL PROPERTY:
Location: 7800 3rd Street North, Suite 600, Oakdale, MN 55128
$15,650,000 Business Personal Property
$22,521,045 Business Income and Extra Expense
$5,000 Deductible
72 Hours Waiting Period - Business Income
"Special" causes of loss
Replacement Cost
No Coinsurance

NETWORK SECURITY & PRIVACY LIABILITY (CYBER):
$5,000,000 Per Claim
$5,000,000 Aggregate

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 7901334871

Application/License No. _____

SPINEOLOGY INC., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
7800 3RD St North, Suite 600 , St. Paul, MN 55128, as
Address of Applicant/Principal
PRINCIPAL, and Nationwide Mutual Insurance Company, a
Surety Company
corporation organized under the laws of the state of OH
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
1100 Locust Street, Department 2006, Des Moines, IA 50391 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 3, 2026.
Effective Date

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 3rd day of June, 2026.

APPLICANT/PRINCIPAL
SPINEOLOGY INC.

Authorized Representative

SURETY COMPANY
Nationwide Mutual Insurance Company

Surety Company's Representative

CHASE STONEBACK, Attorney-in-fact
print name

SEAL

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

SARAH LYNN LANGOWSKI
Notary Public
Minnesota
My Commission Expires
Jan 31, 2027

Countersigned by:

Nevada Resident Agent

Posted February 20, 2020

Bond Number: 7901334871

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS THAT:

Nationwide Mutual Insurance Company, an Ohio corporation

hereinafter referred to severally as the "Company" and collectively as "the Companies" does hereby make, constitute and appoint:

CHASE STONEBACK

each in their individual capacity, its true and lawful attorney-in-fact, with full power and authority to sign, seal, and execute on its behalf on the date thereof any and all: (i)bonds and undertakings; (ii) Proposal Bonds; (iii) Letters of Surety; (iv) Consent of Surety; and (v) other obligatory instruments of similar nature, in penalties not exceeding the sum of

Twenty Five Thousand and No/100 Dollars ($25,000.00)

and to bind the Company thereby, as fully and to the same extent as if such instruments were signed by the duly authorized officers of the Company; and all acts of said Attorney pursuant to the authority given are hereby ratified and confirmed.

This power of attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the board of directors of the Company:

"RESOLVED, that the president, or any vice president be, and each hereby is, authorized and empowered to appoint attorneys-in-fact of the Company, and to authorize them to execute and deliver on behalf of the Company any and all bonds, forms, applications, memorandums, undertakings, recognizances, transfers, contracts of indemnity, policies, contracts guaranteeing the fidelity of persons holding positions of public or private trust, and other writings obligatory in nature that the business of the Company may require; and to modify or revoke, with or without cause, any such appointment or authority; provided, however, that the authority granted hereby shall in no way limit the authority of other duly authorized agents to sign and countersign any of said documents on behalf of the Company."

"RESOLVED FURTHER, that such attorneys-in-fact shall have full power and authority to execute and deliver any and all such documents and to bind the Company subject to the terms and limitations of the power of attorney issued to them, and to affix the seal of the Company thereto; provided, however, that said seal shall not be necessary for the validity of any such documents."

This power of attorney is signed and sealed under and by the following bylaws duly adopted by the board of directors of the Company.

Execution of Instruments. Any vice president, any assistant secretary or any assistant treasurer shall have the power and authority to sign or attest all approved documents, instruments, contracts, or other papers in connection with the operation of the business of the company in addition to the chairman of the board, the chief executive officer, president, treasurer or secretary; provided, however, the signature of any of them may be printed, engraved, or stamped on any approved document, contract, instrument, or other papers of the Company.

IN WITNESS WHEREOF, the Company has caused this instrument to be sealed and duly attested by the signature of its officer the 23rd day of October, 2025.

Antonio C. Albanese, **Vice President** of Nationwide Mutual Insurance Company

ACKNOWLEDGMENT

STATE OF OHIO COUNTY OF FRANKLIN: ss

On this 23rd day of October, 2025, before me came the above-named officer for the Company aforesaid, to me personally known to be the officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, deposes and says, that he is the officer of the Company aforesaid, that the seal affixed hereto is the corporate seal of said Company, and the said corporate seal and his signature were duly affixed and subscribed to said instrument by the authority and direction of said Company.

Karen L. Kam
Notary Public, State of Ohio
No. 2018-RE-719796
Commission Expires July 7, 2028

Notary Public
My Commission Expires
July 7, 2028

CERTIFICATE

I, Lezlie F. Chimienti, Assistant Secretary of the Company, do hereby certify that the foregoing is a full, true and correct copy of the original power of attorney issued by the Company; that the resolution included therein is a true and correct transcript from the minutes of the meetings of the boards of directors and the same has not been revoked or amended in any manner; that said Antonio C. Albanese was on the date of the execution of the foregoing power of attorney the duly elected officer of the Company, and the corporate seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority of said board of directors; and the foregoing power of attorney is still in full force and effect.

IN WITNESS WHEREOF, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of said Company this 3rd day of June, 2026.

Assistant Secretary

BDJ 1(10-25)00



Nationwide®

Nationwide Mutual Insurance Company

1100 Locust St, Dept. 2006
Des Moines, Iowa 50391-2006
Attn: Surety Claims Manager
Tel. 866-387-0457

Surety Claim Notification

Claim notices should be sent to the attention of the Surety Claims Manager via e-mail to bondclms@nationwide.com or via mail to the address above.

All other notices should be sent to the attention of the Surety Underwriting Department via e-email to bondcomm@nationwide.com or via mail to the address above.

Thank you for your cooperation.

Nationwide Mutual Insurance Company, Surety Department

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Spineology Inc MDEG License # (if applicable): _____

Physical Address: 7800 3rd St N #600

City: Saint Paul State: MN Zip: 55128

Mailing Address (if different from physical address): n/a

City: n/a State: n/a Zip: n/a

Telephone: 651-256-8533 Website: www.spineology.com

Licensing Company Email: n/a

Section 2: Personal Information

First: Andrew Middle: _____ Last: Adams

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: 7800 3rd St N #600

City: Saint Paul State: MN Zip: 55128

Telephone: [redacted] Email: aadams@spineology.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Minnesota - Twin Cities		09/98 - 05/23	
Address	**City**	**State**	**Zip**
100 Church Street SE	Minneapolis	MN	55455
Diploma/Degree obtained, if any			
Degree: Bachelors of Science - Chemical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Adams-Friendship High School		09/94 - 05/98	
Address	**City**	**State**	**Zip**
1109 East North Street	Adams	WI	53910
Diploma/Degree obtained, if any			
Diploma: High School			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/13 - Current	[redacted]	Ham Lake	MN	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Spineology Inc			10/18 - Current
Business Address	**City**	**State**	**Zip**
7800 3rd Street North	Saint Paul	MN	55128
Phone	**Title**	**Number of Employed Hours**	
651-256-8500	Vice President - Regulatory, Clinical, Quality, Compliance	Full Time since 2018	
Description of Duties			
Head of all departments in title and responsible for the like			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # n/a. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

n/a

Original Signature (electronic, copies or stamps not accepted)

5/29/26

Date

I, Andrew Adams, **certify that as the MDEG Administrator for**

Spineology Inc.,

that I (initial that you have read and meet the following requirements):

1. X Have a high school diploma or its equivalent;
2. X Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. X Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. X Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andrew Adams

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/29/26

Date

Board Use Only	Date Received: 6/9/26

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Spineology Inc.

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 7800 3rd St N #600

City: Saint Paul State: MN Zip: 55128

Mailing Address (if different from physical address): n/a

City: n/a State: n/a Zip: n/a

Telephone: 651-256-8533 Website: www.spineology.com

Licensing Company Email: n/a

Section 2: Personal Information

First: Andrew Middle: Last: Adams

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 7800 3rd St N #600

City: Saint Paul State: MN Zip: 55128

Telephone: [redacted] Email: aadams@spineology.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Minnesota - Twin Cities		09/98 - 05/23	
Address	**City**	**State**	**Zip**
100 Church Street SE	Minneapolis	MN	55455
Diploma/Degree obtained, if any			
Degree: Bachelors of Science - Chemical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Adams-Friendship High School		09/94 - 05/98	
Address	**City**	**State**	**Zip**
1109 East North Street	Adams	WI	53910
Diploma/Degree obtained, if any			
Diploma: High School			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/13 - Current	[redacted]	Ham Lake	MN	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Spineology Inc			10/18 - Current	
Business Address		City	State	Zip
7800 3rd Street North		Saint Paul	MN	55128
Phone	Title		Number of Employed Hours	
651-256-8500	Vice President - Regulatory, Clinical, Quality, Compliance		Full Time since 2018	
Description of Duties				
Head of all departments in title and responsible for the like				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

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Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # n/a . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

6/1/2026
Date

I, Andrew Adams, **certify that as the designated representative for**

Spineology Inc,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. x I am at least 21 years of age;
3. x I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. x I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. x I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. x I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. x I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Andrew Adams

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/29/26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andrew Adams

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/29/26

Date

Please have this section completed in the presence of a Notary Public.

State of Minnesota, ss. County of Ramsey

I, Andrew Adams, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/1/2026

Date

Subscribed and Sworn to before me this 1 day of June.

Notary Public Signature

Katie Breheim
Notary Public
Minnesota
My Commission Expires Jan 31, 2031

(Seal)

Full name	State/province
Adams, Andrew	Minnesota
Beckensten, Samantha	Minnesota
Bernhardt, Dana M	Virginia
Bishop, Lauren S	South Carolina
Bjork, Michael A	Wisconsin
Black, Steve C	Wisconsin
Bloom, Amanda H	Colorado
Brandow, Douglas	Texas
Breheim, Katie M	Minnesota
Brock, Stephen	North Carolina
Burke, Patrick J	Florida
Burton, Bryenne	Minnesota
Chalbi, Eric M	Minnesota
Continenza, Hailey J	Minnesota
Continenza, Shari L	Minnesota
Cooley, Kristina D	Minnesota
Darmody, Michael	Minnesota
Durkin, Collin	Minnesota
England, Philip C	Illinois
Fioroni, Paul R	Texas
Glasford, Chance C	Minnesota
Gray, Daniel	Wisconsin
Heymoss, Scott	Michigan
Hoge, Jay C	Minnesota
Holm, Nathan	Minnesota
Howard, Brett C	Tennessee
Jacobson, Steven K	Minnesota
Jesme, Ian H	Minnesota
Johnston, William	Virginia
Kasel, Andrea R	Minnesota
Kasel, Bret L	Minnesota
Klebs, Beth	Minnesota
Kupetsky, Natalie	Minnesota
Lamb, Peter	Oregon
Langowski, Sarah	Minnesota
Liebelt, John A	Minnesota
Malinowski, Ian	Wisconsin
McBryde, Matthew W	Mississippi
McPherson, Jacob	Minnesota
Meade, Evan C	Georgia
Mienie, Edward F	Georgia
Mitchell, Cole	California
Mize, Richard	Florida
Molina, Andrea L	Minnesota
Nemitz, Steven	Minnesota

Nordlocken, Kimberly	Minnesota
O'neal, Sharie S	Minnesota
Paris, Michael W	Minnesota
Peck Hardina, Cynthia M	Wisconsin
Petulla, Corey	New Jersey
Pitts, Ian B	Florida
Polos, Megan	Minnesota
Proulx, Samuel D	Florida
Raskin, Ashley V	Minnesota
Rhoades, Shannon	Minnesota
Richardson, James	Illinois
Roach, Adam	Wisconsin
Robyn Martin	North Carolina
Rooney, Emory O	Florida
Rudolph, Michael V	California
Salcido, Katherine	California
Schaefer, Alexa J	Minnesota
Schmidt, Kathryn	Minnesota
Schultz, Bruce	Minnesota
Schultz, Chloe	Minnesota
Schultz, Dawna O	Minnesota
Simmons, Tyler W	Georgia
Smith, Deborah J	Minnesota
Snider, Brian R	Minnesota
Stroud, Clarence K	Michigan
Talhouk, Christopher	California
Taylor, Perry A	Tennessee
Thao, Mao	Minnesota
Tufaro, Eric	New Jersey
Varner, James C	Florida
Walter, Larry A	Minnesota
Weinard, Aaron M	Minnesota
Whitehead, Dylan A	Minnesota
Wilson, Darrell	Oklahoma
Wolf, Martin J	Minnesota
Wolff, Kyle C	Minnesota
Ziebarth, Lily	Minnesota

Debtor	City	State
Horizon Technology Finance	Farmington	CT

Distributor	Name	City	State
000 Medical, LLC	Austin Britt	Huntsville	AL
A&H Medical Systems, Inc.	Adam Haynes	Longwood	FL
A2 Medical	Michael Deraps, Jonathan Perham	MIDDLETON	MA
Adamson Medical Solutions	Chad Adamson	Trussville	AL
Align Medical	Justin Holland	Glen Allen	VA
Allen Medical LLC	Kurt Allen	Annapolis	MD
Alliance Medical Solutions LLC (FL)	Paul Fatigate	FORT LAUDERDALE	FL
Allied Surgical Services	MATT SMITH	LAS VEGAS	NV
ALVK Medical Consulting	Armand Ledet	Lafayette	LA
Archon Medical	Adam Miller	CAPE GIRARDEAU	MO
ASC Spine	Jason Capps	WINTERVILLE	NC
BAS Solutions LLC	Brandon Sellers	Corpus Christi	TX
BellMed Resources	Tim Bell	Littleton	CO
Bespoke Spine Inc	Robert Pool	Lake Oswego	OR
Black Pepper Associates LLC	Robert Pfeffer	Royal Oak	MI
Briggs & Valentine LLC	Melissa Jones	JUPITER	FL
Capital Spine Solutions LLC	Joseph Alvarez	Frederick	MD
Carlton Medical Solutions	Carlton Evans	Memphis	TN
Central Valley Medical LLC	Ryan Green	Turlock	CA
Cibolo Spine LLC	ALBERT TURGON	BOERNE	TX
CK Medical	Kyle Suzanne Vandenberge	Byron Center	MI
Coastal Surgical Logistics LLC	J. STACY GUY	Mobile	AL
Cole Medical	Michael Cole	Ocala	FL
Complete Medical LLC	DREW WHALEN	CHICAGO	IL
Contigo Surgical Solutions LLC	Alvaro Esquivel	McKinney	TX
CRIMSON MEDICAL	GARY ROSS	HOOVER	AL
Dimension Medical	Greg Maxwell	Exton	PA
DIVERSE SPINE	YUL LOZANO	SAN ANTONIO	TX
DKM Enterprises	Dewayne Chapman	Jasper	AL
Dorey Capital Advisors	Brian Dorey	Allentown	NJ
Dynamic Surgical	Darren Rackley	VALDOSTA	GA
Falcon Surgical	Tim Murphy	VIENNA	VA
Flynn Medical, Inc	Austin Flynn	Torrance	CA
Fusion Thr Corp	Shane Jamison	Virginia Beach	VA
GBM LLC	Garrett Bell	Oklahoma City	OK
Golden Gate Surgical	MATTHEW STONE	SAN RAFAEL	CA
Grato Medical LLC	David Rendina	Crown Point	IN
Gulf States Medical	Rob Brooks	Auburn	AL
Harbour Medical, LLC	Lisa Natalizio	West Chester	PA
Horse Creek Medical	DOUG OAKES	ROBERTS	MT
HS Medical	Devin Finnell	Harrisburg	PA
Hypro Medical	Greg Aycock	Fort Worth	TX
Ignite Medical, LLC	Jon Mings	BRENTWOOD	TN
InnoTec LLC	Taylor Wilson	Phoenix	AZ
Innovative Device Solutions, LLC (IDS)	Frank Tedesco	SUNNY ISLES BEACH	FL
Innovative Surgical, LLC	Katie Moss	Dallas	TX
Integrity Applied Sciences, Inc.	Lawson Swan	ALBANY	GA
Intuitive West Inc (fka Active Medical)	Catalina Westerfeld	Ladera Ranch	CA
JAM Medical Inc.	John McCleary	Farrington	UT
JBF Holdings LLC	Jason Bryant	Lexington	KY
JCEA LLC	SEAN KILRAIN	CLEVELAND	OH

JVM Enterprises	Jason French	Karnuck	TX
KBW MEDICAL LLC	Barry Weldon	Nixa	MO
KC Surgical, LLC	Katelyn Curthoys	Clarkston	MI
KMD MEDICAL	DJ DRISCOLL	PORTLAND	OR
KV Medical Corp	Kimberly Beise	Santa Barbara	CA
KW Chicago Spine, LLC	Kollin Waseleski	Peotone	IL
M2 SURGICAL, LLC	DAVE SALAM	NASHVILLE	TN
McDonald Medical, LLC	Alan McDonald	Dothan	AL
Medicon LLC	Justin Ridge	Bryant	AR
Medicore LLC	Greg Pellatt, Steven Green	Huntington Beach	CA
Method Medical LLC	Jayke Milton	Atlanta	GA
Metztli Medical, LLC	Alex Mannari	Fort Worth	TX
Michigan Spinal Solutions	Jerry Topolinski	Grosse Pointe Park	MI
Midwestern Medical	Dan Walsh	Overland Park	KS
Milford Medical Supplies Inc	Greg Martin	Highland	MI
Next Gen Medical Options LLC	Jonathan West	ORLANDO	FL
NorthState Surgical Devices	Tricia Coppedge	RALEIGH	NC
OPTIMA SURGICAL	MIKE BUDAK	TEMPE	AZ
Osteologic Surgical	Yogi Biggs	RICHMOND	VA
Osteomax Solutions LLC	Tricia Moeser	Bloomfield	MI
Pacific Surgical Distribution, Inc.	Scot Norred	Los Angeles	CA
Phoenix Medical Northwest LLC	Steve Jacobson	Dupont	WA
Phoenix Surgical LLC	Mark Howat	SOUTHPORT	CT
Premier Biomedical	Pierre Dommestrup	CINCINNATI	OH
PRISM IMPLANTS	ROBERT TANCHAK	JAMESVILLE	NY
Progressive Motion	Glen Sugahara	TORRANCE	CA
Realtime Distribution, LLC	Shane Jordan	TAMPA	FL
Redmed, Inc.	Jeff Hannes	McAllen	TX
REL MEDICAL, LLC	FRED WESTERBECK	HUDSON	OH
Restorative Spine LLC	Heath Duffy	Albuquerque	NM
Rio Spine and Biologics, Inc.	Jim Hartig	BOERNE	TX
ROK SALES, LLC (RX MEDICAL)	GREG OPLOTNIK	OKLAHOMA CITY	OK
Rose Innovation, LTD	Brian Casey	Pittsburgh	PA
Servant Solutions LLC - CO	ERIT SHANEMAN	GRAND JUNCTION	CO
Sightline Medical, LLC	Keegan Knarr	Jacksonville	FL
SILVERCORD, LLC	ALEX HU	ARCADIA	CA
Six Surgical	George Olivero	Washington	DC
Sound Surgical	Jason Luke	Seattle	WA
Specialty Therapeutics	Jafar Sanat	Midlothian	VA
Spinal Care, Inc.	Willian Chapman	Maple Shade	NJ
Spinal Provisions	Tom Fellman	Lake Worth	FL
SPINAL RESOURCES	KEATHER PACK O'CONNELL	MANDEVILLE	LA
SPINAL RESTORATIVE	LORENZO MASTRANDREA	TAMPA	FL
Spine and Neuro Solutions (SANS)	Dave Falca	El Dorado Hills	CA
Spine Sense	Henry Parmalee	Saluda	NC
Spine Stability Surgical LLC	Baine Sudbeck	Jackson	MS
Spinenomics LLC	Alex Suarez	MIAMI	FL
Sua Sponte Medical, LLC	Justin Henry	Suwanee	GA
SURGE MEDICAL SUPPLY CORP	David Crystal	Melville	NY
SURGICAL ALLIES	CHRIS SCHELL	PINCKNEY	MI
Surgical Alternatives Carolinas, Inc.	Jim Walsh	RALEIGH	NC
Surgical Elements, Inc.	Chris Hamm	Omaha	NE

Surgical Evolution, LLC	Phillip Connelly	LAWNDALE	CA
SURGICAL SOLUTIONS JA PUERTO RICO INC	JOSE ALVAREZ	ALTAMIRA, SAN JUAN	PR
Tidewater Surgical Solutions, LLC	Bojan Lukic	Richmond	VA
Top Left Medical, LLC	Andy Martin	Weston	MA
UGA	JASON WILKINS	LEMONT	IL
Vertex Medical Distribution Inc.	JOHN BISIGNI	SANFORD	FL
Vertex Systems	Brian Bacon	Cummings	GA
WOLF MEDICAL CONCEPTS	JAKE CHRISTENSEN	DECATUR	TX
WOT Medical, Inc.	Brett Thomas	Roanoke	VA
Your Holdings, Inc.	COLLIN BURDINE	TEMPLE	TX

4BB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10)

Section 1: General Information

Facility Name: USWM CT, LLC

Physical Address: 351 Rouse Blvd

City: Philadelphia State: PA Zip: 19112

Mailing Address (if different from physical address): 351 Rouse Blvd

City: Philadelphia State: Pennsylvania Zip: 19112

Telephone: 215-825-9260 Website: https://usworldmeds.com

Name of Designated Representative (DR): Daniel Gilbert

Licensing Company Email: uswmctstatelicensing@usworldmeds.c DR Email: daniel.gilbert@usworldmeds.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☒ Dangerous Drugs	☒ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☐ [a]Medical Products (medical devices, equipment, supplies, gases)	☐ Reverse Distributor
☐ Wholesalers		☐ Warehouse
☐ Veterinarians	☒ Others: Biologic	☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: ONLY COMPLETE THIS SECTION IF THE COMPANY IS WHOLESALING [a]Medical Products (medical devices, equipment, supplies and gases). Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: NA Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 3 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 4: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: NA

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): US WorldMeds Ventures, LLC

Corporation/Organization Name: USWM CT, LLC

Mailing Address: 351 Rouse Blvd

City: Philadelphia State: Pennsylvania Zip: 19112

Telephone: 215-825-9260 Email: uswmctstatelicensing@usworldmeds.com

Contact Person Name: Daniel Gilbert

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 10: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale [a]Medical Products (medical devices, equipment, supplies, gases). (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Products (medical devices, equipment, supplies, gases), supply a copy of proof of insurance (NAC 639.6957).** The Medical Products wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 9)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20NRS%20639.500%20-%20Effective%2001.07.2026%20-%20Wholesaler%20-%20Post%20on%201.26.26.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

USWM CT, LLC
Facility Name

Paul Breckinridge Jones, Sr.
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

June 5, 2026
Date

Board Use Only	Date Received: 7/7/26	Amount: $1000 CK 5753

Description of Operations

USWM CT, LLC is a privately held Self-Manufacturer and Self-Distributor. USWM CT, LLC is a pharmaceutical company focused on rare and specialty treatments. USWM CT, LLC products are manufactured at their own facility located at 351 Rouse Boulevard, Philadelphia, PA 19112 and will be distributed via courier service to Hospital Pharmacies.

USWM CT, LLC's products are not Controlled Substances.

USWM CT, LLC's normal business hours are 8:00 am – 5:00 pm Monday through Friday.

PRODUCTS

NDC Code	Proprietary Name	Nonproprietary Name	Dosage Form
83205-0001-2	Tecelra	afamitresgene autoleucel	2.68 to 10 x 10^9 MAGE-A4 TCR positive T-cell

/ Drug Establishments Current Registration Site (index.cfm)

Drug Establishments Current Registration Site

New Search (index.cfm)

Search Results for **uswm ct**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
USWM CT, LLC	3042368274	144859435	ANALYSIS; API MANUFACTURE; LABEL; MANUFACTURE; PACK;	351 Rouse Blvd, Philadelphia, Pennsylvania (PA) 19112-1903, United States (USA)	12/31/2026

Showing 1 to 1 of 1 entries
Previous1Next
Data Current through: Wednesday, May 20, 2026

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Company Information

Company Name:	USWM CT, LLC
Licensing Email:	uswmctstatelicensing@usworldmeds.com
Address:	351 Rouse Boulevard
City, State, Zip:	Philadelphia, PA 19112
Phone:	[redacted]
Tax ID:	39-3362804
State of Formation:	Delaware
Date Incorporated:	July 17, 2025

Ownership Information

USWM CT, LLC, 351 Rouse Boulevard, Philadelphia, PA 19112, USA, is a wholly owned subsidiary of **US WorldMeds Ventures, LLC**, with offices at 4441 Springdale Rd. Louisville, KY 40241.

Officers

Paul Jones
Business Address:
4441 Springdale Rd
Louisville, KY 40241
Business Phone:
502-387-8303
pbj@usworldmeds.com
Percentage of Ownership- 0%

Pamela Sheehan, Secretary and Controller
Business Address:
4441 Springdale Rd
Louisville, KY 40241
Business Phone:
502-439-8602
psheehan@usworldmeds.com
Percentage of Ownership - 0%

Herbert Warren, Chief Operating Officer
Business Address:
4441 Springdale Rd
Louisville, KY 40241
Business Phone:
502-599-7286
lw@usworldmeds.com
Percentage of Ownership - 0%

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "USWM CT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF JUNE, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

10264702 8300

SR# 20263496263

Authentication: 204318041

Date: 06-23-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T:717-787-1057
dos.pa.gov/BusinessCharities

Regarding:	USWM CT, LLC
Request Type:	Certificate of Registration
Request No.:	068085828
Receipt No.:	2297207
Filing Type:	Foreign Limited Liability Company
Filing Subtype:	Limited Liability Company
Initial Filing Date:	July 28, 2025
Status:	Active

Issuance Date: November 17, 2025
File No: 0014677678

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

USWM CT, LLC

is a foreign association duly registered to do business in this Commonwealth as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Certificate of Registration shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF STATE •

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written.

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov

Certificate of Registration

Certificate No. 1000004612
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Drug & Device Registration

2525 N. 7th Street Suite 210D
Harrisburg, PA 17110
(717) 787-4779

Category:

Manufacturer (Prescription)
Distributor (Prescription)

USWM CT, LLC
351 ROUSE BLVD
PHILADELPHIA, PA 19112

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: October 30, 2025
Expiration Date: The Last Day of November, 2026

Pennsylvania
Department of Health

Jeanne Parisi
Deputy Secretary for Quality Assurance

Debra L. Bogen, MD, FAAP
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

– Not Driving Devices

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/5/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency LLC Marsh & McLennan Ins. Agency LLC PO Box 85638 San Diego CA 92186 License#: 0H18131 USWMENTER	CONTACT NAME: Dana Shaffer PHONE (A/C, No, Ext): 858-242-5762 FAX (A/C, No): 858-529-2662 E-MAIL ADDRESS: Dana.shaffer@MarshMMA.com
INSURED USWM CT, LLC 351 Rouse Blvd. Philadelphia, PA 19112	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Federal Insurance Company — 20281 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 1652867685 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			36063744	9/1/2025	9/1/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ EXCLUDED $
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY			73615624	9/1/2025	9/1/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			78191482	9/1/2025	9/1/2026	EACH OCCURRENCE AGGREGATE $	$ 15,000,000 $ 15,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A	Products Liability Claims Made Retro Date 6/9/2020			36063745	9/1/2025	9/1/2026	Limit $10,000,000 Ded. $50,000 Occ. Ded. $250,000 Agg.	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of coverage.

CERTIFICATE HOLDER

USWM CT, LLC
351 Rouse Blvd.
Philadelphia PA 19112

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Dana Shaffer

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NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0860778

Application/License No. _____

USWM CT, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 351 Rouse Blvd, Philadelphia, PA 19112 (Address of Applicant/Principal), as PRINCIPAL, and Harco National Insurance Company (Surety Company), a corporation organized under the laws of the state of Illinois (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 4200 Six Forks Road, Suite 1400, Raleigh, NC 27609 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 6/1/2026 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 1st day of June, 20 26.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Surety Company's Representative

Patricia White, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A
Nevada Resident Agent

TAMARA LAYNE HOLLEMAN
NOTARY PUBLIC
STATE AT LARGE KENTUCKY
COMM. # KYNP82142
MY COMMISSION EXPIRES NOVEMBER 3, 2027

POWER OF ATTORNEY

Bond # 0860778

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 4200 Six Forks Rd, Suite 1400, Raleigh, NC 27609

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

PATRICIA WHITE, MARTA COLLETT, DANIELLE ENRIQUEZ, SHANNON SOPRENUK, KATHLEEN VANDERSLICE, TIMOTHY MCCLELLAN

San Diego, CA

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation, and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2025

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1964 ILLINOIS

Michael F. Zurcher
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2025, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

CATHY CRUZ NOTARY PUBLIC STATE OF NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written

Cathy Cruz a Notary Public of New Jersey
My Commission Expires April 16, 2029

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, June 01, 2026

A00874

Irene Martins, Assistant Secretary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler USWM CT, LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 351 Rouse Blvd

City Philadelphia State PA Zip 19112

Mailing Address (if different from physical address) 351 Rouse Blvd

City Philadelphia State Pennsylvania Zip 19112

Telephone 215-825-9260 Website https://usworldmeds.com

Licensing Company Email uswmctstatelicensing@usworldmeds.com

Section 2: Personal Information

First Daniel Middle Todd Last Gilbert

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 351 Rouse Blvd

City Philadelphia State Pennsylvania Zip 19112

Telephone [redacted] Email daniel.gilbert@usworldmeds.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	NA	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
La Salle University		08/2014- 05/2018	
Address	City	State	Zip
1900 W. Olney Ave.	Philadelphia	PA	19141
Diploma/Degree obtained, if any			
Bachelor's Degree			

School Name		From - To (MM/YY – MM/YY)	
Shalick High School		08/2010- 05/2014	
Address	City	State	Zip
718 Centerton Rd	Pittsgrove	NJ	08318
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2025- Present	[redacted]	Middletown	DE	[redacted]
10/2021-12/2024		Stratford	NJ	
10/2020-10/2021		Williamstown	NJ	
01/2015-10/2020		Pittsgrove	NJ	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
USWM CT, LLC			
Business Address	**City**	**State**	**Zip**
351 Rouse Blvd	Philadelphia	PA	19112
Phone	**Title**	**Number of Employed Hours**	
215-825-9260	Director, Manufacturing and MES		
Description of Duties			
See attached resume.			

Business Name			From - To (MM/YY – MM/YY)
Adaptimmune			
Business Address	**City**	**State**	**Zip**
351 Rouse Blvd	Philadelphia	PA	19112
Phone	**Title**	**Number of Employed Hours**	
	Director, Manufacturing and MES		
Description of Duties			
See attached resume.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

DANIEL GILBERT

[redacted]

PROFESSIONAL EXPERIENCE

DIRECTOR, MANUFACTURING AND MES | USWM CT, LLC | 351 Rouse Blvd Philadelphia, PA 19112 | (215) 825-9260 2025 – Present

- Responsible for management of all manufacturing operations, MES operations, patient scheduling and GMP cleanings. Serving as Site Director of Drug licensing for TECELRA. Authored annual product quality report and BLA/PPQ preparation/execution for clinical products. Responsible for commercial and clinical manufacturing, maintaining a 100% success rate of commercial manufacturing since product launch. Led capacity improvements, new supplier qualifications and brought external GMP cleanings in-house to save ~$1MM annually. Responsible for all clinical/commercial patient scheduling, resulting in a 25% decrease in drug turnaround time. Fostered an environment of continuous improvement across all aspects of the manufacturing operation. Managing internal cell manufacturing spend of ~$7MM annually. Working closely with cross-functional organizations: Quality Assurance, Quality Control, Facilities and Supply Chain.

DIRECTOR, MANUFACTURING AND MES | Adaptimmune | 351 Rouse Blvd Philadelphia, PA 19112 | (215) 825-9260 2024 – 2025

- Led all manufacturing activities related to pre-clinical inspection and pre-license inspections. Served as host for pre-license inspection for company's first FDA approved drug, TECELRA. Responsible for management of all manufacturing operations and MES operations. 18 direct reports overseeing a team of 32 employees. Responsible for department expansion for commercialization, increasing capability to 25 patients/month. Oversight of supply for manufacturing activities, Vector and GMP cleaning supplies. Fostered an environment of continuous improvement across all aspects of the manufacturing operation. Implemented/supported projects leading to reduced CoGs, increased capacity /capability and improved product quality. Managing internal cell manufacturing spend of ~$5MM annually. Working closely with cross-functional organizations: Quality Assurance, Quality Control, Facilities and Supply Chain.

ACCOCIATE DIRECTOR, MANUFACTURING AND MES | 351 Rouse Blvd Philadelphia, PA 19112 | (215) 825-9260 2022 – 2024

- Responsible for management of all manufacturing operations, BLA/PPQ preparation and execution, audit readiness and manufacturing facility expansion. 5 direct reports overseeing a team of 22 employees. Ensure lean manufacturing excellence by management of Kanban and CAPAs and final approvals on department Change Controls and Deviations. Oversight, collaboration and approval on all Manufacturing MBRs, SOPs and Work Instructions. Overseeing all MES operations including design, validation and maintenance of all current EBRs as well as project management of future MES related projects. Management of all manufacturing HMI for equipment such as Sepax, CRF and Biostore.

MES Manager | Adaptimmune | 351 Rouse Blvd Philadelphia, PA 19112 | (215) 825-9260 2021 – 2022

- Responsible for initiation, adoption and implementation of PAS-X Electronic Batch Record system for Manufacturing and Warehouse use. Involved in validation of new EBRs, Design of EBRs and creation of system standards for business continuity. Project management to ensure implementation of 12 total MBRs, overseeing 6 MES Engineers.

SUPERVISOR CELL THERAPY MANUFACTURING | Adaptimmune | 351 Rouse Blvd Philadelphia, PA 19112 | (215) 825-9260 2020 – 2021

- Responsible for drafting and modifying documentation including training records, master batch records, deviations, incident reports, equipment protocols and validation documentation. Authored SOPs, batch records, validation plans and technical reports. Trained employees on processing, equipment use and process changes. Performed CAR T cell manufacturing related activities in a clean room environment. Responsible for inputting and updating data real time into a logistics database. SME for VICELL, Xuri, CRF and NC200. Perform validation and process development on equipment such as: Sepax, Xuri, CliniMACS, NC200, Control rate freezers, EBR systems(PAS-X), etc.

SENIOR MANUFACTURING SPECIALIST | Adaptimmune | 351 Rouse Blvd Philadelphia, PA 19112 | (215) 825-9260 2019 – 2021

- SME on assigned Manufacturing Unit Operations, scheduling of daily operations, training, maintaining compliance as it relates to Manufacturing Operations and other manufacturing needs as necessary, commensurate with the level of training and experience of employee. The lead will perform review/approval of documents such as deviations & validations. Work will be split between Grade B and Grade C aseptic manufacturing environment and the office area, but may also include support of process development runs in the Manufacturing Science and Technology laboratory. for inputting and updating data real time into a logistics database. SME for VICELL, Xuri, CRF and NC200. Perform validation and process development on equipment such as: Sepax, Xuri, CliniMACS, NC200, Control rate freezers, EBR systems(PAS-X), etc.

MANUFACTURING ASSOCIATE | WuXi Apptec | | 4701 League Island Blvd Philadelphia, PA 19112 | (215) 218-7100 2018- 2019

- Responsible for manufacture of Master and Working Cell Banks and performing activities within production to support manufacture of Cell and Viral Vector Gene Therapy products, upstream and downstream processes and final product fills according to current Good Manufacturing Practices (cGMPs).

EDUCATION

BACHELOR'S DEGREE | Biology | La Salle University 2014 – 2018
Schalick High School 2010 – 2014

CERTIFICATIONS

- Investigations and CAPA | **Pathwise** | 2024
- Green Belt | **Lean Six Sigma** | 2022

SKILLS

- Aseptic Manufacturing
- Cell Therapy
- Team Management
- MES
- Lean Manufacturing
- Process Development
- System and equipment validation
- Scheduling
- Supply Chain
- Audit readiness

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Daniel Gilbert, **certify that as the designated representative for**

USWM CT, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. DTG I am at least 21 years of age;
3. DTG I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. DTG I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. DTG I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. DTG I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. DTG I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Daniel Gilbert

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/12/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel Gilbert

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/12/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Delaware, ss. County of New Castle

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/12/2026

Date

Subscribed and Sworn to before me this 12 day of June 2026

Manju

Notary Public Signature

MANJU PANDEY
Notary Public
State of Delaware
My Commission Expires on Jul 19, 2026

(Seal)

Payroll Name: First Name	Payroll Name: Last Name
Myra Gaerlan	Almojuela
Mitchell Thomas	Ambrosino
Blessing ImiBusayo	Awogbamila
Jinmeng	Bai
Amorett Michele	Bates
Willard Carl	Beckmann
Anubhuti	Bhati
Samantha Lynn	Boich
Bradley John	Bowser
Alisa Marie	Brandt
Francine Elizabeth	Brophy
Daniel Powell	Campbell
Leonard Joseph	Campbell
Cecilia	Cardoso Alves
Bonnie Jean	Carneglia
Paula Jean	Clark
Bridget Marie	Consorti
Jennifer Brianna	Cortese
Viral Rameshchandra	Desai
Dawn Marie	Diehl
Johanna Mercedes	Djahed
Madeline Rose	Dombrowski
Christopher David	Dupont
Jessica Micheen	Eckstrom
Kobby	Essien
Joseph Louis	Falcone
Lilliam	Fernandes
Shakura	Floyd
Linda Ann	Forgione
Emily Kate	Fox
Stephanie Lynn	Frank
Scott Andrew	Frazee
Cindy	Garcia
Melissa Ann	George
Brianna Marie Salas	Geronimo
Daniel Todd	Gilbert
Nathaniel Thomas	Golden
Leigh Ann	Greenwald
Caroline Marian	Halpin
Andrew Clements	Hammett
Danielle Lyn	Harvey
Cole James	Hindley
Jennifer Suzanne	Hoffman
Prajwal Kumar Reddy	Inavolu
Deepthi	Jampala
Adam	Jobe
Monica Diaz	Johnson
Zoe Eve	Jurgensen
Joseph Daniel	Kaszubowski

Kavya	Kazipeta
Catherine Grace	Kirkwood
Kathryn Teresa	Koenig
Danielle Marie	Krieger
Raymond James	Kuehner
Yuliya	Loda
Maria A	Lopes
Ratnakar Reddy	Manda
Peter Salifu	Mansaray
Jesse James	Martin
Stephanie Nicole	Martin
Shannon Elizabeth	Mcmorris
David James	Mcneill
Ann Elizabeth	Mellott
Jacqueline Joyce	Merryfield
Michael Nathaniel	Millar
Elizabeth Marie	Mirarchi
Edward C	Mitchell
Alekya	Mokireddi
Alina	Monakhova
Christopher Thomas	Moore
Michael Jason	Nathenson
Jean-Marc Daniel	Navenot
Cassandra Marie	Nocito
Ian Alexander	Novzen
Ryan Matthew	Novzen
Elijah Antonio	Osman
Steve	Panaccio
Elizabeth Mercy	Pennington
Brandie Danielle	Pies
Jennifer M	Prasad
Kathiria Idaliz	Ramos
Tommy Wilfredo	Ramos
Andrea Christine	Reader
Victoria Gina	Reggio
Gabrielle Ceceilia	Richardson
Steven George	Rivera
Abigail Marie	Robinson
Aliyah	Saber
Minerva E	Sanchez
Elsie Marie	Santaella
Sheila Rene	Schatz
Robert Maurice	Schmid
Jessica Rose	Schultz
Daniel Fortunato	Senese
Rishita	Shah
Samantha R	Shimfessel-Mastin
Laura Oyer	Sholder
Theodore Patrick	Sims
Brooke Lyn	Smith

Carla Natasha	Smith
Dana Michelle	Smith
Alyssa M	Spates
Aishwarya	Srivastava
Robert James	Sullivan
Vlad P	Talyanskiy
Khimula Denise	Taylor
Daniel Calvin	Terlecky
Francis Michael	Thompson
Brandon Martin	Trainor
Tyler Edward	Tresnan
Lucas Johannes	Van Hunnik
Erin Cathleen	Van Winkle
Ivan Josue	Vargas
Jenny Michelle	Vessels
Justin Andrew	Wagner
Anne Elisabeth	Walberg
Timothy	Walker
Pamela	Wanderley Santos Jaskot
Tianjiao	Wang
Paige Albright	Warner
Martin Jeston	Way
Kelsey Nicole	Webb
Michael Edward	Weinberger
Rebecca Patricia	Weldon
Jeanette	Whitehead

4CC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change* ☒ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH03304	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Vero Biotech Inc.

Physical Address: 208 W Main Street

City: Livingston State: TN Zip: 38570

Mailing Address (if different from physical address): 387 Nerem Street NW, Ste. 125

City: Atlanta State: Georgia Zip: 30313

Telephone: 877-337-4118 Website: https://www.vero-biotech.com/

Name of Designated Representative (DR): Phillip Storie

Licensing Company Email: licenses@vero-biotech.com DR Email: phillip.storie@linde.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☒ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☒ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others: No Drug Component	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Numerous, see attached list

Corporation/Organization Name: Vero Biotech, Inc.

Mailing Address: 387 Nerem Street NW, Ste. 125

City: Atlanta State: Georgia Zip: 30313

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Vero Biotech Inc.

Facility Name

Shasha Zou

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

3/27/26

Date

Board Use Only	Date Received: 4/20/26	Amount: $1000 - Ck 5481

CONFIDENTIAL

Establishment Registration and Facility Establishment Identifier 3012160128
Change in Ownership

March 17, 2026

Deniz Mackey, Assistant Director for Imports and Registration and Listing
Division of Regulatory Programs 2 (Establishment Support)
Office of Product Evaluation and Quality
U.S. Food & Drug Administration
Center for Devices and Radiological Health,
Office of Device Evaluation
10903 New Hampshire Avenue
WO66-1677
Silver Spring, MD 20993-0002

Submission Type: General Correspondence: Change in Ownership of Establishment Registration and Facility Establishment Identifier 3012160128

Dear Ms. Mackey:

Reference is made to FDA Establishment Registration and Facility Establishment Identifier 3012160128 ("FEI") for the Linde Gas & Equipment Inc. ("Linde") Facility located at 208 W. Main Street, Livingston, TN 38570. Linde is hereby notifying the Food and Drug Administration that, effective March 17, 2026, it has transferred all rights and ownership of the FEI from Linde to Vero Biotech Inc. ("Vero"), a corporation organized under the laws of Delaware and having a place of business at 387 Nerem Street NW, Suite 125, Atlanta, GA 30313. Also enclosed is a letter from Todd Brady of Vero, who will be the official correspondent for the FEI going forward from March 17, 2026.

Accordingly, Linde is no longer the owner of the FEI effective March 17, 2026. Vero has a complete copy of the FEI, including documents and records that are required to be kept.

This submission contains trade secrets and confidential commercial information exempt from public disclosure pursuant to exemption 4 of the Freedom of Information Act and FDA regulations (5 U.S.C. § 552(b)(4); 21 C.F.R. § 20.61). Linde and Vero respectfully request that the information submitted not be publicly disclosed, consistent with 21 C.F.R. § 314.430. Pursuant to FDA regulations, Linde and Vero are entitled to notice, an opportunity to object, and an opportunity to seek pre-release judicial review in the event that FDA determines that all or any part of this submission may be disclosed. *See* 21 C.F.R. § 20.61.

Should you have any questions regarding this submission, please do not hesitate to contact Lisa Coyle at Lisa.Coyle@linde.com.

Sincerely,

LINDE GAS & EQUIPMENT INC.

BY: Lisa Coyle

Name: Lisa Coyle
Title: Attorney-in-Fact

VĒRO
BIOTECH

Description of Operations

Vero Biotech Inc. is a Distributoror Rx Required Medical Devices. Vero Biotech Inc.'s products are NOxBOXI System Patient Kits and are distributed from their Livingston, TN facility to hospitals. NOxBOXI is a division of Linde Gas & Equipment and were the original manufacturer of the NOxBOXI medical device kits. Vero Biotech Inc. has acquired the Linde, Livingston, TN facility and the NOxBOXI medical device kits at the facility. Vero Biotech Inc. will distribute the remaining inventory of medical device kits until the inventory is depleted.

The FDA Establishment Registration and Device Listing is currently under Linde Gas & Equipment. Upon the acquisition on 3/13/2026 a filing will be made with the FDA to move the FDA Establishment registration and Device Listing to Vero Biotech, Inc.

FDA Establishment No: 3012160128 2026

Product Information: Class II, 510K Medical Devices

Premarket Submission No:
K233251

Vero Biotech Inc. has 16 employees working on site during normal business hours.

Vero Biotech Inc.'s hours of operation are 8:00 am – 4:30pm Monday through Friday. Vero Biotech Inc. is closed on Saturday and Sunday.

Vero Biotech Inc.'s records are stored at the Livingston, TN facility.

Vero Biotech Inc.'s facility square footage is 9194 square feet.

VĒRO
BIOTECH

Company Information

Company Name: Vero Biotech Inc.
Address: 208 N Main Street
City, State, Zip: Livingston, TN 38570
Phone: 877-337-4118
Website: https://www.vero-biotech.com/
E-mail: licenses@vero-biotech.com

FEIN: 20-4604159
State of Formation: DE
Date Incorporated: 03/13/2006
File Number: 4124240

Ownership Information

Vero Biotech Inc. is Privately Owned Company with multiple companies having a percentage of ownership.

Vero Biotech Inc. Ownership Chart

Shareholder	Address line 1	Address line 2	City	State / Country	Zip	Percentage Owned
Globe Pharma SARL No EIN - Foreign	[redacted]		Atlanta	GA	[redacted]	
MVM V LP EIN - 98-1431102			London	UK		
MVM V (2021) LP 98-1619131			London	UK		
Shinazi, Ray			Atlanta	GA		
Asahi Kasei Corporation			Menlo Park	CA		
JAK Trust			George Town	Grand Cayman, Cayman Islands		
DHAG Holdings, LLC			Cocoa Beach	FL		
Elias Samaras			Cambridge	MA		
MVM GP (No.5) LP			London	UK		
Pieto, LLC			Cocoa Beach	FL		
David H. & Angela Fine			Cocoa Beach	FL		
David Schechter			Chestnut Hill	MA		

VĒRO
BIOTECH

Officers

Todd Brady, President & Chief Executive Officer
Business Address: 387 Nerem Street NW, Ste. 125, Atlanta, GA 30313
Business Phone: (301) 906-6676
Ownership %: 0

Kathleen Fisher, Chief Technology Officer
Business Address: 387 Nerem Street NW, Ste. 125, Atlanta, GA 30313
Business Phone: (770) 855-9469
Ownership %:0

Shasha Zou, Secretary & General Counsel
Business Address: 387 Nerem Street NW, Ste. 125, Atlanta, GA 30313
Business Phone: (678) 862-7729
Ownership %:0

Jeffrey Teves, Chief Financial Officer
Business Address: 387 Nerem Street NW, Ste. 125, Atlanta, GA 30313
Business Phone: (404) 488-7663
Ownership %:0

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VERO BIOTECH INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VERO BIOTECH INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF MARCH, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

4124240 8300

SR# 20260780049

Authentication: 203175593

Date: 02-24-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Tennessee
Department of Health

14931295

Renewal No. 37373

Board of Pharmacy
Wholesale/Distributor

LINDE GAS & EQUIPMENT INC
208 W MAIN ST,
LIVINGSTON, TN 38570

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 3458

EXPIRATION DATE: October 31, 2027

Commissioner, Dept of Health

Assistant Commissioner, Health Licensure and Regulation

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/10/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Alliant Insurance Services, Inc.
2415 E Camelback Rd Ste 950
Phoenix AZ 85016
License#: 0C36861

CONTACT NAME: Wendy Herrera
PHONE (A/C, No, Ext): 760-566-8789 **FAX (A/C, No):**
E-MAIL ADDRESS: wherrera@alliant.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Federal Insurance Company	20281
INSURER B : Bridgeway Insurance Company	12489
INSURER C : Chubb Custom Insurance Company	38989
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Vero Biotech, Inc.
387 Nerem Street NW, Suite 125
Atlanta GA 30313
VEROBIO-01

COVERAGES **CERTIFICATE NUMBER:** 215261532 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. *LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. ***Not Applicable in WY**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:	Y	Y	35855120PHX	5/31/2026	5/31/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 2,000,000 $ 2,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ Excluded $
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			73651759	5/31/2026	5/31/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
A	[X] UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED RETENTION $			56729555	5/31/2026	5/31/2027	EACH OCCURRENCE AGGREGATE Products/Comp./Op Agg	$ 10,000,000 $ 10,000,000 $ Excluded
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? [ ] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			71844363	5/31/2026	5/31/2027	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A B C	Primary Products/Completed Ops Excess Products/Completed Ops Healthcare Professional Liability			35942426 8M-A7-PX-0002001-00 36069297	5/31/2026 5/31/2026 5/31/2026	5/31/2027 5/31/2027 5/31/2027	Per Occ/Agg Per Occ/Agg Per Occ/Agg	$5M/$5M $5M/$5M $5M/$5M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Primary $5M Products Liability-Claims Made
Federal Insurance Company, NAIC # 20281
Policy #35942426
Effective 05/31/2026 to 05/31/2027
$5,000,000 Each Occurrence
$5,000,000 Aggregate Limit
See Attached...

CERTIFICATE HOLDER

Court Square Properties, LLC
208 W. Main Street
Livingston TN 38570

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Matthew L. Cole

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AGENCY CUSTOMER ID: VEROBIO-01

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Alliant Insurance Services, Inc.	Vero Biotech, Inc. 387 Nerem Street NW, Suite 125 Atlanta GA 30313
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Retro Date: 04/23/2010

$5M x $5M Excess Products Liability-Claims Made
Bridgeway Insurance Company, NAIC # 12489
Policy #8M-A7-PX-0002001-00
Effective 05/31/2026 to 05/31/2027
$5,000,000 Each Occurrence
$5,000,000 Aggregate Limit
Retro Date: 04/23/2010

Professional Liability-Claims Made
Chubb Custom Insurance Company, NAIC # 38989
Policy #36069297
Effective 05/31/2026 to 05/31/2027
$5,000,000 Each Wrongful Act
$5,000,000 Aggregate Limit
$25,000 Deductible
Retro Date: 02/09/2021

Cyber Liability-Claims Made
At-Bay Specialty Insurance Company, NAIC # 19607
Policy ##AB-6723372-03
Effective 05/31/2026 to 05/31/2027
$3,000,000 Aggregate Limit of Insurance
$25,000 Retention

RE: 208 W. Main Street, Livingston, TN 38570 and 7775 The Bluffs, Suite 202, Austell, GA 30168

Court Square Properties, LLC is Additional Insured per form # 80-02-6440 and a Waiver of Subrogation applies per form # 80-02-2362

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RIDER

To be attached to and form part of:

Bond Number 83BSBJN1623
Dated May 20, 2026

issued by the Hartford Fire Insurance Company (Surety)
in the amount of $ 25,000.00

on behalf of Vero Biotech, Inc. (Principal)

and in favor of State of Nevada and to the Nevada State Board of Pharmacy
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The following location shall be added to the bond:

208 W Main Street, Livingston, TN 38570

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 2nd day of June 2026

Signed, Sealed & Dated this 2nd day of June 2026

VERO Biotech, Inc.
(Principal)
By: _____

Hartford Fire Insurance Company
(Surety)
By: _____
Tannis Mattson Attorney-in-Fact

POWER OF ATTORNEY

Direct Inquiries, Bond Authenticity and Claims to:
THE HARTFORD
BOND, T-14
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
***call:* 888-266-3488 *or fax:* 860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: ALLIANT INS SERVICES HOUSTON LLC
Agency Code: 61-614490

- ☒ **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- ☒ **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- ☒ **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- ☐ **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, ***up to the amount of*** Unlimited :

Orlando Aguirre, Madison Diaz, Melissa Haddick, Stacy Killebrew, Tannis Mattson, Sandra Parker, Megan Sivley of HOUSTON, Texas

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Phyllis A. Clark

Phyllis A. Clark, Assistant Secretary

Joelle L. LaPierre

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 1st day of March, 2024, before me personally came Joelle L. LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Maribel Arce

Maribel Arce
My Commission HH 287363
Expires July 13, 2026

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of 05/29/2026.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois

Keith D. Dozois, Assistant Vice President

Revised July 31, 2021

POWER OF ATTORNEY

Direct Inquiries, Bond Authenticity and Claims to:
THE HARTFORD
BOND, T-14
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: 888-266-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: ALLIANT INS SERVICES HOUSTON LLC
Agency Code: 61-614490

- ☒ **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- ☒ **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- ☒ **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- ☐ **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana

having their home office in Hartford, Connecticut. (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, ***up to the amount of*** Unlimited :

Orlando Aguirre, Madison Diaz, Melissa Haddick, Stacy Killebrew, Tannis Mattson, Sandra Parker, Megan Sivley of HOUSTON, Texas

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Phyllis A. Clark, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 1st day of March, 2024, before me personally came Joelle L. LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Marilu Arce
My Commission HH 287363
Expires July 13, 2026

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of 06/02/2026

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

Revised July 31, 2024

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 83BCSJM4484

Application/License No. _____

VERO Biotech, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
387 Nerem Street NW, Suite 125, Atlanta, GA 30313, as
Address of Applicant/Principal
PRINCIPAL, and Hartford Fire Insurance Company, a
Surety Company
corporation organized under the laws of the state of Connecticut
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One Hartford Plaza, Hartford, CT 06155-0001 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on May 20, 2026.
Effective Date

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 20th day of May, 2026.

APPLICANT/PRINCIPAL

COMPANY
VERO Biotech, Inc.

Authorized Representative

SURETY

Hartford Fire Insurance Company

Surety Company's Representative

Josefina Rojo, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness John P. Harney

Witness Haley A. Anderson

Countersigned by:

Nevada Resident Agent

Nevad Non Resident Agent Josefina Rojo

POWER OF ATTORNEY

Direct Inquiries, Bond Authenticity and Claims to:
THE HARTFORD
BOND, T-14
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: ALLIANT INSURANCE SERVICES INC
Agency Code: 83-555351

- ☒ **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- ☒ **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- ☒ **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- ☐ **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, ***up to the amount of*** Unlimited :
Haley Anderson, Kimberly Bragg, Saykham Chanthasone, Sarah E. Green, John P. Harney, Melissa Heffernan, Jessica Hernandez, Matthew Labno, Josefina Rojo, Christina L. Sandoval, Rebecca Sanford, Christopher Troha of CHICAGO, Illinois

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Phyllis A. Clark, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 1st day of March, 2024, before me personally came Joelle L. LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Manluz Arce
My Commission HH 287363
Expires July 13, 2026

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of May 20, 2026.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

THE HARTFORD

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy STE 206
Reno, NV 89521

RIDER

Attached to and forming part of Bond # 83BSBJN1623 ,
on behalf of VERO Biotech, Inc.
of 387 Nerem Street NW, Suite 125, Atlanta, GA 30313
in favor of Nevada State Board of Pharmacy
and in the amount of Twenty-Five Thousand ($25,000.00) Dollars.

It is understood and agreed that effective May 20, 2026
The bond number shall be changed
from 83BSCSJM4484
to 83BSBJN1623

All other conditions and terms remain as originally written.

Signed, Sealed, and Dated June, 1st , 2026

Hartford Fire Insurance Company

By: Jessica Ciccone
Jessica Ciccone , Attorney-in-Fact

Form GENCNG-A (Rev. 07/01/22)

POWER OF ATTORNEY

Direct Inquiries, Bond Authenticity and Claims to:
THE HARTFORD
BOND, T-14
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: ALLIANT INSURANCE SERVICES INC
Agency Code: 83-555351

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint
Jessica Ciccone
of Lake Mary, Florida,
its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by, and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:
Bond No. 83BSBJN1623
Naming VERO Biotech, Inc. as Principal,
and Nevada State Board of Pharmacy as Obligee,
in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Phyllis A. Clark, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 30th day of March, 2026, before me personally came Joelle L. LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations, that the seals affixed to the said instrument are such corporate seals, that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone
My Commission HH 644184
Expires June 20, 2029

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of June 1, 2026.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

RIDER

To be attached to and form part of:

Bond Number 83BSBJN1623
Dated May 20, 2026

issued by the Hartford Fire Insurance Company (Surety)
in the amount of $ 25,000.00

on behalf of Vero Biotech, Inc. (Principal)

and in favor of State of Nevada and to the Nevada State Board of Pharmacy
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The following location shall be added to the bond:

7775 The Bluffs, Suite 202, Austell, GA 30168 (Cobb County)

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 29th day of May 2026

Signed, Sealed & Dated this 29th day of May 2026

VERO Biotech, Inc.
(Principal)
By: _____

Hartford Fire Insurance Company
(Surety)
By: _____
Tannis Mattson Attorney-in-Fact

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Vero Biotech Inc. MDEG License # (if applicable) WH03304

Physical Address 208 W Main Street

City Livingston State TN Zip 38570

Mailing Address (if different from physical address) 387 Nerem Street NW, Ste. 125

City Atlanta State Georgia Zip 30313

Telephone 877-337-4118 Website https://www.vero-biotech.com/

Licensing Company Email licenses@vero-biotech.com

Section 2: Personal Information

First Phillip Middle Glenn Last Storie

Alias(es, nicknames, name changes, etc.) [redacted]

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City Atlanta State Georgia Zip [redacted]

Telephone 877-337-4118 Email licenses@vero-biotech.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		NA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Pickett Co High		05/94 - 03/98	
Address	**City**	**State**	**Zip**
130 Skyline Dr.	Byrdstown	TN	38549
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/24/2025 Current	[redacted]	Livingston	TN	[redacted]
10/01/201 11/23/202		Byrdstown	TN	
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Vero Biotech Inc			03/26 - current	
Business Address		**City**	**State**	**Zip**
208 N Main Street		Livingston	TN	38570
Phone	**Title**		**Number of Employed Hours**	
877-337-4118	Clinical Services Manager		40/week	
Description of Duties				
See attached Resume				

Business Name			From - To (MM/YY – MM/YY)	
Linde Gas & Equipment Inc			08/19 - 03/26	
Business Address		**City**	**State**	**Zip**
208 N Main Street		Livingston	TN	38570
Phone	**Title**		**Number of Employed Hours**	
877-337-4118	Clinical Services Manager		40/week	
Description of Duties				
See attached Resume				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		x
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		x

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I, Phillip Storie, **certify that as the MDEG Administrator for**

Vero Biotech Inc.,

that I (initial that you have read and meet the following requirements):

1. PS Have a high school diploma or its equivalent;
2. PS Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. PS Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. PS Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Phillip Storie
Print Name (First, Last)

Phillip Storie
Original Signature (electronic, copies or stamps not accepted)

4-6-26
Date

Board Use Only	Date Received: 4/20/26

PHILLIP STORIE

[redacted]

PROFESSIONAL SUMMARY

Dynamic Clinical Services Manager with a proven track record at Vero Biotech, excelling in leadership and data analytics. Enhanced care delivery through strategic training initiatives and optimized operations, achieving financial targets. Skilled in fostering teamwork and collaboration, while implementing best practices to drive clinical excellence and operational efficiency.

SKILLS

- Leadership and Management
- Software Proficiency
- Data Analytics/Literacy
- Problem Solving
- Communication
- Teamwork and Collaboration

EXPERIENCE

Clinical Services Manager — March 2026 - Current
Vero Biotech | Livingston , Tennessee

- Supported clinical operations by developing and implementing logical best practices.
- Reviewed records quarterly and worked with director on resolution to identified deficiencies.
- Maintained knowledgeable and skilled staff, recruiting top candidates, and overseeing continuous training initiatives.
- Directed, supervised and evaluated work activities of clinical repair technicians.
- Accomplished financial targets through sound administration of fiscal operations.
- Met coverage demands by establishing work schedules and assigning specific jobs.
- Coordinated effective interdepartmental collaboration through open communication between clinical staff.
- Directed and conducted recruitment, hiring and training of personnel.
- Stayed at forefront of clinical and technical advances, evaluating options, and integrating useful solutions.
- Improved care delivery by monitoring performance and optimizing strategies.
- Enhanced clinical performance and care delivery through targeted training for clinical staff.
- Optimized clinical operations based on feedback from staff and clinical coordinators.
- Kept ahead of changing needs and operational trends by proactively monitoring market and internal clinical activities.
- Helped develop Quality Management System
- Created and implemented work instructions and SOP's

Clinical Services Manager — August 2019 - March 2026
Linde Gas and Equipment | Livingston , Tennessee

- Facilitated care coordination with weekly conference meetings between field clinicians and agency personnel.
- Optimized clinical operations based on feedback from staff and clinical coordinators.
- Reviewed records quarterly and worked with director on resolution to identified deficiencies.

- Supported clinical operations by developing and implementing logical best practices.
- Kept ahead of changing needs and operational trends by proactively monitoring market and internal clinical activities.
- Directed, supervised and evaluated work activities of technical personnel.
- Achieved program goals by effectively motivating and supervising technical, and clerical staff.
- Directed and conducted recruitment, hiring and training of personnel.
- Coordinated effective interdepartmental collaboration through open communication between clinical staff.
- Met coverage demands by establishing work schedules and assigning specific jobs.
- Accomplished financial targets through sound administration of fiscal operations.
- Stayed at forefront of medical and technical advances, evaluating options, and integrating useful solutions.
- Maintained knowledgeable and skilled staff, recruiting top candidates, and overseeing continuous training initiatives.
- Improved care delivery by monitoring performance and optimizing strategies.

Biomed Program Manager — April 2004 - August 2019
The Linde Group | Livingston , Tennessee

- Managed mobile biomed travel team
- Managed 31 certified biomedical technicians
- Built relationships with customers to promote long term business growth
- Performed quality control and assurance on all biomedical equipment sent to customers
- Managed data to monitor quality of services being performed
- Managed logistics for daily setups of medical equipment
- Recruited, hired and trained new employees
- Managed daily/monthly P&L

EDUCATION

Pickett County High School, Byrdstown , Tennessee — May 1998

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Vero Biotech Inc.

Pharmacy/Wholesaler License # (if applicable) WH03304

Physical Address 208 W Main Street

City Livingston State TN Zip 38570

Mailing Address (if different from physical address)

City 387 Nerem Street NW, Ste. 125 State Georgia Zip 30313

Telephone 877-337-4118 Website https://www.vero-biotech.com/

Licensing Company Email licenses@vero-biotech.com

Section 2: Personal Information

First Phillip Middle Glenn Last Storie

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City Atl[redacted] State Georgia [redacted]

Telephon[redacted] Email phillip.storie@linde.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Pickett Co High		05/94-03/98	
Address	**City**	**State**	**Zip**
130 Skyline Dr.	Byrdstown	TN	38549
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/25-current	[redacted]	Livingston	TN	[redacted]
From - To (MM/YY – MM/YY)		City	State	
10/13-11/25		Byrdstown	TN	
From - To (MM/YY – MM/YY)		City	State	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Vero Biotech Inc.			03/26 - current
Business Address	**City**	**State**	**Zip**
208 N Main Street	Livingston	TN	38570
Phone	**Title**	**Number of Employed Hours**	
877-337-4118		40/week	
Description of Duties			
See attached resume			

Business Name			From - To (MM/YY – MM/YY)
Linde Gas & Equipment Inc			08/19 - 03/26
Business Address	**City**	**State**	**Zip**
208 N Main Street	Livingston	TN	38570
Phone	**Title**	**Number of Employed Hours**	
877-337-4118		40/week	
Description of Duties			
See attached resume			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		NA
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4-6-26
Date

I, Phillip Storie, **certify that as the designated representative for**

Vero Biotech Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. PS I am at least 21 years of age;
3. PS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. PS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. PS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. PS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. PS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Phillip Storie

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-6-26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Phillip Storie

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-6-26

Date

Please have this section completed in the presence of a Notary Public.

State of Tennessee, ss. County of Overton

I, Phillip Storie, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4-6-26

Date

Subscribed and Sworn to before me this 6th day of April.

Andrea Storie

Notary Public Signature

ANDREA STORIE
STATE OF TENNESSEE
NOTARY PUBLIC
PICKETT COUNTY
(Seal)

Employee Name	New Title/Vero Title
Andrew McCoy	Service Center Supervisor
Austin Reagan	Service Specialist
Brian Wright	Service Specialist
Dana Beaty	Service Specialist
Gary Cantrell	Clinical Logistics Specialist
Gregory Reagan	Service Specialist
John Dixon	Systems Specialist
John Zachary	Kit Specialist
Joshua Boles	Service Specialist
Kevin Reneau	Field Specialist
Michelle David	Quality Assurance Specialist
Phillip Storie	Service Center Manager
Randy Smith	Service Specialist
Robert Reeder	Field Specialist
William Bradley-Truelove	Service Specialist
Jimmy Garrett	Kit Specialist
Larry "Bryan" Rhule	Inventory Specialist

4DD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10) ■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10)

Section 1: General Information

Facility Name: ZOLL MEDICAL CORPORATION

Physical Address: 38 UPTON DRIVE

City: WILMINGTON State: MA Zip: 01887

Mailing Address (if different from physical address): 269 MILL ROAD

City: CHELMSFORD State: MA Zip: 01824

Telephone: 978-421-9655 Website: www.zoll.com

Name of Designated Representative (DR): John Joseph Richardson

Licensing Company Email: _____ DR Email: JRichardson@zoll.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies ☐ Practitioners ■ Hospitals ■ Wholesalers ☐ Veterinarians ☐ Others:	☐ Dangerous Drugs ☐ Controlled Substances ■ *Medical Products (medical devices, equipment, supplies, gases) ☐ Others:	☐ Manufacturer ■ Repacker ☐ Reverse Distributor ■ Warehouse ☐ Retail pharmacy wholesale distributor ☐ Others:

Section 2: ONLY COMPLETE THIS SECTION IF THE COMPANY IS WHOLESALING [a]Medical Products (medical devices, equipment, supplies and gases). Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 3 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 4: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Benchmark Electronics (Thailand) Limited
Address: 94 Moo 1, Hi-Tech Industrial Estates City: Banlane, Ayutthaya, TH State: _____ Zip: _____

Name: Kimball Electronics (Thailand) Limited
Address: 49/45 Moo 5, Sukhumvit Rd, Thungsukla City: Sriracha, Chon Buri, TH State: _____ Zip: _____

Name: AVED Electronics, LLC
Address: 1001 Pawtucket Blvd City: Lowell State: MA Zip: 01854

Name: PTA
Address: 7350 Dry Creek Parkway City: Longmont State: CO Zip: 80503

Section 5: Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: MASSACHUSSETTS/CORPORATION
Parent Company (if any): ASAHI KASEI HOLDINGS U.S., INC. (ASAHI KASEI CORPORATION - ULTIMATE PARENT)
Corporation/Organization Name: ASAHI KASEI HOLDINGS U.S., INC.
Mailing Address: 269 MILL ROAD
City: CHELMSFORD State: MA Zip: 01824
Telephone: 978-421-9655 Email: atsunori.kano@ak-america.com
Contact Person Name: Atsunori Kano

Section 7: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 9: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 10: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		N/A ✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓ N/A	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale [a]Medical Products (medical devices, equipment, supplies, gases). (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Products (medical devices, equipment, supplies, gases), supply a copy of proof of insurance (NAC 639.6957).** The Medical Products wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 9)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20NRS%20639.500%20-%20Effective%2001.07.2026%20-%20Wholesaler%20-%20Post%20on%201.26.26.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

ZOLL MEDICAL CORPORATION

Facility Name

ARLINE MENDONCA

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

06/10/2026

Date

Board Use Only	Date Received: 6/15/26	Amount: $1000 CK 623121

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
ZOLL MEDICAL CORPORATION
38 Upton Dr
Wilmington, MA 01887
Registration Number: 3038259592
FEI Number*: 3038259592
Status: Active
Date Of Registration Status: 2026

Owner/Operator:
ZOLL Medical Corporation[6]
269 MILL ROAD
Chelmsford, MA 01824
Owner/Operator Number: 1220908[7]

Official Correspondent:
Paul Dias
269 MILL ROAD
Chelmsford, MA 01824
Phone: 978-4219413

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Page Last Updated: 06/22/2026

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

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U.S. Department of **Health & Human Services**

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269 Mill Road
Chelmsford, MA 01824
978.421.9655 (main)
978.421.0015 (fax)
zoll.com

Officers/Directors of ZOLL Medical Corporation

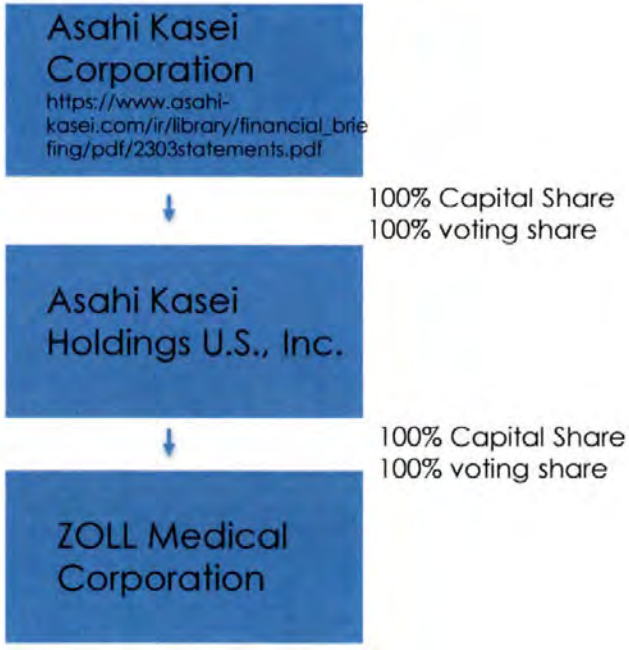
Name	Title
Alexa Miller Hall	Vice President
Christine Diane Lynch	Assistant Secretary
Craig Stowell	Treasurer
Diane Constantine	Assistant Treasurer
Elijah White	President
Eric Knudsen	Chief Executive Officer
Jennifer Ruth Landis	Vice President
Jon Rennert	Chairman
Keith Reynolds	Vice President
Ken Shinomiya	Director
Kurt Sandstrom	Vice President
Nonna Akopyan	Secretary

Ownership Chart

(Asahi Kasei Corporation is a Holding Company which does not have a controlling parent company.)

Asahi Kasei Detailed consolidated financial statements

Asahi Kasei 2023 Report



Commonwealth of Massachusetts
Department of Revenue
Geoffrey E. Snyder, Commissioner

mass.gov/dor

Letter ID: L2121472352
Notice Date: March 26, 2026
Case ID: 0-003-293-077

CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE

000022

ZOLL MEDICAL CORPORATION
269 MILL RD
CHELMSFORD MA 01824-4105

Why did I receive this notice?

The Commissioner of Revenue certifies that, as of the date of this certificate, ZOLL MEDICAL CORPORATION dba:ZOLL MEDICAL CORPORATION is in compliance with its tax obligations under Chapter 62C of the Massachusetts General Laws.

This certificate doesn't certify that the taxpayer is compliant in taxes such as unemployment insurance administered by agencies other than the Department of Revenue, or taxes under any other provisions of law.

This is not a waiver of lien issued under Chapter 62C, section 52 of the Massachusetts General Laws.

What if I have questions?

If you have questions, call us at (617) 887-6400, Monday through Friday, 9:00 a.m. to 4:00 p.m.

Visit us online!

Visit mass.gov/dor to learn more about Massachusetts tax laws and DOR policies and procedures, including your Taxpayer Bill of Rights, and MassTaxConnect for easy access to your account:

- Review or update your account
- Contact us using e-message
- Sign up for e-billing to save paper
- Make payments or set up autopay

Edward W. Coyle, Jr., Chief
Collections Bureau

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH

PHARMACEUTICAL AND MEDICAL DEVICE MANUFACTURER REGISTRATION

The Drug Control Program, in accordance with the Massachusetts Pharmaceutical and Medical Device Manufacturer Code of Conduct statute, issues the registration of Pharmaceutical and Medical Device Manufacturer Registration to confirm compliance with regulation 105 CMR 970 to:

Zoll Medical Corporation
ATTN: Tax Dept, 269 Mill Road, Middlesex
Chelmsford, MA 01824

David Johnson
Director, Drug Control Program, Pharmaceutical Code of Conduct

Registration Number: CC0009

Issue Date: 06/17/2009 Expiration Date: 07/01/2027

THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH
PHARMACEUTICAL AND MEDICAL DEVICE MANUFACTURER REGISTRATION
Wallet Card



If you find this registration, please return to: The Bureau of Health Professions Licensure, 250 Washington St., Boston, MA 02108. If your name or address changes, you must notify the Board. Always refer to your license number when corresponding with the Board. This license is subject to the provisions of the General Laws as amended. It is a privilege and cannot be loaned or assigned to another entity. Keep this license on your person, posted, or as required by law. Please visit our web site at: http://mass.gov/dph/boards

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/25/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Allianz Global Risks US Insurance Co.	35300
INSURER B:	Mitsui Sumitomo Insurance USA Inc.	22551
INSURER C:	Trans Pacific Ins Co	41238
INSURER D:	Tokio Marine America Insurance Company	10945
INSURER E:	Sompo America Insurance Company	11126
INSURER F:		

INSURED
ZOLL Medical Corporation
and Subsidiaries
269 Mill Road
Chelmsford MA 01824-4105 USA

COVERAGES **CERTIFICATE NUMBER:** 570121316983 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			CLL640976009	07/01/2026	07/15/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $100,000 $5,000 $1,000,000 $2,000,000 Excluded
D	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6409761-09 AOS CA 6413711-00 MA	07/01/2026 07/01/2026	07/15/2027 07/15/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
B	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION			EXS5200217	07/01/2026	07/15/2027	EACH OCCURRENCE AGGREGATE	$7,000,000 $7,000,000
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			LWL30091690501	07/01/2026	07/15/2027	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	 $1,000,000 $1,000,000 $1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Named Insured: Subsidiaries includes ZOLL Services, LLC; ZOLL Laboratory Services, LLC; ZOLL Circulation, Inc.; ZOLL Data Systems, Inc.; Therox, Inc.; ZOLL Respicardia, Inc.; Itamar Medical Inc.; Itamar Medical, Ltd.

CERTIFICATE HOLDER

ZOLL Medical Corporation & Subsidiaries
269 Mill Road
Chelmsford MA 01821-4105 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast Inc.

Holder Identifier :

Certificate No : 570121316983

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AGENCY CUSTOMER ID: 570000097583
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	ZOLL Medical Corporation
POLICY NUMBER: See Certificate Number: 570121316983	
CARRIER: See Certificate Number: 570121316983 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	EXCESS LIABILITY							
A				USL03153826 $3M xs $7M	07/01/2026	07/15/2027	Aggregate	$3,000,000
							Each Occurrence	$3,000,000

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RIDER

To be attached to and form part of:

Bond Number K15475985

originally dated April 12, 2024

issued by the FEDERAL INSURANCE COMPANY

originally
in the amount of $ 25,000.00

originally
on behalf of ZOLL MEDICAL CORPORATION
(Principal)

and in favor of THE NEVADA STATE BOARD OF PHARMACY
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The following Locations shall be removed:

- **31 High Street, North Billerica, MA 01862**

The following Locations shall be added:

- **38 Upton Drive, Wilmington, MA 01887**
- **2000 Ringwood Ave., San Jose, CA 95131**

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 8th day of April, 2026.

Signed, Sealed & Dated this 8th day of April, 2026.

ZOLL MEDICAL CORPORATION
(Principal)

By: _____

FEDERAL INSURANCE COMPANY
(Surety)

By: _____
Derek J. Elston, Attorney-in-Fact

Schedule B Dated 4/8/2026

Schedule to be attached to Bond # **K15475985**

The following Service Addresses are included as principals under the above bond:

- 38 Upton Drive, Wilmington, MA 01887
- 500 Burdick Parkway, Deerfield, WI 53531
- 2000 Ringwood Ave., San Jose, CA 95131

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K15475985

Application/License No. New

ZOLL MEDICAL CORPORATION (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 269 Mill Road Chelmsford, MA 01824 (Address of Applicant/Principal), as PRINCIPAL, and FEDERAL INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of IN (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 202B Hall's Mill Road Whitehouse Station, NJ 08889 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on April 12, 2024 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 12th day of April, 2024.

APPLICANT/PRINCIPAL
ZOLL MEDICAL CORPORATION

Authorized Representative

SURETY COMPANY
FEDERAL INSURANCE COMPANY

Surety Company's Representative

Derek J. Elston, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Ann Formhals

Witness Rachel Fore

Countersigned by:

Nevada Resident Agent

Christopher P. Troha, Nevada Non-Resident Agent

Posted February 20, 2020

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Richard Casas, Corinne Chapman, Samantha Chierici, Jessica B. Dempsey, Derek J. Elston, Rachel Fore, Kristin L Hannigan, Therese M. Jackson, Jennifer L. Jakaitis, Nicholas Kertesz, Judith A. Lucky-Eftimov, Tara A. Maquinto, James B. McTaggart, Nicholas Pantazis, Roger Paraison, Christina L. Sandoval, Bartlomiej Siepierski, Jean Torres, Christopher P. Troha, Aerie Walton, Susan A. Welsh, Sandra M. Winsted and Dartonya Wright of Chicago, Illinois ----------

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **21st** day of **December, 2023**.

Dawn M. Chloros
Dawn M. Chloros, Assistant Secretary

Stephen M. Haney
Stephen M. Haney, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss

On this **21st** day of **December, 2023** before me, a Notary Public of New Jersey, personally came Dawn M. Chloros and Stephen M. Haney, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros and Stephen M. Haney, being by me duly sworn, severally and each for herself and himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

Albert Contursi
NOTARY PUBLIC OF NEW JERSEY
No 50202369
Commission Expires August 22,2027

Albert Contursi
Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this 12th day of April, 2024

Dawn M. Chloros
Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

RIDER

To be attached to and form part of:

Bond Number K15475985

originally dated April 12, 2024

issued by the FEDERAL INSURANCE COMPANY

originally
in the amount of $ 25,000.00

originally
on behalf of ZOLL MEDICAL CORPORATION
(Principal)

and in favor of THE NEVADA STATE BOARD OF PHARMACY
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The following Locations shall be added:

- **31 High Street, North Billerica, MA 01862**
- **500 Burdick Parkway, Deerfield, WI 53531**

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 17th day of April, 2024.

Signed, Sealed & Dated this 17th day of April, 2024.

ZOLL MEDICAL CORPORATION
(Principal)

By: _____

ZOLL MEDICAL CORPORATION CORPORATE SEAL 1980 MASSACHUSETTS

FEDERAL INSURANCE COMPANY
(Surety)

By: _____
Aerie Walton, Attorney-in-Fact

Schedule A Dated 4/17/2024

Schedule to be attached to Bond # **K15475985**

The following Service Addresses are included as principals under the above bond:

- 31 High Street, North Billerica, MA 01862
- 500 Burdick Parkway, Deerfield, WI 53531

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Richard Casas, Corinne Chapman, Samantha Chierici, Jessica B. Dempsey, Derek J. Elston, Rachel Fore, Kristin L Hannigan, Therese M. Jackson, Jennifer L. Jakaitis, Nicholas Kertesz, Judith A. Lucky-Eftimov, Tara A. Maquinto, James B. McTaggart, Nicholas Pantazis, Roger Paraison, Christina L. Sandoval, Bartlomiej Siepierski, Jean Torres, Christopher P. Troha, Aerie Walton, Susan A. Welsh, Sandra M. Winsted and Dartonya Wright of Chicago, Illinois ----------

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **21st** day of **December, 2023**.

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this **21st** day of **December, 2023** before me, a Notary Public of New Jersey, personally came Dawn M. Chloros and Stephen M. Haney, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros and Stephen M. Haney, being by me duly sworn, severally and each for herself and himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

Albert Contursi
NOTARY PUBLIC OF NEW JERSEY
No 50202369
Commission Expires August 22,2027

Albert Contursi
Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this 17th day of April, 2024.

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG ZOLL Medical Corporation MDEG License # (if applicable) _____

Physical Address 38 Upton Dr

City Wilmington State ma Zip 01887

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 978-421-9655 Website _____

Licensing Company Email _____

Section 2: Personal Information

First John Middle Joseph Last Richardson

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITI [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Dracut State ma Zip [redacted]

Telephone [redacted] Email jrichardson@zoll.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Greater Lowell Regional Vocational Technical High School		09/86-05/90	
Address	City	State	Zip
250 Pawtucket Blvd	Tyngsboro	ma	01879
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/02-09/21	[redacted]	Dracut	ma	[redacted]
From - To (MM/YY – MM/YY)		City	State	
09/21-06/26		Dracut	ma	
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
ZOLL Medical Corporation			01/24-06/26	
Business Address		**City**	**State**	**Zip**
38 Upton Dr		Wilmington	ma	01887
Phone	**Title**		**Number of Employed Hours**	
978-421-9655	Sr. Director, Operations		5,200	
Description of Duties				
Lead manufacturing, warehouse and distribution activities				

Business Name			From - To (MM/YY – MM/YY)	
ZOLL Medical Corporation			07/23-01/24	
Business Address		**City**	**State**	**Zip**
269 Mill Rd		Chelmsford	ma	01824
Phone	**Title**		**Number of Employed Hours**	
978-421-9655	Director, Global Demand and Supply Planning		3,453	
Description of Duties				
Lead Global Planning and Distribution Organizations				

Business Name			From - To (MM/YY – MM/YY)	
ZOLL Medical Corporation			09/22-07/23	
Business Address		**City**	**State**	**Zip**
269 Mill Rd		chelmsford	ma	01824
Phone	**Title**		**Number of Employed Hours**	
978-421-9655	Director, Materials		1,600	
Description of Duties				
Lead Planning and Distribution Organizations				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

6-02-2026
Date

I, John Joseph Richardson, **certify that as the MDEG Administrator for**

ZOLL Medical Corporation,

that I (initial that you have read and meet the following requirements):

1. JR Have a high school diploma or its equivalent;
2. JR Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JR Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JR Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Richardson
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6-01-2026
Date

Board Use Only	Date Received: 6/15/26

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler ZOLL Medical Corporation

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 38 Upton Drive

City Wilmington State MA Zip 01887

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 978-421-9655 Website www.zoll.com

Licensing Company Email _____

Section 2: Personal Information

First John Middle Joseph Last Richardson

Alias(es, nicknames, name changes, etc.) _____

Date of Birth 12/25/1972 SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Dracut State MA Zip [redacted]

Telephon[redacted] Email jrichardson@zoll.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Greater Lowell Regional Vocational technical High School		9/86-5/90	
Address	**City**	**State**	**Zip**
250 Pawtucket Blvd	Tyngsboro	ma	01879
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/02-09/21	[redacted]	Dracut	ma	[redacted]
09/21-06/26		Dracut	ma	
From - To (MM/YY – MM/YY)		City	State	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
ZOLL Medical Corporation			01/24-06/26	
Business Address		**City**	**State**	**Zip**
38 Upton Dr		Wilmington	ma	01887
Phone	**Title**		**Number of Employed Hours**	
978-421-9655	Sr. Director, Operations		5,200	
Description of Duties				
Lead manufacturing, warehouse and distribution activities				

Business Name			From - To (MM/YY – MM/YY)	
ZOLL Medical Corporation			07/23-01/24	
Business Address		**City**	**State**	**Zip**
269 Mill Rd		Chelmsford	ma	01824
Phone	**Title**		**Number of Employed Hours**	
978-421-655	Director, Global Demand and Supply Planning		3,453	
Description of Duties				
Lead Global Planning and Distribution activities				

Business Name			From - To (MM/YY – MM/YY)	
ZOLL Medical Corporation			09/22-07/23	
Business Address		**City**	**State**	**Zip**
269 Mill Rd		Chelmsford	ma	01824
Phone	**Title**		**Number of Employed Hours**	
978-421-9655	Director, Materials		1,600	
Description of Duties				
Lead Planning and Distribution activities				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

6-04-2026
Date

I, John Joseph Richardson, **certify that as the designated representative for**

ZOLL Medical Corporation,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JR I am at least 21 years of age;
3. JR I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JR I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JR I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JR I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JR I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

John Richardson
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6·04·2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Richardson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6-04-2026

Date

Please have this section completed in the presence of a Notary Public.

State of Massachusetts, ss. County of Middlesex

I, John Richardson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6-04-2026

Date

Subscribed and Sworn to before me this 4th day of June.

Faith A. Burke

Notary Public Signature

FAITH A. BURKE
Notary Public
Commonwealth of Massachusetts
My Commission Expires
September 23, 2027

(Seal)

269 Mill Road
Chelmsford, MA 01824
978.421.9655 (main)
978.421.0015 (fax)
zoll.com

ZOLL Facility: 38 Upton Drive, Wilmington, MA 01887

List containing employee, agent, independent contractor, consultant, guardian, etc.

Angel Alcantara Baez
Tommy Almarante
Argelis Almonte
William Alworth
Yileny Arias
Ian Arroyo
Mohammad Ashaduzzaman
Mark Baker
Brett Bionelli
Tommy Bo
Dakotah Bontos
Steven Branco
Juan Carmona
Marvelin Castillo
Chinda Chem
Anthony Chhoeung
Colin Cote
Patrick Das
Alex Davies
Patricia De Pena
Diane Desilva
Guesno Deus
Jaden Douyon
Mannfred Dumorney
Steven Fader
Mark Ferguson
Freddy Garcia
Kailey Gavin
Ryan Gavin
Ada Geggis
Marilyn Gonzalez
Daniel Gorman
Amil Grullon
Stan Gurlewski
Stephen Hays
Felix Hernandez
Vinh Huynh
Tonia Johnson
Moses Kalyango
Dealia Kong
Kenneth Lahue
Victor Lappost
Luz Lozada Martinez
April Manals
Michael Meaney
William Merry
Carlos Morillo
Channath Morn
John Murphy
Raby Nget
Meng Ngov
Lindsey Nolan
Savath Or
Raymond Pacheco Jr
Kalpana Patel
Brian Pereyra
Jose Perez Hernandez
Wilfred Poitras
Pedro Ramirez
Lathsavong Ratsakhuk
Sothearith Reth
Shawn Reynolds
Dylan Roach
Nov Roeun
Timothy Sandsbury
Jose Santana
Rony De Jesus Santana Peralta
Dara Seng
Decho Sok
Mark Souza
Sovanbona Srey
Christopher St Pierre
Phin Sum
Leviticus Tate-Rogers
David Tim
Vanessa Torres
Sophorn Tuon
Jesner Victor
Leonard Wahlgren
Kevin Whalen

4EE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	■ Nevada ☐ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ■ Location Change* (in-state only)	* If making a change, provide current license number: WH MW02930	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: 1 Click Logistics

Physical Address: 630 Spice Island Drive

City: Sparks State: NV Zip: 89431

Mailing Address (if different from physical address): 630 Spice Island Drive

City: Sparks State: NV Zip: 89431

Telephone: 877.312.5425 Website: www.1clicklogistics.com

Name of Designated Representative (DR): James Applebach

Licensing Company Email: james@1clicklogistics.com DR Email: james@1clicklogistics.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9/3/25
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A

Address: _____ City: _____ State: _____ Zip: _____

Name: N/A

Address: _____ City: _____ State: _____ Zip: _____

Name: N/A

Address: _____ City: _____ State: _____ Zip: _____

Name: N/A

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: State of Nevada

Parent Company (if any): N/A

Corporation/Organization Name: 1 Click Logistics

Mailing Address: 630 Spice Island Drive

City: Sparks State: NV Zip: 89431

Telephone: 877.312.5425 Email: james@1clicklogistics.com

Contact Person Name: James Applebach

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7_1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

1 Click Logistics

Facility Name

James Applebach

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

08/01/2025

Date

Board Use Only	Date Received: _____ Amount: _____

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational or qualification, as applicable, documents on file in this office for

1 CLICK LOGISTICS

Organizational Documents on File	Filing Date
Articles of Incorporation	05/16/2018

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence 1 CLICK LOGISTICS, as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, and by virtue of the laws of the State of Nevada since 05/16/2018, and is in good standing in this state.

SECRETARY OF STATE

STATE OF NEVADA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/07/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202508075981269
You may verify this certificate online at
https://www.nvsilverflume.gov/home

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

1 CLICK LOGISTICS

Nevada Business Identification # NV20181355542
Expiration Date: 05/31/2027

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/13/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202605136679441
You may verify this certificate online at https://www.nvsilverflume.gov/home

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational or qualification, as applicable, documents on file in this office for

1 CLICK LOGISTICS

Organizational Documents on File	Filing Date
Articles of Incorporation	05/16/2018

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence 1 CLICK LOGISTICS, as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, and by virtue of the laws of the State of Nevada since 05/16/2018, and is in good standing in this state.

SECRETARY OF STATE

STATE OF NEVADA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/07/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202508075981269
You may verify this certificate online at
https://www.nvsilverflume.gov/home

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/26/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Desiree Echaves	
Brown & Brown Insurance Services, Inc. 8337 W Sunset Rd Suite 150 Las Vegas NV 89113	PHONE (A/C, No, Ext): (702) 457-2268	FAX (A/C, No): (702) 597-0159
	E-MAIL ADDRESS: Desiree.Echaves@bbrown.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: The Burlington Insurance Company	
INSURED 1 Click Logistics 630 Spice Islands Dr Sparks NV 89431	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 26/27 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. *LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. ***Not Applicable in WY**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:	Y		899BG14892	06/25/2026	06/25/2027	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			899BG14892	06/25/2026	06/25/2027	COMBINED SINGLE LIMIT (Ea accident)	$ Included
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	☐ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $			899BE12982	06/25/2026	06/25/2027	EACH OCCURRENCE	$ 2,000,000
							AGGREGATE	$ 2,000,000
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N ☐ If yes, describe under DESCRIPTION OF OPERATIONS below	N / A						☐ PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Warehouse Legal Liability			[illegible]	06/25/2026	06/25/2027	Catastrophe Limit Ded	750,000 Per Loc 5,000 / 25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is included as Additional Insured per attached form IFG-G-0283 (11/22). Subject to policy terms, conditions, limitations, and exclusions.

CERTIFICATE HOLDER

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste 20
Reno NV 89521

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG 1 Click Logistics MDEG License # (if applicable) MW02930

Physical Address 630 Spice Island Drive

City Sparks State NV Zip 89431

Mailing Address (if different from physical address) 630 Spice Island Drive

City Sparks State NV Zip 89431

Telephone (877) 312-5425 Website 1clicklogistics.com

Licensing Company Email james@1clicklogistics.com

Section 2: Personal Information

First James Middle Last Applebach

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Addres[redacted]

City Reno State NV Zi[redacted]

Telepho[redacted] Email james@1clicklogistics.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNR		1986-1992	
Address	City	State	Zip
1664 N Virginia Street	Reno	NV	89557
Diploma/Degree obtained, if any			
BS Speech Communciation			

School Name		From - To (MM/YY – MM/YY)	
Boulder City High School			
Address	City	State	Zip
1101 Fifth Street	Boulder City	NV	89005
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2015-present	[redacted]	Reno	NV	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
1 Click Logistics			10/20211-present	
Business Address		City	State	Zip
630 Spice Island Drive		Sparks	NV	89431
Phone	Title		Number of Employed Hours	
877-312-5425	CEO		Over 1500	
Description of Duties				
Oversee operations.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # _____. Provide all the following *<u>where applicable</u>*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9/3/25
Date

I, James Applebach, **certify that as the MDEG Administrator for**

1 Click Logistics,

that I (initial that you have read and meet the following requirements):

1. JA Have a high school diploma or its equivalent;
2. JA Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JA Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JA Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James Applebach

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/3/25

Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: 1 Click Logistics

Pharmacy/Wholesaler License # (if applicable): MW02930

Physical Address: 630 Spice Island Drive

City: Sparks State: NV Zip: 89431

Mailing Address (if different from physical address): 630 Spice Island Drive

City: Sparks State: NV Zip: 89431

Telephone: (877) 312-5425 Website: 1clicklogistics.com

Licensing Company Email: james@1clicklogistics.com

Section 2: Personal Information

First: James Middle: Last: Applebach

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITI: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Reno State: NV Zip: [redacted]

Telephone: [redacted] Email: james@1clicklogistics.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNR		1986-1992	
Address	**City**	**State**	**Zip**
1664 N Virginia Street	Reno	NV	89557
Diploma/Degree obtained, if any			
BS Speech Communication			

School Name		From - To (MM/YY – MM/YY)	
Boulder City High School			
Address	**City**	**State**	**Zip**
1101 Fifth Street	Boulder City	NV	89005
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2015-present	[redacted]	Reno	NV	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
1 Click Logistics			10/2011-present	
Business Address		**City**	**State**	**Zip**
630 Spice Island Drive		Sparks	NV	89431
Phone	**Title**		**Number of Employed Hours**	
877-312-5425	CEO		Over 6000	
Description of Duties				
Oversee operations.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9/4/25
Date

I, James Applebach, **certify that as the designated representative for**

1 Click Logistics,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JA I am at least 21 years of age;
3. JA I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JA I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JA I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JA I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JA I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

James Applebach

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/4/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James Applebach

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/4/25

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Washoe

I, James Applebach, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/4/25

Date

Subscribed and Sworn to before me this 4th day of September.

Notary Public Signature

VANESSA ARCE
Notary Public, State of Nevada
Appointment No. 23-6288-02
My Appt. Expires Nov 6, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: 1 Click Logistics

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): MW02930

Physical Address: 630 Spice Island Drive

City: Sparks State: NV Zip: 89431

Mailing Address (if different from physical address): 630 Spice Island Drive

City: Sparks State: NV Zip: 89431

Telephone: (877) 312-5425 Website: 1clicklogistics.com

Licensing Company Email: james@1clicklogistics.com

Section 2: Personal Information

First: James Middle: Last: Applebach

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITI: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Reno State: NV Zip: [redacted]

Telephone: [redacted] Email: james@1clicklogistics.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNR		1986-1992	
Address	**City**	**State**	**Zip**
1664 N Virginia Street	Reno	NV	89557
Diploma/Degree obtained, if any			
BS Speech Communication			

School Name		From - To (MM/YY – MM/YY)	
Boulder City High School			
Address	**City**	**State**	**Zip**
1101 Fifth Street	Boulder City	NV	89005
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2015-present	[redacted]	Reno	NV	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
1 Click Logistics			10/2011-present
Business Address	**City**	**State**	**Zip**
630 Spice Island Drive	Sparks	NV	89431
Phone	**Title**		
877-312-5425	CEO		
Description of Duties			
Oversee operations.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9/4/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James Applebach

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/4/25

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Washoe

I, James Applebach, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/4/25

Date

Subscribed and Sworn to before me this 4 day of September.

Notary Public Signature

VANESSA ARCE
Notary Public, State of Nevada
Appointment No. 23-6288-02
My Appt. Expires Nov 6, 2026

(Seal)

List of employees in this facility:

Payroll Name: Last Name	Payroll Name: First Name	Job Title Description	Location Description	Location Code	Home Department Description	Position Status
Page	Ann	Business Operations Manager	1 Click Logistics HQ	NV02	Operations	Active
Applebach	James	Chief Executive Officer	1 Click Logistics HQ	NV02	Executive	Active
Wood	Matthew	Chief Financial Officer	1 Click Logistics HQ	NV02	Accounting	Active
Clark	Joel D	Customer Service Representative	1 Click Logistics HQ	NV02	CSR	Active
Herlihy	Tristan	Customer Service Representative	1 Click Logistics HQ	NV02	CSR	Active
Johnson	Mikayla	Customer Service Representative	1 Click Logistics HQ	NV02	CSR	Active
Spatz	Shayne	Equipment Operator	1 Click Logistics HQ	NV02	NV Spice Warehouse	Active
Watson	Derek	Equipment Operator	1 Click Logistics HQ	NV02	NV Spice Warehouse	Active
Applebach	Jacob	General Manager	1 Click Logistics HQ	NV02	Operations	Active
McDaniel	Darrell	General Manager	1 Click Logistics HQ	NV02	Operations	Active
Kahlon	Prabhleen	Human Resources Generalist	1 Click Logistics HQ	NV02	Human Resources	Active

Applebach	Kyradela	Office Administrator	1 Click Logistics HQ	NV02	Administrative	Active
Applebach	Lexis	Office Administrator	1 Click Logistics HQ	NV02	Administrative	Active
Olsen	Berthel A	Sales Development Representative	1 Click Logistics HQ	NV02	Sales	Active
Helgeson	Christian	Software Engineer I	1 Click Logistics HQ	NV02	Software Development	Active
Van Havel	Jason T	Software Engineer II	1 Click Logistics HQ	NV02	Software Development	Active
Brian	Conner W	Software Engineer Manager	1 Click Logistics HQ	NV02	Software Development	Active
Straight	Charles	Software Engineer Supervisor	1 Click Logistics HQ	NV02	Software Development	Active
Cummings	Kevin	Vice President of Human Resources	1 Click Logistics HQ	NV02	Human Resources	Active
Broker	Russell E	Vice President of Sales	1 Click Logistics HQ	NV02	Sales	Active
Correa	Alicia	Warehouse Associate	1 Click Logistics HQ	NV02	NV Spice Warehouse	Active
Fincher	Andrew	Warehouse Associate	1 Click Logistics HQ	NV02	NV Spice Warehouse	Active
Kayl	Zachary	Warehouse Associate	1 Click Logistics HQ	NV02	NV Spice Warehouse	Active
Sanchez	Jasmine Marie	Warehouse Associate	1 Click Logistics HQ	NV02	NV Spice Warehouse	Active

Santos	Leihaunani	Warehouse Associate	1 Click Logistics HQ	NV02	NV Spice Warehouse	Active
Ramirez	Jason	Warehouse Supervisor	1 Click Logistics HQ	NV02	NV Spice Warehouse	Active

Sincerely,

Kevin Cummings
Vice President, Human Resources

clicklogistics

Office: (877) 312-5425 ext [redacted]
kcummings@1clicklogistics.com | 1clicklogistics.com

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4FF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Global Direct Rx LLC

Physical Address: 2052 Prospector Ave. Ste. 200A

City: Park City State: UT Zip: 84060

Mailing Address (if different from physical address): _____

City: (same) State: _____ Zip: _____

Telephone: _____ Website: _____

Name of Designated Representative (DR): Paul M. Harper

Licensing Company Email: officeadmin@globaldirectrx.com officeadmin@globaldirectrx.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☒ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☒ Others: Prescription Human & Vet. Drugs - API's	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☒ Others: Compounding Pharmacy

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

1/13/26
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Harman Finochem Prt. Ltd.
Address: _____ City: India State: _____ Zip: _____
Name: ASG1 Biochem LLC
Address: _____ City: India State: _____ Zip: _____
Name: N/A
Address: _____ City: _____ State: _____ Zip: _____
Name: N/A
Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Utah
Parent Company (if any): N/A
Corporation/Organization Name: Global Direct Rx LLC
Mailing Address: 2052 Prospector Ave. Ste. 200A
City: Park City State: Utah Zip: 84060
Telephone: 256-679-4694 Email: officeadmin@globaldirectrx.com
Contact Person Name: Paul M. Harper

Section 6: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner **owning more than 10% of the business** stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Global Direct Rx LLC

Facility Name

Paul M. Harper

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

1/23/26

Date

Board Use Only	Date Received: 2/23/26	Amount: $1000.00

November 18, 2025

Global Direct Rx LLC
2052 Prospector Ave. Ste 200A
Park City, Utah 84060

Subject: Purpose of Business Statement

To whom it may concern:

Global Direct Rx LLC was officially established on September 26, 2025, with its Certificate of Organization recorded by the Utah State Dept. of Commerce, Division of Corporations and Commercial Code, pursuant to the Utah Revised Limited Liability Company Act (Sections 48-3-101 et seq.).

Please be advised that Global Direct Rx LLC operates exclusively as a **virtual wholesale distributor**. The company **does not receive, store, or handle any drug substances or pharmaceutical products at its Utah office** located at 2052 Prospector Avenue, Suite 200A, Park City, UT 84060. This location serves solely as a registered business address and administrative office.

All inventory and logistical operations are managed through licensed Third-Party Logistics (3PL) providers and authorized wholesale distributors located outside the state of Utah. These contracted partners are responsible for the physical handling, storage, and distribution of pharmaceutical products. Global Direct Rx LLC maintains comprehensive records of all transactions involving the sale and transfer of drug substances and pharmaceutical products, in full compliance with applicable federal and state regulations.

Business Purpose: Global Direct Rx LLC is formed for, and shall have the power to accomplish, the following objectives and purposes:(a) To engage in the lawful wholesale supply, distribution, and sale of drug substances and pharmaceutical products to licensed pharmacies and other authorized purchasers throughout the United States, and to undertake any and all related or ancillary services necessary or appropriate to further such business, including but not limited to the negotiation and performance of supply agreements, distribution contracts, logistics and transportation arrangements, and other commercial transactions in furtherance of the foregoing;(b) To obtain, maintain, and comply with all licenses, registrations, and permits required by the U.S. Drug Enforcement Administration (DEA), the U.S. Food and Drug Administration (FDA), the Utah Division of Occupational and Professional Licensing (DOPL), and any other applicable federal, state, or local regulatory authority overseeing the Company's business.

Please reach out to Paul M. Harper at officeadmin@globaldirectrx.com or 256-679-4694, if you have any questions or need further assistance regarding this matter.

Best regards,

Paul M. Harper
Vice President, Global Direct Rx LLC

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

Wholesale Distributor and Third-Party Logistics Providers Reporting

About this Database (https://www.fda.gov/Drugs/DrugSafety/DrugIntegrityandSupplyChainSecurity/DrugSupplyChainSecurityAct/ucm423749.htm)| Back to Search Page (index.cfm)

Search Results for: "GLOBAL DIRECT RX"

Show all rowsCSV

Filter:

Facility Name	Facility Type	License Number	License State	License Expire	Reporting Year	Address	Facility Contact Name	Facility Contact Email
Global Direct RX LLC	WDD	APPLICATION-IN-PROCESS	US-AL	12/31/2026	2026	2052 Prospector Ave Ste 200A Park City UT	Paul Harper	officeadmin@globaldirectrx.com
Global Direct RX LLC	WDD	WD06255	US-AR	12/31/2026	2026	2052 Prospector Ave Ste 200A Park City UT	Paul Harper	officeadmin@globaldirectrx.com
Global Direct RX LLC	WDD	W004098	US-AZ	10/31/2027	2026	2052 Prospector Ave Ste 200A Park City UT	Paul Harper	officeadmin@globaldirectrx.com
Global Direct RX LLC	WDD	WHO.0008866	US-CO	10/31/2026	2026	2052 Prospector Ave Ste 200A Park City UT	Paul Harper	officeadmin@globaldirectrx.com
Global Direct RX LLC	WDD	CSW.0005815	US-CT	06/30/2026	2026	2052 Prospector Ave Ste 200A Park City UT	Paul Harper	officeadmin@globaldirectrx.com
Global Direct RX LLC	WDD	APPLICATION-IN-PROCESS	US-DE	12/31/2026	2026	2052 Prospector Ave Ste 200A Park City UT	Paul Harper	officeadmin@globaldirectrx.com
Global Direct RX LLC	WDD	APPLICATION-IN-PROCESS	US-FL	12/31/2026	2026	2052 Prospector Ave Ste 200A Park City UT	Paul Harper	officeadmin@globaldirectrx.com
Global Direct RX LLC	WDD	APPLICATION-IN-PROCESS	US-GA	12/31/2026	2026	2052 Prospector Ave Ste 200A Park City UT	Paul Harper	officeadmin@globaldirectrx.com
Global Direct RX LLC	WDD	APPLICATION-IN-PROCESS	US-IA	12/31/2026	2026	2052 Prospector Ave Ste 200A Park City UT	Paul Harper	officeadmin@globaldirectrx.com

Facility Name	Facility Type	License Number	License State	License Expire	Reporting Year	Address	Facility Contact Name	Facility Contact Email
Global Direct RX LLC	WDD	APPLICATION-IN-PROCESS	US-IL	12/31/2026	2026	2052 Prospector Ave Ste 200A Park City UT	Paul Harper	officeadmin@globaldirectrx.com
Global Direct RX LLC	WDD	APPLICATION-IN-PROCESS	US-KY	12/31/2026	2026	2052 Prospector Ave Ste 200A Park City UT	Paul Harper	officeadmin@globaldirectrx.com
Global Direct RX LLC	WDD	APPLICATION-IN-PROCESS	US-ME	12/31/2026	2026	2052 Prospector Ave Ste 200A Park City UT	Paul Harper	officeadmin@globaldirectrx.com
Global Direct RX LLC	WDD	APPLICATION-IN-PROCESS	US-MI	12/31/2026	2026	2052 Prospector Ave Ste 200A Park City UT	Paul Harper	officeadmin@globaldirectrx.com
Global Direct RX LLC	WDD	APPLICATION-IN-PROCESS	US-MO	12/31/2026	2026	2052 Prospector Ave Ste 200A Park City UT	Paul Harper	officeadmin@globaldirectrx.com
Global Direct RX LLC	WDD	APPLICATION-IN-PROCESS	US-MS	12/31/2026	2026	2052 Prospector Ave Ste 200A Park City UT	Paul Harper	officeadmin@globaldirectrx.com
Global Direct RX LLC	WDD	2110	US-NC	12/31/2026	2026	2052 Prospector Ave Ste 200A Park City UT	Paul Harper	officeadmin@globaldirectrx.com
Global Direct RX LLC	WDD	APPLICATION-IN-PROCESS	US-NH	12/31/2026	2026	2052 Prospector Ave Ste 200A Park City UT	Paul Harper	officeadmin@globaldirectrx.com
Global Direct RX LLC	WDD	APPLICATION-IN-PROCESS	US-NJ	12/31/2026	2026	2052 Prospector Ave Ste 200A Park City UT	Paul Harper	officeadmin@globaldirectrx.com
Global Direct RX LLC	WDD	WD20220460	US-NM	12/31/2027	2026	2052 Prospector Ave Ste 200A Park City UT	Paul Harper	officeadmin@globaldirectrx.com
Global Direct RX LLC	WDD	42335	US-NY	01/31/2029	2026	2052 Prospector Ave Ste 200A Park City UT	Paul Harper	officeadmin@globaldirectrx.com
Global Direct RX LLC	WDD	132000225	US-OH	06/30/2027	2026	2052 Prospector Ave Ste 200A Park City UT	Paul Harper	officeadmin@globaldirectrx.com
Global Direct RX LLC	WDD	APPLICATION-IN-PROCESS	US-OK	12/31/2026	2026	2052 Prospector Ave Ste 200A Park City UT	Paul Harper	officeadmin@globaldirectrx.com
Global Direct RX LLC	WDD	APPLICATION-IN-PROCESS	US-SC	12/31/2026	2026	2052 Prospector Ave Ste 200A Park City UT	Paul Harper	officeadmin@globaldirectrx.com

Facility Name	Facility Type	License Number	License State	License Expire	Reporting Year	Address	Facility Contact Name	Facility Contact Email
Global Direct RX LLC	WDD	00012304	US-TN	02/29/2028	2026	2052 Prospector Ave Ste 200A Park City UT	Paul Harper	officeadmin@globaldirectrx.com
Global Direct RX LLC	WDD	1004252	US-TX	11/24/2027	2026	2052 Prospector Ave Ste 200A Park City UT	Paul Harper	officeadmin@globaldirectrx.com
Global Direct RX LLC	WDD	14253007-1710	US-UT	09/30/2027	2026	2052 Prospector Ave Ste 200A Park City UT	Paul Harper	officeadmin@globaldirectrx.com
Global Direct RX LLC	WDD	039.0134932	US-VT	07/31/2027	2026	2052 Prospector Ave Ste 200A Park City UT	Paul Harper	officeadmin@globaldirectrx.com

Showing 1 to 27 of 27 entries
Previous1Next

Global Direct Rx LLC
2052 Prospector Ave, Ste 200A
Park City, Utah 84060
256-679-4694
EIN: 39-4572930

Virtual Wholesale Distributor (home-state is Utah)

MEMBERS	PERCENTAGE
PAUL M. HARPER – VICE PRESIDENT	37.5%
LOREN PIERCE – SECRETARY/TREASURER	25%
Sevina, LLC – PRESIDENT EIN: **47-4878582**	37.5%
TOTAL	**100%**

Name/ Title	SSN	DOB	Address & Phone #
Paul M. Harper President / Owner	[redacted]		
Loren B. Pierce Treasurer/Secretary			
Sevina, LLC President	EIN: **47-4878582**		

Global Direct Rx LLC uses ZETA Pharmaceuticals LLC as its Third Party Logistics (3PL) Provider (home-state Alabama).

- All drug products are received, stored, and shipped from ZETA Pharmaceuticals.

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

UTAH DEPARTMENT OF COMMERCE
Division of Corporations and Commercial Code

MARGARET W. BUSSE
Executive Director

G. SCOTT WHITTAKER
Division Director

February 03, 2026

CERTIFICATE OF EXISTENCE

Registration Number:	14615294-0160
Business Name:	GLOBAL DIRECT RX, LLC
Principal Office Address:	2052 PROSPECTOR AVE, STE 200A, PARK CITY, UT 84060
Registered Date:	09/26/2025
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Current Status:	ACTIVE - CURRENT

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division unless the status above is delinquent; and, that Articles of Dissolution have not been filed.

Scott Whittaker

G. Scott Whittaker
Director
Division of Corporations and Commercial Code

Certificate Number: 202602030704688
Enter the certificate number at https://businessregistration.utah.gov/ to verify this certification.

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

Global Direct RX, LLC

EFFECTIVE
10/20/2025

EXPIRATION
09/30/2027

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

14253007-1710	Pharmacy - Class C
14253007-8913 License	Dispensing Controlled Substance
	Wholesaler
	Distributor
	Virtual

DBA:

IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

GLOBAL DIRECT RX, LLC
2052 PROSPECTOR AVE STE 200A
PARK CITY UT 84060

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING
ACTIVE LICENSE

EFFECTIVE DATE: **10/20/2025**

EXPIRATION DATE: **09/30/2027**

ISSUED TO: **Global Direct RX, LLC**
2052 Prospector Ave Ste 200A
Park City UT 84060

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

14253007-1710 Pharmacy - Class C
14253007-8913 Dispensing Controlled Substance License
DBA:

Wholesaler
Distributor
Virtual

Form #1

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	05-31-2027	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3N,4,5	DISTRIBUTOR	05-11-2026

ZETA PHARMACEUTICALS LLC
2103B W FERRY WAY SW
HUNTSVILLE, AL 358015334

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	05-31-2027	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3N,4,5	DISTRIBUTOR	05-11-2026

ZETA PHARMACEUTICALS LLC
2103B W FERRY WAY SW
HUNTSVILLE, AL 358015334

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RZ0585806	05-31-2027	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3N,4,5	DISTRIBUTOR	05-11-2026

ZETA PHARMACEUTICALS LLC
2103B W FERRY WAY SW
HUNTSVILLE, AL 358015334

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:
   Drug Enforcement Administration
   P.O. Box 2639
   Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Alabama State Board of Pharmacy

2026

This is to certify:

ZETA Pharmaceuticals LLC
2103B WEST FERRY WAY SW
Huntsville, AL 35801

Permit Number:

197010

Is Duly Licensed as a:

Third Party Logistics

Specialty Services:

Designated Representative

Ashley Marona Hutchins
DR1527

IN COMFORMITY WITH THE PROVISIONS OF ACT #205, GENERAL ACTS OF ALABAMA, 1966 SPECIAL SESSION, AND RULES AND REGULATIONS OF THE BOARD. THIS CERTIFICATE MUST BE CONSPICIOUSLY DISPLAYED AND EXPIRE ON THE LAST DAY OF

December 2026

THIS IS YOUR RECEIPT FOR FEE PAID AS REQUIRED BY LAW
THIS PERMIT IS NOT TRANSFERRABLE

EXECUTIVE SECRETARY

2026

Alabama State Board of Pharmacy

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE

Controlled Substance Number: [redacted]

Business Activity: Third Party Logistics

Schedules: III, IV, V

The Controlled Substance Act of 1971 reads in part as follows:
Section 304 (Revocation and Suspension of the Registration.)

(a) A registration under Section 303 to manufacture, distribute, or dispense a controlled substance may be suspended or revoked by the Certifying Boards upon a finding that the registrant:

(1) Has furnished false or fraudulent material information in any application filed under this Act,

(2) Has been convicted of a felony under any State or Federal law relating to any controlled substance or

(3) Has had his Federal registration suspended or revoked to manufacture, distribute, or dispense controlled substances

(4) Has violated the provisions Act 205 (al-a32) Code of Alabama 1940 (Recomp. 1958)

Date Issued: 10/02/2025

Expiration Date: 12/31/2026

ZETA Pharmaceuticals LLC
2103B WEST FERRY WAY SW
Huntsville, AL 35801

CERTIFICATE MUST BE PROMINENTLY DISPLAYED AT ALL TIMES

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. PB12409400413

Application/License No. _____

GLOBAL DIRECT RX LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2052 PROSPECTOR AVE STE 200A PARK CITY, UT 84060 (Address of Applicant/Principal), as PRINCIPAL, and PHILADELPHIA INDEMNITY INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of PENNSYLVANIA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is ONE BALA PLAZA SUITE 100 BALA CYNWYD, PA 19004-0950 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on DECEMBER 5, 2025 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 9TH day of DECEMBER, 2025.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Surety Company's Representative

ERIC FAUERBACH, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

My Commission Expires 6/29/2029

Countersigned by:

Not Needed
Nevada Resident Agent

Posted February 20, 2020

Bond # PB12409400413

PHILADELPHIA INDEMNITY INSURANCE COMPANY
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint **Eric Fauerbach of Surety Bonds Direct, LLC** its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed **$50,000,000.**

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEALTO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 5TH DAY OF OCTOBER 2024.

(Seal)

John Glomb, President & CEO
Philadelphia Indemnity Insurance Company

On this 5th day of October, 2024 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

Notary Public: Vanessa McKenzie

Commonwealth of Pennsylvania - Notary Seal
Vanessa Mckenzie, Notary Public
Delaware County
My commission expires November 3, 2028
Commission number 1366394
Member, Pennsylvania Association of Notaries

residing at: Linwood, PA

My commission expires: November 3, 2028

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 5th day October 2024 are true and correct and are still in full force and effect. I do further certify that John Glomb, who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 9th day of December, 2025.

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application
Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Global Direct Rx LLC
Pharmacy/Wholesaler License # (if applicable) _____
Physical Address 2052 Prospector Ave. Ste. 200A
City Park City State UT Zip 84060
Mailing Address (if different from physical address) _____
City _____ State _____ Zip 84060
Telephone 256-679-4694 Website www.globaldirectrx.com
Licensing Company Email officeadmin@globaldirectrx.com

Section 2: Personal Information

First Paul Middle Muir Last Harper
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X
Mailing Address [redacted]
City Park City State UT Zip [redacted]
Telephone 256-679-4694 Email officeadmin@globaldirectrx.com
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: East High School			From - To (MM/YY – MM/YY): 09/80 – 07/84
Address	City: SLC, Utah	State	Zip
Diploma/Degree obtained, if any: H.S. Degree			
School Name: University of Utah			From - To (MM/YY – MM/YY): 09/88 – 05/91
Address	City: Utah	State	Zip
Diploma/Degree obtained, if any: none			
School Name: University of North Carolina - Charlotte			From - To (MM/YY – MM/YY): 09/98 – 12/99
Address	City	State	Zip
Diploma/Degree obtained, if any: B.S. Management - Business College			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY): 10/06 – 09/19	[redacted]	City: Huntsville	State: AL	[redacted]
From - To (MM/YY – MM/YY): 09/19 – 07/23		City: Huntsville	State: AL	
From - To (MM/YY – MM/YY): 07/23 – prese		City: Park City	State: UT	
From - To (MM/YY – MM/YY)		City	State	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
ZETA Pharmaceuticals LLC			07/08 – present	
Business Address		**City**	**State**	**Zip**
2103B West Ferry Way SW		Huntsville	AL	35801
Phone	**Title**		**Number of Employed Hours**	
201-930-4934	Owner / President		> 6,000 hr.	
Description of Duties				
Wholesale Distribution of DEA controlled sub; logistics; warehouse oversight.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

N/A

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5/19/26
Date

I, Paul M. Harper, **certify that as the designated representative for** Global Direct Rx, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. PMH ✓ I am at least 21 years of age;
3. PMH ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. PMH ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. PMH ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. PMH ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. PMH ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Paul M. Harper
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/19/26
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Paul M. Harper
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/19/26
Date

Please have this section completed in the presence of a Notary Public.

State of Alabama, ss. County of Madison

I, Paul M. Harper, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5/19/26
Date

Subscribed and Sworn to before me this 19th day of May, 2026.

Notary Public Signature Commission expires: 6/27/29

ASHLEY M. HUTCHINS NOTARY PUBLIC ALABAMA STATE AT LARGE (Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Global Direct Rx LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 2052 Prospector Ave. Ste. 200A

City Park City State UT Zip 84060

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 256-679-4694 Website www.globaldirectrx.com

Licensing Company Email officeadmin@globaldirectrx.com

Section 2: Personal Information

First Paul Middle Muir Last Harper

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City Park City State UT Zip [redacted]

Telephone 256-679-4694 Email officeadmin@globaldirectrx.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
East High School		09/80 – 07/84	
Address	City	State	Zip
	SLC, Utah		
Diploma/Degree obtained, if any			
H.S. Degree			

School Name		From - To (MM/YY – MM/YY)	
University of Utah		09/88 – 05/91	
Address	City	State	Zip
	Utah		
Diploma/Degree obtained, if any			
none			

School Name		From - To (MM/YY – MM/YY)	
University of North Carolina – Charlotte		09/98 – 12/99	
Address	City	State	Zip
Diploma/Degree obtained, if any			
B.S. Management – Business College			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/06 – 09/19	[redacted]	Huntsville	AL	[redacted]
09/19 – 07/23		Huntsville	AL	
07/23 – prese		Park City	UT	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: ZETA Pharmaceuticals LLC,			From - To (MM/YY – MM/YY): 07/2008 - present
Business Address: 2103B West Ferry Way SW	City: Huntsville	State: AL	Zip: 35801
Phone: 201-930-4934	Title: Owner/President		
Description of Duties: Sales, Marketing, Oversee Warehousing Activities of DEA controlled substances, Receiving, shipping			

Business Name: Pignathius LLC			From - To (MM/YY – MM/YY): 2018 - present
Business Address: 30 N. Gould Ste. R	City: Sheridan	State: WY	Zip: 82801
Phone: 256-679-4694	Title: Owner/President		
Description of Duties: Consulting Services			

Business Name: Global Direct Rx LLC			From - To (MM/YY – MM/YY): 09/25 - present
Business Address: 2052 Prospector Ave. Ste. 200A	City: Park City	State: UT	Zip: 84060
Phone: 256-679-4694	Title: V.P. / Member		
Description of Duties: Virtual drug wholesale distribution			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

5/19/26
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Paul M. Harper
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/19/26
Date

Please have this section completed in the presence of a Notary Public.

State of Alabama, ss. County of Madison

I, Paul M. Harper, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5/19/26
Date

Subscribed and Sworn to before me this 19th day of May, 2026

Notary Public Signature

Commission expires: 6/27/29

ASHLEY M. HUTCHINS NOTARY PUBLIC (Seal) ALABAMA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site GLOBAL DIRECT RX LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 2052 PROSPECTOR AVE STE 200A

City PARK CITY State UT Zip 84060

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 256-679-4694 Website WWW.GLOBALDIRECTRX.COM

Licensing Company Email OFFICEADMIN@GLOBALDIRECTRX.COM

Section 2: Personal Information

First LOREN Middle BRADLEY Last PIERCE

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City McDonough State GA Zip [redacted]

Telephone [redacted] Email lpierce@piercerx.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Mercer School of Pharmacy		Aug 1984 - May 1991	
Address	**City**	**State**	**Zip**
1501 Mercer University Dr	Atlanta	GA	31207
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Mt Vernon Christian School		Aug 1982 - May 1984	
Address	**City**	**State**	**Zip**
Fairview Rd	Stockbridge	GA	30281
Diploma/Degree obtained, if any			
High School			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
APR 2024 - Curren	[redacted]	Park City	UT	[redacted]
APR 2022 - Curren		Waverly Hall	GA	
MAY 2014 - APR 20		McDonough	GA	
From - To (MM/YY – MM/YY)		City	State	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Pipsee Pharmacy Management			From - To (MM/YY – MM/YY): June 2014 - Present
Business Address: 62 Keys Ferry St	City: McDonough	State: GA	Zip: 30253
Phone: 770-474-7693	Title: CEO		
Description of Duties: Operation of Retail Pharmacies			

Business Name: Moye's Pharmacy			From - To (MM/YY – MM/YY): JAN 1991 - Present
Business Address: 62 Keys Ferry St	City: McDonough	State: GA	Zip: 30253
Phone: 770-957-5561	Title: CEO		
Description of Duties: Retail Pharmacies (Pharmacist)			

Business Name: Wendo & Robares Pharmacy			From - To (MM/YY – MM/YY): JUN 2010 - Present
Business Address: 1262 W. Paces Ferry Rd	City: Atlanta	State: GA	Zip: 30327
Phone: 404-237-7551	Title: CEO		
Description of Duties: Retail Pharmacist			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:** N/A

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5/19/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

LOREN PIERCE

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/19/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Georgia, ss. County of Butts

I, Loren B. Pierce, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5/19/2026

Date

Subscribed and Sworn to before me this 19th day of May 2026.

Notary Public Signature

ASHLEY D BRAYTON
NOTARY PUBLIC
BUTTS COUNTY, GEORGIA
MY COMMISSION EXPIRES MAY 02, 2027

(Seal)

GLOBAL DIRECT RX LLC

LIST OF EMPLOYEES

Name/ Title	SSN / Tax ID	DOB	Address & Phone #
Paul M. Harper Vice President / Designated Representative paul.harper@globaldirectrx.com	[redacted]		[redacted]
Benjamin Reed Sales ben.reed@globaldirectrx.com			Physically lives and works remotely from Vermont

Division of Professional Licensing
UTAH DEPARTMENT OF COMMERCE

160 E 300 S
P.O. Box 16741
Salt Lake City, UT 84114-6741

Phone: (801) 530-6628
Toll Free: (866) 275-3675
Online: DOPL.utah.gov
Email: DOPLInvestigations@utah.gov

CLASS C WHOLESALER / DISTRIBUTOR / MANUFACTURER INSPECTION

☑ Opening ☐ Random

INFORMATION

Pharmacy Name: Global Direct Rx LLC Date: 11/5/25

Facility Owners(s): see attached; GDRX Partners, LLC - Paul Harper & Loren Pierce, PharmD, RPh
(owner/sole proprietor name or names of all partner/LLC partners or name of corporation and state of incorporation, attach a sheet if necessary)

License Number: 14253007-1710 Exp Date: 4/20/26

C.S. License Number: 14253007-8913 Exp Date: 4/20/26

DEA Registration: N/A - No controlled substances on site Exp Date:

Facility FEIN # (Tax ID): 39-4572930 FDA Registration: DUNS 1444863071

Facility Email: officeadmin@globaldirectrx.com

Facility Phone Number: 256-679-4694 Fax:

Facility Toll Free Number:

Affiliated Websites: www.globaldirectrx.com

Facility Hours: Monday-Friday: Virtual Saturday: Sunday:

Facility Address: 2052 Prospector Ave Ste 200A

City: Park City State: UT Zip: 84060

Responsible Person: Paul M Harper Phone Number: 256-679-4694

INSPECTION

	YES	NO	
1	☑	☐	The licensed facility need not be under the supervision of a licensed pharmacist, but shall be under the supervision of a designated representative who meets the following criteria: is at least 21 years of age; has been employed full time for at least three years in a pharmacy or with a pharmaceutical wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to prescription drugs; is employed by the facility full time in a managerial level position; is actively involved in and aware of the actual daily operation of the pharmaceutical wholesale distribution; is physically present at the facility during regular business hours, except when the absence of the designated representative is authorized, including but not limited to, sick leave and vacation leave; and is serving in the capacity of a designated representative for only one licensee at a time. [UAC R156-17b-615 (4) (a-f)]
2	☑	☐	A Class C pharmacy includes a pharmacy that is involved in [UAC R156-17b-302(3)(a-e)]: ☐ manufacturing; ☐ producing; ☑ wholesaling; ☑ distributing; ☐ reverse distributing.

3 ☑ ☐ Each pharmaceutical wholesaler or manufacturer that distributes or manufacturers drugs or medical devices in Utah shall be licensed by the Division. A separate license shall be obtained for each separate location engaged in the distribution or manufacturing of prescription drugs. Business names cannot be identical to the name used by another unrelated wholesaler licensed to purchase drugs and devices in Utah. Manufacturers distributing only their own FDA-approved: prescription drugs or prescription drugs that are co-licensed products satisfy the requirement in Subsection (1) by registering their establishment with the FDA pursuant to 21 CFR Part 207 and submitting the information required by 21 CFR Part 205 including any amendments thereto, to the Division; or devices or devices that are co-licensed products, including products packaged with devices, such as convenience kits, that are exempt from the definition of transaction in 21 USC sec. 360eee (24)(B)(xii-xvi) satisfy the requirement in Subsection (1) by registering their establishment with the FDA pursuant to 21 CFR. [UAC R156-17b-615 (1,2)]

4 ☑ ☐ All pharmaceutical wholesalers and manufacturers shall publicly display or have readily available all licenses and the most recent inspection report administered by the Division. [UAC R156-17b-615 (6)]

5 ☑ ☐ The facility shall be of suitable size and construction to facilitate cleaning, maintenance and proper operations. [UAC R156-17b-615 (7) (a)]

6 ☑ ☐ The facility shall have storage areas designed to provide adequate lighting, ventilation, sanitation, space, equipment and security conditions. [UAC R156-17b-615 (7) (b)]

7 ☑ ☐ The facility shall have the ability to control temperature and humidity within tolerances required by all prescription drugs and prescription drug precursors handled or used in the distribution or manufacturing activities of the applicant or licensee. [UAC R156-17b-615 (7) (c)]

8 ☑ ☐ The facility shall provide for a quarantine area for storage of prescription drugs and prescription drug precursors that are outdated, damaged, deteriorated, misbranded, adulterated, opened or unsealed containers that have once been appropriately sealed or closed or in any other way unsuitable for use or entry into distribution or manufacturing. [UAC R156-17b-615 (7) (d)]

9 ☑ ☐ The facility shall be maintained in a clean and orderly condition. [UAC R156-17b-615 (7) (e)]

10 ☑ ☐ The facility shall be free from infestation by insects, rodents, birds or vermin of any kind. [UAC R156-17b-615 (7) (f)]

11 ☑ ☐ The facility shall be secure from unauthorized entry. [UAC R156-17b-615 (8) (a)]

12 ☑ ☐ The facility shall limit access from the outside to a minimum in conformance with local building codes, life and safety codes and control access to persons to ensure unauthorized entry is not made. [UAC R156-17b-615 (8) (b)]

13 ☑ ☐ The facility shall limit entry into areas where prescription drugs, prescription drug precursors, or prescription drug devices are held to authorized persons who have a need to be in those areas. [UAC R156-17b-615 (8) (c)]

14 ☑ ☐ The facility shall be well lighted on the outside perimeter. [UAC R156-17b-615 (8) (d)]

15 ☑ ☐ The facility shall be equipped with an alarm system to permit detection of entry and notification of appropriate authorities at all times when the facility is not occupied for the purpose of engaging in distribution or manufacturing of prescription drugs. [UAC R156-17b-615 (8) (e)]

16 ☑ ☐ The facility shall be equipped with security measures, systems, and procedures necessary to provide reasonable security against theft and diversion of prescription drugs or alteration or tampering with computers and records pertaining to prescription drugs or prescription drug precursors. [UAC R156-17b-615 (8) (f)]

17 ☑ ☐ Each facility shall provide the storage of prescription drugs, prescription drug precursors, and prescription drug devices in accordance with the following: [UAC R156-17b-615 (9) (a-c)]

☑ all prescription drugs and prescription drug precursors shall be stored at appropriate temperature, humidity and other conditions in accordance with labeling of such prescription drugs or prescription drug precursors or with requirements in the USP-NF.

☑ if no storage requirements are established for a specific prescription drug, prescription drug precursor, or prescription drug devices, the products shall be held in a condition of controlled temperature and humidity as defined in the USP-NF to ensure that its identity, strength, quality and purity are not adversely affected.

☑ there shall be established a system of manual, electromechanical or electronic recording of temperature and humidity in the areas in which prescription drugs, prescription drug precursors, and prescription drug devices are held to permit review of the record and ensure that the products have not been subjected to conditions that are outside of established limits.

18 ☐ ☐ N/A ☑ The facility who is engaged in pharmaceutical wholesale distribution of prescription drugs for human use that leave, or have ever left, the normal distribution channel shall, before each pharmaceutical wholesale distribution of such drug, provide a pedigree to the person who receives such drug. A retail pharmacy or pharmacy warehouse shall comply with the requirements of this section only if the pharmacy engages in pharmaceutical wholesale distribution of prescription drugs. The pedigree shall be maintained by the purchaser and pharmaceutical wholesaler for five years from the date of sale or transfer and be available for inspection or use upon a request of an authorized officer of the law; and include all necessary identifying information concerning each sale in the chain of distribution of the product from the manufacturer, through acquisition and sale by any pharmaceutical wholesaler until sale to a pharmacy or other person dispensing or administering the prescription drug. At a minimum, the necessary chain of distribution information shall include: [UAC R156-17b-615 (10) (a,b)]

☐ name, address, telephone number, and if available, the email address of each owner of the prescription drug, and each pharmaceutical wholesaler of the prescription drug;

☐ name and address of each location from which the product was shipped, if different from the owner's;

☐ transaction dates;

☐ name of prescription drug;

☐ dosage form and strength of the prescription drug;

☐ size of the container;

☐ number of containers;

☐ lot number of the prescription drug;

☐ name of the manufacturer of the finished dose form;

☐ National Drug Code (NDC) number.

19 ☑ ☐ The facility shall establish and maintain inventories and records of all transactions regarding the receipt and distribution or other disposition of the prescription drugs. These records shall include pedigrees for all prescription drugs that leave the normal distribution channel. [UAC R156-17b-615 (11) (a)]

20 ☑ ☐ The facility shall upon receipt, each outside container containing prescription drugs, prescription drug precursors, or prescription drug devices shall be visibly examined for identity and to prevent the acceptance of prescription drugs, prescription drug precursors, or prescription drug devices that are contaminated, reveal damage to the containers or are otherwise unfit for distribution: [UAC R156-17b-615 (11) (b) (i,ii)]

☑ prescription drugs, prescription drug precursors, or prescription drug devices that are outdated, damaged, deteriorated, misbranded, adulterated or in any other way unfit for distribution or use in manufacturing shall be quarantined and physically separated from other prescription drugs, prescription drug precursors or prescription drug devices until they are appropriately destroyed or returned to their supplier.

☑ any prescription drug or prescription drug precursor whose immediate sealed or outer secondary sealed container has been opened or in any other way breached shall be identified as such and shall be quarantined and physically separated from other prescription drugs and prescription drug precursors until they are appropriately destroyed or returned to their supplier.

21 ☑ ☐ Each outgoing shipment shall be carefully inspected for identity of the prescription drug products or devices and to ensure that there is no delivery of prescription drugs or devices that have been damaged in storage or held under improper conditions: [UAC R156-17b-615 (11) (c) (i-ii)]

☑ if the conditions or circumstances surrounding the return of any prescription drug or prescription drug precursor cast any doubt on the product's safety, identity, strength, quality or purity, then the drug shall be appropriately destroyed or returned to the supplier, unless examination, testing or other investigation proves that the product meets appropriate and applicable standards related to the products safety, identity, strength, quality and purity.

☑ returns of expired, damaged, recalled, or otherwise non-saleable prescription drugs shall be distributed by the receiving pharmaceutical wholesale distributor only to the original manufacturer or a third party returns processor that is licensed as a pharmaceutical wholesale distributor under this chapter.

☑ returns or exchanges of prescription drugs (saleable or otherwise), including any redistribution by a receiving pharmaceutical wholesaler, shall not be subject to the pedigree requirements, so long as they are exempt from the pedigree requirement under the FDA's Prescription Drug Marketing Act guidance or regulations.

22 ☑ ☐ Each licensee under this act and pharmacies or other persons authorized by law to dispense or administer prescription drugs for use by a patient shall be accountable for administering their returns process and ensuring that all aspects of their operation are secure and do not permit the entry of adulterated and counterfeit drugs. [UAC R156-17b-615 (11) (d)]

23 ☑ ☐ A manufacturer or pharmaceutical wholesaler shall furnish prescription drugs only to a person licensed by the Division or to another appropriate state licensing authority to possess, dispense or administer such drugs for use by a patient. [UAC R156-17b-615 (12)]

24 ☑ ☐ Prescription drugs furnished by a manufacturer or pharmaceutical wholesaler shall be delivered only to the business address of a person described in Subsections R156-17b-102(20)(c) and R156-17b-615, or to the premises listed on the license, or to an authorized person or agent of the licensee at the premises of the manufacturer or pharmaceutical wholesaler if the identity and authority of the authorized agent is properly established. [UAC R156-17b-615 (13)]

25 ☑ ☐ Each facility shall establish and maintain records of all transactions regarding the receipt and distribution or other disposition of prescription drugs and prescription drug precursors and shall make inventories of prescription drugs and prescription drug precursors and required records available for inspection by authorized representatives of the federal, state and local law enforcement agencies in accordance with the following: [UAC R1456-17b-615 (14) (a-g)]

☑ there shall be a record of the source of the prescription drugs or prescription drug precursors to include the name and principal address of the seller or transferor and the address of the location from which the drugs were shipped.

☑ there shall be a record of the identity and quantity of the prescription drug or prescription drug precursor received, manufactured, distributed or shipped or otherwise disposed of by the specific product and strength.

☑ there shall be a record of the dates of receipt and distribution or other disposal of any product.

☑ there shall be a record of the identity of persons to whom distribution is made to include name and principal address of the receiver and the address of the location to which products were shipped.

☑ inventories of prescription drugs and prescription drug precursors shall be made available during regular business hours to authorized representatives of federal, state and local law enforcement authorities.

☑ required records shall be made available for inspection during regular business hours to authorized representatives of federal, state and local law enforcement authorities and such records shall be maintained for a period of two years following disposition of the products.

☑ records that are maintained on site or immediately retrievable from computer or other electronic means shall be made readily available for authorized inspection during the retention period; or if records are stored at another location, they shall be made available within two working days after request by an authorized law enforcement authority during the two year period of retention.

26 ☑ ☐ Each facility shall establish, maintain and adhere to written policies and procedures that shall be followed for the receipt, security, storage, inventory, manufacturing, distribution or other disposal of prescription drugs or prescription drug precursors, including policies and procedures for identifying recording and reporting losses or thefts, and for correcting all errors and inaccuracies in inventories. In addition, the policies shall include the following: [UAC R156-17b-615 (15) (a-g)]

☑ a procedure whereby the oldest approved stock of a prescription drug or precursor product is distributed or used first with a provision for deviation from the requirement if such deviation is temporary and appropriate.

☑ a procedure to be followed for handling recalls and withdrawals of prescription drugs adequate to deal with recalls and withdrawals due:

☑ to any action initiated at the request of the FDA or other federal, state or local law enforcement or other authorized administrative or regulatory agency;

☑ any voluntary action to remove defective or potentially defective drugs from the market; or

☑ any action undertaken to promote public health, safety or welfare by replacement of existing product with an improved product or new package design.

☑ a procedure to prepare for, protect against or handle any crisis that affects security or operation of any facility in the event of strike, fire, flood or other natural disaster or other situations of local, state or national emergency.

☑ a procedure to ensure that any outdated prescription drugs or prescription drug precursors shall be segregated from other drugs or precursors and either returned to the manufacturer, other appropriate party or appropriately destroyed.

☑ a procedure for providing for documentation of the disposition of outdated, adulterated or otherwise unsafe prescription drugs or prescription drug precursors and the maintenance of that documentation available for inspection by authorized federal, state or local authorities for a period of five years after disposition of the product.

☑ a procedure for identifying, investigating and reporting significant drug inventory discrepancies (involving counterfeit drugs suspected of being counterfeit, contraband, or suspect of being contraband) and reporting of such discrepancies within three (3) business days to the Division and/or appropriate federal or state agency upon discovery of such discrepancies.

☑ a procedure for reporting criminal or suspected criminal activities involving the inventory of drugs and devices to the Division, FDA and if applicable, Drug Enforcement Administration (DEA), within three (3) business days.

27 ☑ ☐ Each facility shall establish, maintain and make available for inspection by authorized federal, state and local law enforcement authorities, lists of all officers, directors, managers and other persons in charge which lists shall include a description of their duties and a summary of their background and qualifications. [UAC R156-17b-615 (16)]

28 ☑ ☐ Each facility shall comply with laws including: [UAC R156-17b-615 (17) (a-c)]

☑ operating within applicable federal, state and local laws and regulations.

☑ permitting the state licensing authority and authorized federal, state and local law enforcement officials, upon presentation of proper credentials, to enter and inspect their premises and delivery vehicles and to audit their records and written operating policies and procedures, at reasonable times and in a reasonable manner, to the extent authorized by law.

☑ obtaining a controlled substance license from the Division and registering with the Drug Enforcement Administration (DEA) if they engage in distribution or manufacturing of controlled substances and shall comply with all federal, state and local regulations applicable to the distribution or manufacturing of controlled substances.

29 ☑ ☐ Each facility shall be subject to and shall abide by applicable federal, state and local laws that relate to the salvaging or reprocessing of prescription drug products. [UAC R156-17b-615 (18)]

30 ☐ ☐ N/A ☑ A Class C pharmacy may not be located in the same building as a separately licensed Class A, B, D, or E pharmacy unless the separately licensed pharmacy is a third-party logistics provider; or the two pharmacies are located in different suites as recognized by the United States Postal Service. [UAC R156-17b-615 (19) (a) (i,ii)]

31 ☐ ☐ N/A ☑ Two Class C pharmacies may be located at the same address in the same suite if the pharmacies are under the same ownership; have processes and systems for separating all aspects of the operation; and have traceability with a clear audit trail that distinguishes a pharmacy's purchases and distributions. [UAC R156-17b-615 (19) (b) (i-iii)]

32 ☐ ☐ N/A ☑ All records relating to Schedule II controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years. [UAC R156-37-602(3, 5)]

33 ☐ ☐ N/A ☑ All records relating to Schedule III, IV, V controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years. [UAC R156-37-602(3, 6)]

34 ☐ ☐ N/A ☑ Requirement for annual controlled substances inventory shall be within 12 months following the inventory date of each year and may be taken within four days of the specified inventory date and shall include all stocks including out-of-date drugs and drugs in automated pharmacy systems. [UAC R156-17b-605 (4)]

35 ☐ ☐ Requirements for taking the initial controlled substances inventory shall include the following: pharmacies having stock of controlled substances shall take an inventory, including out-of-date drugs and drugs in automated pharmacy systems, on the opening day of business. if a pharmacy commences business with no Schedule I or II controlled substances, the pharmacy shall record this fact as the initial inventory and shall document Schedule I and II controlled substance inventory separately from an inventory reporting no Schedule III, IV, and V controlled substances. The initial inventory shall serve as the pharmacy's inventory until the next completed inventory as specified in Subsection (4) of this section. [UAC R156-17b-605 (3) (a-c)] ☑ **N/A**

36 ☐ ☐ N/A ☑ General Requirements for inventory of a pharmacy shall include: [UAC R156-17b-605 (2)(a)(b)(c)(e)(f)(i)(j)]

☐ the PIC shall be responsible for taking all required inventories, but may delegate the performance of the inventory to another person or persons;

☐ the inventory records shall be maintained for a period of five years and be readily available for inspection

☐ the inventory records shall be filed separately from all other records

☐ the inventory may be taken either as the opening of the business or the close of business on the inventory date;

☐ the person taking the inventory and the PIC shall indicate the time the inventory was taken and shall sign and date the inventory with the date the inventory was taken. The signature of the PIC and the date of the inventory shall be documented within 72 hours or three working days of the completed initial, annual, change of ownership and closing inventory.

☐ the inventory of Schedule I and II controlled substances shall be listed separately from the inventory of Schedule III, IV and V controlled substances;

☐ if the pharmacy maintains a perpetual inventory of any of the drugs required to be inventories, the perpetual inventory shall be reconciled on the date of the inventory.

37 ☐ ☐ All pharmacies shall maintain a perpetual inventory of all Schedule II controlled substances that shall be reconciled according to facility policy. [UAC R156-17b-605(6)] ☑ N/A

38 ☐ ☐ The pharmacy does reconcile its controlled substance inventory to account for shortages of controlled substances. [UAC R156-17b-603 (3) (k) & R156-37-502(4)] ☑ N/A

39 ☐ ☐ Any facility who experiences any theft, including diversion, or significant loss of controlled substances shall immediately file the appropriate forms with the Drug Enforcement Administration, with a copy to the Division directed to the attention of the Investigation Bureau Division; and report the incident to the local law enforcement agency. [UAC R156-37-602 (2)]

N/A ☑

COMMENTS

Global Direct Rx LLC was officially established on September 26, 2025, with its Certificate of Organization recorded by the Utah State Dept. of Commerce, Division of Corporations and Commercial Code, pursuant to the Utah Revised Limited Liability Company Act (Sections 48-3-101 et seq.).

Please be advised that Global Direct Rx LLC operates exclusively as a virtual wholesale distributor. The company does not receive, store, or handle any drug substances or pharmaceutical products at its Utah office located at 2052 Prospector Avenue, Suite 200A, Park City, UT 84060. This location serves solely as a registered business address and administrative office.

All inventory and logistical operations are managed through licensed Third-Party Logistics (3PL) providers and authorized wholesale distributors located outside the state of Utah. These partners are responsible for the physical handling, storage, and distribution of pharmaceutical products. Global Direct Rx LLC maintains comprehensive records of all transactions involving the sale and transfer of drug substances and pharmaceutical products, in full compliance with applicable federal and state regulations.

Business Purpose: Global Direct Rx LLC is formed for, and shall have the power to accomplish, the following objectives and purposes:(a) To engage in the lawful wholesale supply, distribution, and sale of drug substances and pharmaceutical products to licensed pharmacies and other authorized purchasers throughout the United States, and to undertake any and all related or ancillary services necessary or appropriate to further such business, including but not limited to the negotiation and performance of supply agreements, distribution contracts, logistics and transportation arrangements, and other commercial transactions in furtherance of the foregoing;(b) To obtain, maintain, and comply with all licenses, registrations, and permits required by the U.S. Drug Enforcement Administration (DEA), the U.S. Food and Drug Administration (FDA), the Utah Division of Occupational and Professional Licensing (DOPL), and any other applicable federal, state, or local regulatory authority overseeing the Company's business.

* Assisted by Responsible Person Paul Harper.

* The facility is a virtual wholesaler and distributor.

* The facility will not store drugs or supplies on site.

* The facility will work with controlled substances, which will be purchased and sold, but will never be physically received, stored, or shipped from site.

* All necessary documentation was provided.

* Global Direct Rx LLC will be virtual wholesale distributor for controlled substances (bulk API, unfinished goods), however, they will never physically be at the office location in Utah. They will be distributed physically through a DEA licensed cage in another state.

☑ By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: Paul M. Harper Paul M. Harper (Nov 19, 2025 13:37:24 CST) Date: 11/19/25

Name of Responsible Party (Print): Paul Harper

Signature of Division Investigator: Jolene Evans Jolene Evans (Nov 19, 2025 12:39:25 MST) Date: 11/19/25

Name of Division Investigator (Print): Jolene Evans

Revised 3/2025

4GG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada	■ New Pharmacy	■ Retail/Community	■ Retail/Community
☐ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: pending
	☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH_____		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	■ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Albertsons Pharmacy #0195

Physical Address: 7308 N Decatur Blvd.

City: North Las Vegas State: NV Zip: 89084

Mailing Address (if different from physical address): 250 E. Parkcenter Blvd.

City: Boise State: ID Zip: 83706

Telephone: TBD Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: TBD Contact Email: rxlicenses@albertsons.com

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Venessa Morfin

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 19396

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: TBD	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Albertsons LLC

Corporation Name: Albertsons Companies

Mailing Address: 250 E. Parkcenter Blvd.

City: Boise State: ID Zip: 83706

Telephone: 208-395-6200 Email: rxlicenses@albertsons.com

Contact Person Name: Dawn Burrow License Specialist

Date of SEC Registration: 6/25/2020 | SEC Registration Number: 333-236956 | Stock Exchange Symbol: ACI

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☑ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacy License Specialist (title) for Albertsons Pharmacy #0195 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Dawn Burrow POA attached

Print Name of Authorized Person

Dawn Burrow

Original signature of Authorized Person (copies or stamps not accepted)

7/20/2026

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Dawn Burrow hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacy Licensing Specialist (title) for Albertsons Pharmacy #0195 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Dawn Burrow

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of July, 2026

Gina L. Hess

Notary Public



Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Venessa Morfin Pharmacist Registration #: 19396

Pharmacy Name: Albertsons Pharmacy #0195

Initial each statement below to indicate you have read and agree with the following:

VM I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

VM I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

VM I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

VM I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

VM I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Venessa Morfin

Original signature of Managing Pharmacist (copies or stamps not accepted)

6-30-26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dawn Burrow License Specialist POA attached

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Dawn Burrow

Original signature of Authorized Person (copies or stamps not accepted)

7/30/2026

Date

Board Use Only	Date Received: 7/28/26	Amount: ~~$500~~ CK 1350004933

Docusign Envelope ID: 9578DB8F-BB57-4C72-B447-561BB41DE93F

CERTIFICATE OF AUTHORITY AND LIMITED POWER OF ATTORNEY

I, **Anthony DalPonte**, President Pharmacy & Health of **Albertsons Companies, Inc.**, a Delaware corporation (the "Company" or "ACI"), by authority granted to me, hereby delegate authority and grant a limited power of attorney to the person(s) listed below, for and on behalf of the Company and its consolidated subsidiaries, to execute the following:

Name	Title	Approval
Charlie Painter	Manager, Pharmacy Compliance	Boards of pharmacy and other governmental bodies.
Dawn Burrow	Department Specialist, Pharmacy Compliance	Boards of pharmacy and other governmental bodies.

Make applications to the various states and other governmental bodies for and execute and deliver the documents necessary to acquire and maintain, all licenses, registrations, permits, and other documents relating to the provision of pharmacy services, as required by the issuing local, state, or federal governmental entity.

Notwithstanding this Certificate of Authority and Limited Power of Attorney, the person(s) listed above remains subject to, and must comply with, any applicable approval and procedural requirements set forth in the Company's policies on legal review, approval and signing of agreements, as such policy may be amended from time to time.

This Certificate of Authority and Limited Power of Attorney shall continue in effect for so long as the individuals remain in their present positions (or any more senior positions of authority) and maintain responsibility for the tasks or functions described herein, unless earlier modified or rescinded in writing.

Date: 02-23-2026 | 06:06:30 PST

DocuSigned by:
Anthony DalPonte
7SE4CE6244C64D9...

Anthony Dalponte
President Pharmacy & Health

++++++

Updated as of February 17, 2026; supersedes October 8, 2025 version.

Docusign Envelope ID: 9578DB8F-BB57-4C72-B447-561BB41DE93F

I, Robert Larson, hereby certify that I am the Senior Vice President & Chief Accounting of the Company; that Anthony DalPonte is the President, Pharmacy & Health of the Company; and that Anthony DalPonte has full right and authority to execute the above Certificate of Authority and Limited Power of Attorney.

Date: 02-19-2026 | 10:05:44 PST

Signed by:
Robert Larson
890E9F644C63436...

Robert Larson
Senior Vice President
& Chief Accounting Officer

Updated as of February 17, 2026; supersedes October 8, 2025 version.

OWNERSHIP/CONTROL DISCLOSURE DOCUMENT

ALBERTSON'S LLC
State of Domicile: Delaware
File No. 708424
Formation Date: 4/3/1969
FEIN: 82-0184434
Address: 250 E. Parkcenter Boulevard, Boise, ID 83706
Phone: (208) 395-6200

OFFICERS/MANAGERS

FULL NAME	TITLE	EFFECTIVE	BUSINESS ADDRESS
Robert Larson	Senior Vice President & Chief Accounting Officer	2/22/2016	250 E. Parkcenter Boulevard Boise, ID 83706
Cody Perdue	Vice President, Treasurer & Assistant Secretary	12/3/2021	250 E. Parkcenter Boulevard Boise, ID 83706
Marilyn Beardsley	Vice President, Real Estate Law	2/28/2025	250 E. Parkcenter Boulevard Boise, ID 83706
Tony DalPonte	President Pharmacy & Health	7/16/2025	250 E. Parkcenter Boulevard Boise, ID 83706

OWNER	5% OR GREATER OWNERSHIP INTEREST	FEIN	BUSINESS ADDRESS	PHONE
Albertsons Safeway LLC	**100%** Owner of Albertson's LLC	[redacted]	250 E. Parkcenter Boulevard Boise, ID 83706	(208) 395-6200
Albertsons Companies, Inc.	**100%** Owner of Albertsons Safeway LLC		250 E. Parkcenter Boulevard Boise, ID 83706	(208) 395-6200

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALBERTSON'S LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

708424 8300

SR# 20261733893

Authentication: 203620779

Date: 04-13-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

Store ID	Owner	Street Address	Registration #	Effective Date(s)	Case No(s).	Summary	Probation End Date	Agency
ABS 0570	Albertson's LLC	2000 Marcola Road Springfield, OR 97477	RP-0001089-CS	09/16/14	2014-0298	On September 16, 2014, Albertsons LLC dba Sav-on Pharmacy #570, located in Springfield, Oregon, entered into a Consent Order with the Oregon Board of Pharmacy regarding an unlicensed individual that was performing the duties of a pharmacy technician without a pharmacy technician license. As a result, Sav-on Pharmacy #570 was ordered to pay a civil penalty in the amount of $500 ($5,000 with $4,500 stayed pending no further similar violations for three years). There are no additional restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Oregon.	N/A	OR BOP
ABS 0536	Albertson's LLC	25691 SE Stark Street Troutdale, OR 97060	RP-0001883-CS	01/03/18	2016-0579	On January 3, 2018, Albertsons LLC dba Sav-on Pharmacy #536, located in Troutdale, Oregon, entered into a Consent Order with the Oregon Board of Pharmacy as a result of a floating technician who had not renewed her license. The individual had accidentally been classified as a pharmacy clerk and, as such, the division's annual review of personnel licenses mistakenly did not include hers. This resulted in an unlicensed individual performing the duties of a pharmacy technician without a pharmacy technician license. As a result, Sav-on Pharmacy #536 was ordered to pay a $4,500 civil penalty that had been stayed in a separate case (Case No. 2014-0298; Sav-on Pharmacy #570) for a similar violation that occurred in September of 2014). In addition, Sav-on Pharmacy #536 also paid a $10,000 civil penalty ($50,000 total, with $40,000 stayed pending no further similar violations for three years) and as part of the stipulation, Albertsons audited compliance with a Quality Assurance Plan at all Oregon drug outlets quarterly for a period of three years and submitted quarterly reports to the Board. There were no additional restrictions placed on Sav-on Pharmacy #536's registration that would affect its ability to operate as a pharmacy in the State of Oregon. Pharmacy #536 completed the Quality Assurance Plan as of January 2021 and had no further similar violations during the three year period.	N/A	OR BOP
SWY 3836	Albertson's LLC	200 Quebec Street, Suite 400 Denver, CO 80230	PDO 0000000441	11/15/19 09/21/18	2019-3314 2018-2414	On September 21, 2018, Safeway Pharmacy #3836 (an Albertson's LLC store) entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding multiple violations found during inspections over a four-year period. As a result of the settlement, Safeway Pharmacy #3836's registration will be on probation for a period of three years. As part of the probation, Albertsons has contracted with an independent consultant to audit the pharmacy on a quarterly basis to ensure compliance. There are not additional restrictions being placed on Safeway Pharmacy #3836's registration that would affect its ability to operate as a pharmacy in the State of Colorado. On November 15, 2019, as a result of additional record keeping violations, Safeway Pharmacy #3836 entered into a new Stipulation and Final Agency Order with Colorado State Board of Pharmacy. The probation has been extended by one year.	09/21/22	CO BOP
ABS 0135	Albertson's LLC	4415 West 7th Street Texarkana, TX 75501	18610	11/05/19	2019-01547	On November 5, 2019, Albertsons LLC dba Sav-on Pharmacy #135, located in Texarkana, Texas, entered into a Board Order with the Texas Board of Pharmacy relating to a misfill event that occurred on or about January 30, 2018. The pharmacy's license was reprimanded and paid a fine of $3,500. As part of the Order, a Continuous Quality Improvement Program has been developed for this location which will review all medication errors. No restrictions are on the pharmacy license.	N/A	TX BOP
ABS 0709, 0714, 0775, 2798, 3215, 3713, 3747	Albertson's LLC	*Multiple Locations in Louisiana*	N/A	11/25/19	N/A	On November 25, 2019, Albertsons LLC, d/b/a/ Sav-on Pharmacy #2798, Sav-on Pharmacy #709, Sav-on Pharmacy #3747, Sav-on Pharmacy #3713, Sav-on Pharmacy #714, Sav-on Pharmacy #775, Sav-on Pharmacy #3215 ("Albertsons") entered into a civil settlement agreement with the Drug Enforcement Administration ("DEA") for record keeping violations involving proper completion of DEA form 222. Albertsons paid a fine of $10,000 and must prepare and complete DEA form 222 as required by the DEA. There are no additional terms and conditions imposed on Albertsons, nor is Albertsons restricted in providing pharmacy services at these locations.	N/A	DEA

STORE ID	ACI OWNERSHIP ENTITY	Rx NAME	STREET ADDRESS	CITY	STATE	ZIP	AUTHORITY	REGISTRATION #	DATE OF INSPECTION (I), CITATION (C), OR ORDER (O)	CITATION / CASE NO.	FINE ($)	FINDINGS	DISCIPLINARY ACTION / RESTRICTION(S) ON REGISTRATION / IMPACTS	CURE ACTION(S) TAKEN
Albertsons Specialty Care Rx	Albertsons LLC	Albertsons Specialty Care Rx	250 E. Parkcenter Boulevard	Boise	ID	83706	CA BOP	Not registered	07/29/21 (C)	CI 2020 92145	$ 5,000.00	Albertsons Specialty Care Pharmacy (unlicensed) performed order entry, drug utilization review, and provided consultation to patients in California on behalf of Albertsons Safeway Pharmacy #4705 without a nonresident pharmacy permit. A citation was issued and a fine of $5,000 was imposed. The fine was paid and there are no restrictions being placed on the pharmacy that would affect its ability to operate or seek licensure in the State of California or in any other state or jurisdiction.	Fine imposed.	Fine paid.
Sav-On 2767	Albertsons LLC	Sav-On	3925 Mission Ave.	Oceanside	CA	92058	CA BOP	PHY51373	n/a	CI2021 96010	$5,000	Call sheets in October and November of 2022 failed to show that another staff member was present to assist the pharmacists on duty. Violation of CCR Title 16:1714.3(a)(1)	Fine imposed.	Fine paid

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

July 29, 2021

DATED MATERIAL ENCLOSED

ALBERTSONS LLC.
ATTN: PPSD,
250 PARKCENTER BOULEVARD
BOISE, ID 83726

RE: CI 2020 92145
ALBERTSON'S SPECIALTY CARE
Unlicensed

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

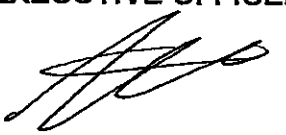
- August 28, 2021: Unless the Citation is contested payment of fine(s) must be received by the Board.
- August 12, 2021: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- August 28, 2021: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Joshua Monforte, Citation and Fine Analyst at (916) 518-3014.

Anne Sodergren
EXECUTIVE OFFICER

By: 

Attachments

Joshua Monforte
Citation and Fine Analyst

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

PAYMENT OF FINE

- Payment must be made by **August 28, 2021.**
- Make check or money order payable to the Board of Pharmacy. Do not submit cash.
- Attach the enclosed "copy" of your Citation

Mail payment to: State Board of Pharmacy
Attn: Cashier
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

Unless contested, Citations are final 30 days from the date of service. Payment of a fine is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than August 12, 2021 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than August 28, 2021 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have any questions regarding any documents enclosed please contact Joshua Monforte, Citation and Fine Analyst at (916) 518-3014.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

COPY

Citation Number	Name, License No
CI 2020 92145	ALBERTSON'S SPECIALTY CARE, Unlicensed

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4112 subd. (a)(b)	**Nonresident pharmacy: registration required**	**$5,000.00**

CONDUCT:

Unlicensed Activity: Business and Professions Code Section 4112 subdivision (a) and (b) as it relates to Business and Professions Code Section 4037. Business and Professions Code Section 4112 (a) states any pharmacy located outside this state that ships, mails, or delivers, in any manner, controlled substances, dangerous drugs, or dangerous devices into this state shall be considered a nonresident pharmacy.
(b) A person may not act as a nonresident pharmacy unless he or she has obtained a license from the board. The board may register a nonresident pharmacy that is organized as a limited liability company in the state in which it is licensed. Business and Professions Code Section 4037 states (a) "Pharmacy" means an area, place, or premises licensed by the board in which the profession of pharmacy is practiced and where prescriptions are compounded. "Pharmacy" includes, but is not limited to, any area, place, or premises described in a license issued by the board wherein controlled substances, dangerous drugs, or dangerous devices are stored, possessed, prepared, manufactured, derived, compounded, or repackaged, and from which the controlled substances, dangerous drugs, or dangerous devices are furnished, sold, or dispensed at retail. Specifically, on 8/6/2019, it was found that Albertson Specialty Care located at 250 E. Park Center Blvd., Boise, ID 83706 performed order entry, drug utilization review, and provided consultation to patients in CA without a non-resident pharmacy permit. Performing pharmacy practice related function without a license was non-compliance with Business and Professions Code Section 4112 (a)and (b) as it related to Business and Professions Code Section 4037.

[redacted]

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

MODIFIED CITATION AND FINE

Citation Number	Name, License No.
CI 2021 96010	SAV-ON PHARMACY #2767, PHY 51373

JURISDICTION: Bus. & Prof. Code § 4317.5(a); CCR, title 16, § 1775		
VIOLATION CODE SECTION(S)	**OFFENSE(S)**	**AMT OF FINE(S)**
CCR, Title 16 § 1714.3 subd. (a)(1)	**(a) When a pharmacy is open to the public and a pharmacist is working without another pharmacy employee currently working, the pharmacy shall make another person who is an employee of the establishment...(1) Designate the name(s) of one or more persons who will be available to assist the pharmacist;**	**$5,000.00**

CONDUCT:
Community Pharmacy Staffing Requirements: As related, California Code of Regulations Section 1714.3 states in part, (a) When a pharmacy is open to the public and a pharmacist is working without another pharmacy employee currently working, the pharmacy shall make another person who is an employee of the establishment within which the pharmacy is located available to assist the pharmacist. The pharmacy shall: (1) Designate the name(s) of one or more persons who will be available to assist the pharmacist... Sav-On Pharmacy #2767 (PHY 51373), located at 3925 Mission Ave, Oceanside, CA 92058 failed to comply. Specifically, on 10/31/2022, 11/01/2022, 11/02/2022, 11/03/2022 and 11/04/2022, Sav-On Pharmacy #2767 failed to designate an employee of Albertsons, the establishment within which the pharmacy was located, to be available to assist the pharmacist during all hours the pharmacy was open and the pharmacist was working alone. For 10/31/2022, 11/02/2022, 11/03/2022, and 11/04/2022, the call sheets, which were the pharmacy's established method of designating the employee to provide assistance, did not list an employee available to provide assistance between 05:45 pm and 8:00 pm. The call sheet for 11/01/2022 did not list an employee available to provide assistance between 6:30 pm and 8:00 pm. This was a violation of pharmacy law.

MODIFIED CITATION ISSUED ON:	TOTAL AMOUNT OF FINE(S):
FEBRUARY 29, 2024	**$5,000.00**

PAYMENT OF FINE(S) DUE BY: MARCH 30, 2024

CIVIL SETTLEMENT AGREEMENT

This Civil Settlement Agreement ("Agreement") is entered by and between the United States Attorney's Office for the Western District of Louisiana, acting on behalf of the United States Department of Justice and the United States Drug Enforcement Administration ("DEA") (collectively referred to as the "United States") and DEA registrants Albertsons Pharmacy #2798 - BA7593482; Albertsons/Sav-on Pharmacy #709 – BA3075048; Albertsons/Sav-on Pharmacy #3747 – BA7088532; Albertsons/Sav-on Pharmacy #775 – BA6985228; Albertsons/Sav-on Pharmacy #3713 – BA2552114; Albertsons/Sav-on Pharmacy #714 – BA0282703; Albertsons/Sav-on Pharmacy #775 – BA6985228; Albertsons/Sav-on Pharmacy #3215 – BA2244123 operated by Albertson's LLC (collectively "Albertsons")(each a "Party" and collectively the "Parties").

RECITALS

A. Albertsons owns and operates numerous pharmacies that are or were registered with DEA as dispensers of Schedule II – V controlled substances under the provisions of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. §801 *et seq.* (Controlled Substances Act or "CSA").

B. While pharmacies are typically dispensers of drugs, when returning, transferring or disposing of controlled substances, they are bound by the requirements applicable to suppliers of controlled substances. 21 C.F.R. §1305.06. These requirements include completing the supplier's portion of the DEA 222 form, recording the number of containers and recording the date of shipping. See 21 C.F.R. §§1304.22 and 1305.13.

C. Albertsons acknowledges that its DEA-registered pharmacies were and are required to comply with the CSA and the regulations promulgated thereunder, including the requirements described in Paragraph B.

D. The United States contends that Albertsons failed to comply with the regulations in certain instances and that these failures subject Albertsons to civil penalties under 21 U.S.C. §§842(a)(10) and (c)(1)(B).

E. This Agreement is neither an admission of liability by Albertsons nor a concession by the United States that its claims are not well founded.

F. To avoid the delay, expense, inconvenience, and uncertainty of litigating the above-referenced claims, and in consideration of the mutual promises and obligations of this Agreement, the Parties agree and covenant as follows:

TERMS AND CONDITIONS

1. Paragraphs A-F set forth above are fully adopted herein.

2. For purposes of this Agreement, "Covered Conduct" shall mean the written preparation and completion of the DEA 222 forms identified on Appendix A.

3. Albertsons shall pay to the United States the total sum of TEN THOUSAND U.S. DOLLARS ($10,000.00) (the "Settlement Amount"), within seven (7) business days after the Effective Date of this Agreement by electronic funds transfer pursuant to the written instructions provided to Albertsons by the United States Attorney's Office for the Western District of Louisiana. Failure of Albertsons to pay the Settlement Amount as set forth herein will void this Agreement and, in such an event, the United States may pursue any and all available remedies against Albertsons for any of the Covered Conduct herein.

4. In consideration of the above and subject to the exceptions contained in paragraph 5, the United States fully and finally releases the Albertsons from any claims (including attorney's fees, costs and expenses of every kind and however denominated) that the United States has asserted or could have asserted against Albertsons for the Covered Conduct. Albertsons also agrees to fully and finally release the United States, including the DEA and its

agents, from any claims (including attorney's fees, costs and expenses of every kind and however denominated) related to the investigation, prosecution, and settlement of the Covered Conduct.

5. Notwithstanding the release given in Paragraph 4 of this Agreement, the United States specifically reserves and does not release:

i. Any administrative action by the DEA based on or related to the Covered Conduct, but which does not solicit or impose civil penalties;

ii. Any federal criminal liability;

iii. Any criminal, civil or administrative claim arising under Title 26, United States Code (Internal Revenue Code);

iv. Any liability under the False Claims Act, 31 U.S.C. §3729 or the Program Fraud Civil Remedies Act, 31 U.S.C. § 3801-3812;

v. Any liability to the United States (or its agencies) for any conduct other than the Covered Conduct; and/or

vi. Any liability based on obligations created by this Agreement.

6. Nothing in the Agreement constitutes an agreement by the United States concerning the characterization of the Settlement Amount for purposes of the Internal Revenue law, Title 26 of the United States Code.

7. This Agreement binds and is intended to benefit only the Parties. This Agreement is not intended to be, and shall not be interpreted to constitute, a release of any person or entity not identified or referred to herein.

8. Each Party shall bear its own legal or other costs incurred in connection with this matter, including the preparation, execution and performance of this Agreement.

9. Each Party and signatory to this Agreement represents that he, she or it freely and voluntarily enters into this Agreement without any degree of duress or compulsion.

10. This Agreement is governed by the laws of the United States. Each Party may seek judicial enforcement of this Agreement upon a material breach by the other Party. The Parties agree that the jurisdiction and venue for any dispute arising between and among the Parties will be the United States District Court for the Western District of Louisiana.

11. For the purposes of construing this Agreement, the Agreement shall be deemed to have been drafted by all Parties to this Agreement and shall not be construed against any Party for that reason in any subsequent dispute.

12. This Agreement constitutes the complete agreement between the Parties. All material representations, understandings, and promises of the Parties are contained in this Agreement. Each of the Parties expressly agrees and acknowledges that, in entering this Agreement, it is relying on only the statements and promises expressly set forth in this written Agreement. This Agreement cannot be amended, nor any provisions waived, except in writing and when signed by all Parties to this Agreement.

13. The undersigned individuals represent and warrant that they are fully authorized to execute this Agreement on behalf of the Parties listed below.

14. This Agreement may be executed in counterparts, including by facsimile, pdf, or other electronic form or signature, each of which constitutes an original and all of which constitute one and the same Agreement.

15. This Agreement is binding on Albertsons and its successors, transferees, heirs, and assigns.

16. The Parties may disclose the existence of and information about this Agreement to the public without restriction.

17. This Agreement shall be effective (final and binding) on the date of signature by the last signatory to the Agreement (the "Effective Date" of this Agreement).

ON BEHALF OF ALBERTSON'S LLC

Anthony Provenzano
Vice President, Pharmacy Compliance

DATED: November 20, 2019

ON BEHALF OF THE UNITED STATES

David C. Joseph
United States Attorney
Western District of Louisiana

By:_____
Melissa L. Theriot
Assistant United States Attorney
Western District of Louisiana

DATED: _____, 2019

Appendix A

164422192

164693310

164693311

170262284

170262294

170262296

170812123

170812126

173104716

173182789

173182790

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173658050

180771277

180771546

181996980

182778852

182778853

183305752

AGREED BOARD ORDER #2019-01547

RE: IN THE MATTER OF
SAVON PHARMACY #135
(PHARMACY LICENSE #18610)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 18610 issued to Savon Pharmacy #135 (Respondent), 4415 West 7th, Texarkana, Texas 75501.

By letter dated June 21, 2019, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 551.003(19) and (26); 565.001(a)(1), (2), (12) and (13); and 565.002(a)(3) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2017); and

Sections 281.7(a)(3), (12) and (13); 291.31(1), (15), (16), (17), (20) and (32); 291.32(c)(1)(E) and (F); 291.32(c)(2)(B), (D), (E) and (H); 291.33(c)(1)(A) and (B); 291.33(c)(2)(A); 291.34(a); 291.34(c)(3)(G); 291.34(e)(2)(C); and 295.3(b) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2018), in that allegedly:

COUNTS

(1) On or about January 30, 2018, Sahar Naim Abed, while acting as an employee (staff pharmacist) of Savon Pharmacy #135, 4415 West 7th Street, Texarkana, Texas 75501, dispensed doxepin 100 mg capsules to R.C., a 73-year-old patient, on a new electronically transmitted prescription calling for doxycycline 100 mg capsules. The prescription was incorrectly data entered into the pharmacy's data processing system by a pharmacy technician, and the data entry was incorrectly verified by Ms. Abed. The prescription vial was labeled 20 doxepin 100 mg capsule with directions to "take one capsule by mouth twice daily with food for 10 days." Patient R.C. took approximately six doses of the wrong drug as directed by the label, and experienced adverse effects, including disorientation, urinary retention, and exacerbation of a preexisting prostate condition. The prescription was assigned prescription number 6762459.

(2) On or about January 30, 2018, Sahar Naim Abed, while acting as an employee (staff pharmacist) of Savon Pharmacy #135, 4415 West 7th Street, Texarkana, Texas 75501, failed to evaluate and identify the clinically significant high dosage of the dispensed prescription described above in Count (1). Patient R.C. had not previously received a prescription for doxepin from the pharmacy. For adult patients, the recommended initial daily oral dosage of doxepin is 75 mg, and may be titrated upward to achieve a higher desired dose. The prescription as dispensed instructed patient R.C. to take an initial dosage

of 100 mg twice daily, resulting in an initial daily dosage of 200 mg, which is more than two-and-a-half times the recommended initial daily oral dosage.

(3) On or about January 30, 2018, Sahar Naim Abed, while acting as an employee (staff pharmacist) of Savon Pharmacy #135, 4415 West 7th Street, Texarkana, Texas 75501, failed to evaluate and identify the clinically significant drug-disease interactions of the dispensed prescription described above in Count (1). Patient R.C. had previously received an antihypertensive, namely lisinopril 2.5 mg tablets, from the pharmacy. It is recommended that doxepin be used with caution in patients, especially elderly patients, with hypertension, due to the increased risk for adverse cardiovascular effects. The pharmacy's data processing system alerted Ms. Abed that doxepin 100 mg tablets should be used with "extreme caution" given patient R.C.'s history of lisinopril use, and there is no documentation regarding the steps taken by Ms. Abed to avoid or resolve the problem or demonstrating that she consulted with the prescriber.

(4) On or about January 30, 2018, Sahar Naim Abed, while acting as an employee (staff pharmacist) of Savon Pharmacy #135, 4415 West 7th Street, Texarkana, Texas 75501, failed to evaluate and identify the clinically significant rational therapy-contraindications of the dispensed prescription described above in Count (1). Patient R.C. had previously received tamsulosin 0.4 mg capsules from the pharmacy, which is indicated for the treatment of the signs and symptoms associated with benign prostatic hyperplasia, including urinary retention. Doxepin is contraindicated in patients with severe urinary retention, and it is recommended that the drug be used with caution in patients with risk factors for urinary retention.

(5) On or about January 30, 2018, Sahar Naim Abed, while acting as an employee (staff pharmacist) of Savon Pharmacy #135, 4415 West 7th Street, Texarkana, Texas 75501, failed to provide verbal patient counseling to patient R.C. on the prescription described above in Count (1).

(6) On or about January 30, 2018, Savon Pharmacy #135, 4415 West 7th Street, Texarkana, Texas 75501, failed to maintain complete and accurate records of dispensing for the prescription described above in Count (1). Specifically, the patient medication record and daily dispensing log do not contain information that the prescription was dispensed to patient R.C.

An informal conference was held in the Board's office on September 10, 2019, with Nicholas Ryan LaBarbera, R.Ph., Divisional Pharmacy Manager, Albertson's Companies, Inc., on behalf of Respondent, and Nanette K. Beaird, Legal Counsel for Respondent, in attendance. The informal conference was heard by Board Members: Dennis F. Wiesner, R.Ph.; and Jenny Downing Yoakum, R.Ph; with Kerstin Arnold, General Counsel. Mary Martha Murphy, Staff Attorney, was also in attendance.

By signing this Order, Anthony Provenzano, Vice President, Pharmacy Compliance and Government Affairs, Albertson's Companies, Inc., on behalf of Respondent, and Respondent's counsel neither admit nor deny the truth of the matters previously set out in this Order, and agree that the Board has jurisdiction in this matter and waive the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent's license is reprimanded.

(2) Respondent shall pay an administrative penalty of three thousand five hundred dollars ($3,500) due one hundred twenty (120) days after the entry of this Order.

(3) Respondent shall develop and implement policies and procedures for a Continuous Quality Improvement Program for purposes of preventing and handling dispensing errors. The Continuous Quality Improvement Program shall include pharmacist peer review in compliance with guidelines approved by Board staff. In addition, the policies and procedures for pharmacist peer review shall state that:

(a) The peer review committee will:

- review incident reports;
- determine what caused errors;
- make recommendations to correct the problem that caused the errors; and
- monitor the changes to determine if the changes have improved the operation of Respondent and reduced errors.

(b) The peer review committee must be comprised of at least two employees of Respondent, including the pharmacist-in-charge and other pharmacist(s) or personnel who are employees of Respondent. The committee shall not be solely comprised of a district or regional manager/supervisor and the pharmacist-in-charge and shall not be used for personnel evaluation purposes.

(c) The peer review committee will meet regularly, and no less than quarterly.

(d) The peer review committee will make a record indicating:

- date of meeting;
- location of meeting;
- names of persons attending the meeting;

- description of activities;
- discussion of problems in Respondent's operation (e.g., work flow, dispensing process);
- findings;
- description of recommendations; and
- review of actions or changes relating to individuals, systems, or processes made as a result of previous recommendations.

(4) Respondent shall submit a report and/or documentation of such policies and procedures to Board staff within one hundred twenty (120) days after the entry of this Order. Copies of forms used by Respondent to collect the data on errors committed at the pharmacy (i.e., incident report forms) must be submitted to Board staff, as well as any other peer review forms that have been developed by Respondent. Additionally, records of the peer review committee, as described in subparagraph (d) above, shall be maintained for two (2) years at the location of Respondent and made available for inspection by Board employees.

(5) Respondent shall be responsible for all costs relating to compliance with the requirements of this Order.

(6) Respondent shall allow Board staff to directly contact Respondent on any matter regarding the enforcement of this Order.

(7) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2019), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2019).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 5th day of November, 2019.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Anthony Provenzano
Vice President, Pharmacy Compliance and Government Affairs, Albertson's Companies, Inc.
On behalf of Savon Pharmacy #135

Nanette K. Beaird, Legal Counsel for Savon Pharmacy #135
Foley Gardere
Foley & Lardner LLP
600 Congress Avenue, Suite 3000
Austin, Texas 78701

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2019-3314

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE IN-STATE PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF SAFEWAY PHARMACY #3836, REGISTRATION NO. PDO 441,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Safeway Pharmacy #3836, ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2019-3314, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as an in-state prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 280, C.R.S. (2019).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about October 17, 2002, being issued registration #PDO 441, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 200 Quebec St., #400, Denver, CO 80230.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. On September 18, 2018, Respondent Pharmacy entered into a Stipulation and Final Agency Order ("2018 Order"). The 2018 Order was entered into as a result of an inspection of Respondent Pharmacy on April 2, 2018, during which a Board inspector found nine (9) repeated deficiencies from previous inspections:

   a. All prescriptions for anabolic steroids were not labeled with an indication for use (two (2) prescriptions). This was a repeated deficiency from the 2016 and 2017 inspections.

b. Administration records did not include the site of administration (ten (10) or more patients). This was a repeated deficiency from the 2015, 2016, and 2017 inspections.

c. Administration records did not include the date the VIS was provided to the patient (nine (9) or more patients). This was a repeated deficiency from the 2016 and 2017 inspections.

d. Compounding records did not include the lot number of each ingredient used in a preparation and identity of pharmacist approving/checking the preparation (two (2) prescriptions). This was a repeated deficiency from the 2016 and 2017 inspections.

e. Transferred orders did not include the address of transferring pharmacy (one (1) prescription had no street, city, or state). This was a repeated deficiency from the 2015 and 2016 inspections.

f. A beyond-use date was assigned to a compounded preparation that exceeded what is allowed in Board Rule 21.10.80. Prescription numbers 6387271 (magic mouth wash) and 6410794 (rocky mountain oral rinse) had one-year BUD's, in the absence of stability studies. This was a repeated deficiency from the 2016 and 2017 inspections. Consequently, Respondent Pharmacy assigned a beyond use date to a compounded preparation that exceeded the expiration dates of individual ingredients used in the preparation (two (2) prescriptions).

g. Electronic practitioner signatures were used but are not acceptable for controlled substance orders (two (2) prescriptions). This was a repeated deficiency from the 2015 and 2017 inspections.

h. Invoices detailing the receipt of prescription drugs were not marked with a date of receipt (three (3) McKesson and three (3) Safeway prescriptions). This was a repeated deficiency from the 2015 and 2016 inspections.

i. Changes or clarifications to an order did not include the date contacted, identity of pharmacist or pharmacy intern, and name of person conveying change or clarification (two (2) prescriptions). This was a repeated deficiency from the 2015 inspection.

6. In an inspection of Respondent Pharmacy on May 10, 2019, a Board inspector found three repeated deficiencies:

   a. Electronic practitioner signatures were used but are not acceptable for controlled substances. This deficiency was repeated from the 2017 and 2018 inspections.

b. Transferred orders did not include the address of the transferring pharmacy. This was a repeated deficiency from the 2015, 2016, and 2018 inspections.

c. Changes or clarifications of orders failed to note the date contacted when obtaining the change or clarification with the prescribing practitioner. This was a repeated deficiency from the 2015 and 2018 inspections.

7. This Final Agency Order supersedes the 2018 Order and also includes case number 2018-2414.

8. Respondent Pharmacy admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Rules and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet:

Colorado Revised Statutes

12-280-126. Unprofessional conduct - grounds for discipline.

(1) The board may take disciplinary or other action as authorized in section 12-20-404, after a hearing held in accordance with the provisions of sections 12-20-403 and 12-280-127, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs;

(k) Has failed to meet generally accepted standards of pharmacy or pharmacy technician practice;

(m) Has violated any lawful board order.

12-280-127. Disciplinary actions. (1) The board may take disciplinary or other action as authorized in section 12-20-404 when the board determines that the applicant, licensee, or registrant has engaged in activities that are grounds for discipline under section 12-280-126.

* * *

21 CFR 1306.05. Manner and issuance of prescriptions. (d) A practitioner may sign a paper prescription in the same manner as he would sign a check or legal document (e.g., J.H. Smith or John H. Smith). Where an oral order is not permitted, paper prescriptions shall be written with ink or indelible pencil,

typewriter, or printed on a computer printer and shall be manually signed by the practitioner. A computer-generated prescription that is printed out or faxed by the practitioner must be manually signed.

* * *

Pharmacy Board Rules and Regulations

2.01.10. Information to Appear on Each Order. The following information must appear on each written or oral order except as provided for chart orders for hospitalized patients (hospital chart orders):

a. The date the order was compounded and dispensed;

b. The assigned serial number (hospital chart orders are exempt from this requirement);

c. The quantity dispensed if differs from the quantity ordered (LTCF chart orders are exempt from this requirement provided this information is recorded within another appropriate uniformly maintain and readily retrievable permanent record of the dispensing pharmacy);

d. In the case of a controlled substance order, the patient address, prescriber address, and prescriber's Drug Enforcement Administration (DEA) registration; and

e. Patient address, prescriber address, and prescriber DEA registration number need not appear on any type of order for a non-controlled substance prescription.

2.01.20. Additional Information. The following shall also appear on the prescription or LTCF chart order when appropriate:

a. Any change in or clarification of an order shall be documented on the order and shall bear the initials of the responsible pharmacist or intern, the date contacted and the name of the individual conveying such change or clarification.

2.01.53. The pharmacist receiving the transferred prescription order information shall:

Reduce the transferred information to writing or print; write or print the word "transfer" on the face of the transferred prescription order; and provide all information required by law or rule to be on the prescription order, including:

(9) The address and telephone number of the transferring prescription drug outlet.

* * *

9. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

10. Fine with Surcharge. Pursuant to section 12-280-127(5)(a), C.R.S., Respondent Pharmacy shall pay a fine of On Thousand Five Hundred Dollars and No Cents ($1,500.00). Respondent Pharmacy understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 15% of this fine. Respondent Pharmacy shall therefore pay a total amount of One Thousand Seven Hundred Twenty Five Dollars and No Cents ($1,725.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

11. Probation. Respondent Pharmacy's registration shall be placed on probation for a period of three (3) years. Credit toward satisfying the period of probation shall be given only during such periods of time that Respondent Pharmacy is in total compliance with all provisions of this Final Agency Order.

Terms of Probation

12. Practice Monitor. Upon commencement of Respondent Pharmacy's probation pursuant to this Final Agency Order and during the entire probationary period, Respondent Pharmacy shall be monitored by a Board-approved practice monitor ("Practice Monitor"). The Practice Monitor shall not have been previously engaged by Respondent Pharmacy for such services.

    a. Qualifications: The Practice Monitor must:

        i. Be a Colorado-licensed pharmacist in good standing;
        ii. Practice pharmacy at least eighty (80) hours per month;
        iii. Have no current or past Board discipline;
        iv. Not be in any way employed by Respondent Pharmacy or any company that owns or operates Respondent Pharmacy; and
        v. Otherwise have no financial or personal interest in Respondent Pharmacy.

    b. Board Approval. Within twenty (20) days of the effective date of this Final Agency Order, Respondent Pharmacy must submit, for the approval of the Board

or its designated authority during the ordinary course of business, the name of a qualified Practice Monitor with a completed application as provided by the Board, a current resume, and a letter from the applicant Practice Monitor stating that he or she has received a complete copy of this Final Agency Order, that he or she has read and understands its contents, that he or she agrees to serve as Respondent Pharmacy's Practice Monitor and to complete the Board's Practice Monitor reports as required.

If a Practice Monitor nominated by Respondent Pharmacy is not approved by the Board or its designated authority, the period of probation shall be tolled until such time as Respondent Pharmacy nominates another Practice Monitor, that Practice Monitor is approved by the Board or its designated authority, and the Practice Monitor begins monitoring under all the terms and conditions of this Final Agency Order. Respondent Pharmacy must submit the name of another qualified Practice Monitor for approval of the Board or its designated authority within ten (10) days of the Board's or its designated authority's rejection of the applicant Practice Monitor. Additionally, if Respondent Pharmacy is required to nominate a new Practice Monitor for any reason, the period of probation shall be tolled for any period of time during which a Practice Monitor is not monitoring Respondent Pharmacy. Respondent Pharmacy must submit the name of another qualified Practice Monitor for approval of the Board or its designated authority within ten (10) days of the existing Practice Monitor's resignation.

c. Duties and Responsibilities. Once approved by the Board or its designated authority, the Practice Monitor shall function as the eyes and ears of the Board. The Practice Monitor shall:

i. Conduct random (unscheduled) inspections once every three (3) months (quarterly) during the entire probationary period to determine whether Respondent Pharmacy's records and practices comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, Board rules and regulations, state and federal laws pertaining to drugs, and this Final Agency Order;

ii. Notify the Board by means of a written report, within seventy-two (72) hours of any random inspection that reveals evidence of a violation by Respondent Pharmacy of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, Board Rules and Regulations, state or federal laws pertaining to drugs, or this Final Agency Order;

iii. Prepare and submit to the Board quarterly written reports no later than the 15th day of January, April, July, and October, which detail the results of the random on-site inspections during the previous quarter throughout the duration of probation; and

iv. Prepare and submit to Respondent Pharmacy quarterly invoices which itemize all reasonable fees and costs associated with the monitoring of Respondent Pharmacy during the previous quarter. The subject invoices shall, in turn, be submitted to the Board no later than the 15th day of January, April, July, and October throughout the duration of probation.

13. Other Requirements. Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order and probation, Respondent Pharmacy shall:

a. promptly pay all its own fees and costs associated with this Final Agency Order;

b. comply fully with this Final Agency Order; and

c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

14. Violations. Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-280-127(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

15. Completion of Terms. Respondent Pharmacy must make a written request to the Board to end the terms and conditions of this Final Agency Order. In any request, it shall be Respondent Pharmacy's sole responsibility to establish, through written and other documentation, that Respondent Pharmacy has met all terms of this Final Agency Order. Respondent Pharmacy's probation shall continue until the Board or its designated authority has verified that Respondent Pharmacy has completed all terms of this Final Agency Order. The Board will consider Respondent Pharmacy's request during the ordinary course of business.

16. Advisements and Waivers. Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

a. To have a formal notice of hearing and charges served upon it;

b. To respond to said formal notice of charges;

c. to have a formal disciplinary hearing pursuant to sections 12-20-403, 12-280-126, and 12-280-127, C.R.S.; and

d. To appeal this Board order.

Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

17. Acknowledgments. The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

18. Integration and Severability. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

19. Public Record. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

20. Effective Date. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

Authorized Representative Dated: 11/17/2014

Name/ Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 15 day of November, 2019.

State Board of Pharmacy

BY: _____
Dmitry Kunin
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 15th day of NOVEMBER 2019, addressed as follows:

Safeway Pharmacy #3836
Attn: Benjamin Herr, Pharmacy Manager
200 Quebec St, #400
Denver, CO 80203
Email: rxlicenses@albertsons.com

Charles Painter
Manager, Pharmacy Professional Services Dept.
Albertson's Companies
Email: Charles.Painter@albertsons.com

Agent of the Board

RECEIVED
SEP 15 2014
OREGON BOARD OF PHARMACY

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Drug Outlet Registration of	)	Case No. 2014-0298
ALBERTSONS LLC dba: SAVON PHARMACY #570	)	CONSENT ORDER
Registrant	)	

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action; Answer Required ("Notice"), hereby incorporated by reference, regarding the registrant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the registrant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the registrant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the registrant admits that the facts alleged in the above-noted Notice are true, that legal cause exists pursuant to ORS 689.405 and ORS 689.445 for disciplinary action and imposition of a civil penalty by the Board; and

WHEREAS, the registrant consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

1. The registrant shall pay the Board a civil penalty in the amount of $500 ($5,000 civil penalty with $4,500 stayed with the submission of a Quality Assurance Plan acceptable to the Board to correct violations as noted in Notice and no similar violation at an Oregon outlet for 3 years). Quality Assurance Plan, along with a copy of this order, to be submitted within ten days from the date this Consent Order becomes final.

2. If registrant violates any term or condition of this Consent Order, the Board may take action to lift the stayed portion of the civil penalty. Payment of the $500 portion of the civil penalty not stayed to be made within ten days from the date this Consent Order becomes final.

3. Failure of the registrant to comply with the sanctions of this Consent Order may, after notice and hearing, result in further disciplinary action.

CONSENT

I hereby acknowledge that I am the authorized representative of registrant. On behalf of the registrant, I further certify that I have read and understand the Notice and this Consent Order and am aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Boards final order. On behalf of the registrant I agree to the Board entering the Consent Order.

Authorized Representative — Date: 9/11/14
ALBERTSONS LLC dba
Savon Pharmacy #570
Registrant (Reg. No. RP-0001089)

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Gary Miner, R.Ph., — Date: 9/16/14
Compliance Director

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Drug OutletRegistration of	)	Case No. 2014-0298
ALBERTSONS LLC dba: SAVON PHARMACY #570	)	NOTICE OF PROPOSED DISCIPLINARY ACTION; ANSWER REQUIRED
Registrant	)	

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy proposes to take disciplinary action against your Certificate of Registration No. RP-0001089 because Savon Pharmacy #570 violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

On or about 3/26/2014 through 7/30/2014, Savon Pharmacy #570, located at 2000 Marcola Rd in Springfield, OR employed, allowed, aided, and abetted an unlicensed individual to perform the duties of a pharmacy technician without a pharmacy technician license at Eugene and Roseburg pharmacies.

The above conduct is contrary to accepted standards of practice and unprofessional conduct as defined by OAR 855-006-0005(28)(j) and in violation of and grounds for discipline under OAR 855-025-0040(2), ORS 689.486(5), OAR 855-025-0035(2) and (3), OAR 855-041-1040(7), and ORS 689.405(1)(a), (e)(B), (h) and (i).

Based on these alleged violations, the Board proposes to impose a civil penalty in the amount of $10,000 per violation.

HEARING RIGHTS

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation's attorney must file a written request for hearing with the Board within 21 days from the date this notice was mailed. The corporation's attorney may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

If the corporation requests a hearing, the corporation's attorney will be notified of the time and place of the hearing. Before the commencement of the hearing, the corporation will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing.

If the corporation does not request a hearing within 21 days, or if it withdraws a hearing request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

ANSWER REQUIRED

Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you must also provide, within 21 days from the date this contested case notice was served, a written answer to the allegations set forth in this contested case notice. Your written answer must include an admission or denial of each factual matter alleged in the notice and a short and plain statement of each relevant affirmative defense you may have. Except for good cause, factual matters alleged in the notice and not denied in the answer shall be presumed admitted; failure to raise a particular defense in the answer will be considered a waiver of such defense; new matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and evidence shall not be taken on any issue not raised in the notice and the answer.

Hearing Request and Answers:
Consequences of Failure to Answer
855-001-0015

(1) A hearing request, and answer when required, shall be made in writing to the Board by the party or his attorney and an answer shall include the following:

- (a) An admission or denial of each factual matter alleged in the notice;
- (b) A short and plain statement of each relevant affirmative defense the party may have.

(2) Except for good cause;

- (a) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;
- (b) Failure to raise a particular defense in the answer will be considered a waiver of such defense;
- (c) New matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and
- (d) Evidence shall not be taken on any issue not raised in the notice and the answer.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

_____ 8/25/14

Gary Miner, R.Ph. Date
Compliance Director

DATE OF MAILING 8-26-2014

RECEIVED
DEC 27 2017
OREGON BOARD OF PHARMACY

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Drug Outlet Registration of	)	Case No. 2016-0579
ALBERTSONS LLC dba: SAV-ON PHARMACY #536	)	CONSENT ORDER
Registrant	)	

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action; Answer Required ("Notice"), hereby incorporated by reference, regarding the registrant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the registrant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the registrant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the registrant admits that the facts alleged in the above-noted Notice are true, that legal cause exists pursuant to ORS 689.405 and ORS 689.445 for disciplinary action and imposition of a civil penalty by the Board; and

WHEREAS, the registrant consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

1. The registrant shall pay the Board the $4,500 civil penalty stayed in Case No. 2014-0298 Consent Order.

2. The registrant shall pay the Board a civil penalty in the amount of $50,000 for violations noticed in Case No. 2016-0579, with $40,000 stayed pending no similar violation at an Oregon registrant location for 3 years and compliance with this order.

3. The combined $14,500 civil penalty payment not stayed shall be made within ten days from the date this Consent Order becomes final. If registrant violates any term or condition of this Consent Order, the Board may take action to lift the stayed portion of the civil penalty.

4. The registrant shall submit a Quality Assurance Plan acceptable to the Board to correct violations as noted in Notice. Quality Assurance Plan, along with a copy of this order, to be

submitted within ten days from the date this Consent Order becomes final.

5. Registrant shall audit compliance with Quality Assurance Plan at all Oregon drug outlets quarterly for a period of three (3) years and submit quarterly reports on registrant compliance with Quality Assurance plan to the Board office. Quarterly report due dates will be determined once the QA Plan is approved by the Board. Quarterly reports are to be clearly identified with Case No. 2016-0579, with one copy to be filed with Pharmacist-in-Charge Self Inspection form on site, and one copy to be submitted to the Board office by certified mail (or other method approved by the Board in writing) and retain receipt of verification of delivery to the Board office.

6. The registrant must comply with all laws and rules regarding pharmacy practice.

7. Failure of the registrant to comply with the sanctions of this Consent Order may, after notice and hearing, result in further disciplinary action.

CONSENT

I hereby acknowledge that I am the authorized representative of registrant. On behalf of the registrant, I hereby acknowledge that I have read and understand the above-noted Notice and the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order with incorporated Notice is a public record and shall be available via the Board's online licensure verification; is available upon written request pursuant to public disclosure laws; and shall be reported to the National Practitioner Data Bank as required by federal law. I agree to the Board entering the Consent Order.

Authorized Representative — Date 12/22/17
ALBERTSONS LLC dba
Sav-On Pharmacy #536
Registrant (Reg. No. RP-0001883)

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Brianne Efremoff, Pharm.D, R.Ph., — Date 1/3/18
Compliance Director

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Drug OutletRegistration of ALBERTSONS LLC dba: SAV-ON PHARMACY #536 Registrant	) Case No. 2016-0579))) NOTICE OF PROPOSED) DISCIPLINARY ACTION;) ANSWER REQUIRED))	

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy proposes to take disciplinary action against your Certificate of Registration No. RP-0001883 because Sav-On Pharmacy #536 violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

On 9/16/2014, Albertsons LLC entered into Consent Order 2014-0298 with the Oregon Board of Pharmacy. Violations admitted to in Case No. 2014-0298 included Albertsons LLC dba: Savon Pharmacy #570 employing, allowing, aiding, and abetting an unlicensed individual to perform the duties of a pharmacy technician without a pharmacy technician license at Albertsons LLC Eugene and Roseburg pharmacies. Sanction 1 of Consent Order 2014-0298 stayed $4,500 of their $5,000 civil penalty with the submission of a Quality Assurance Plan acceptable to the Board to correct violations as noted in Notice and with no similar violation at an Oregon outlet for 3 years.

From on or about 7/1/2016 to 12/19/2016, Sav-On pharmacies in OR, employed, allowed, aided, and abetted an unlicensed individual to perform the duties of a pharmacy technician without a pharmacy technician license.

The above conduct is contrary to accepted standards of practice and unprofessional conduct as defined by OAR 855-006-0020(f) and (j) and in violation of and grounds for discipline under OAR 855-025-0040(2), OAR 855-025-0035(2) and (3), OAR 855-041-1010(2), OAR 855-041-1040(7), ORS 689.486(5) and ORS 689.405(1)(a), (e)(B), (h), and (i).

Based on these alleged violations, the Board proposes to impose a civil penalty in the amount of $10,000 per violation, and impose $4,500 civil penalty stayed in Consent Order 2014-0298.

HEARING RIGHTS

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation's attorney must file a written request for hearing with the Board within 21 days from the date this notice was mailed. The corporation's attorney may send or deliver a

request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

If the corporation requests a hearing, the corporation's attorney will be notified of the time and place of the hearing. Before the commencement of the hearing, the corporation will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing.

If the corporation does not request a hearing within 21 days, or if it withdraws a hearing request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

ANSWER REQUIRED

Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you must also provide, within 21 days from the date this contested case notice was served, a written answer to the allegations set forth in this contested case notice. Your written answer must include an admission or denial of each factual matter alleged in the notice and a short and plain statement of each relevant affirmative defense you may have. Except for good cause, factual matters alleged in the notice and not denied in the answer shall be presumed admitted; failure to raise a particular defense in the answer will be considered a waiver of such defense; new matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and evidence shall not be taken on any issue not raised in the notice and the answer.

Hearing Request and Answers:
Consequences of Failure to Answer
855-001-0015

(1) A hearing request, and answer when required, shall be made in writing to the Board by the party or his attorney and an answer shall include the following:

- (a) An admission or denial of each factual matter alleged in the notice;
- (b) A short and plain statement of each relevant affirmative defense the party may have.

(2) Except for good cause;

- (a) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;
- (b) Failure to raise a particular defense in the answer will be considered a waiver of such defense;
- (c) New matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and

(d) Evidence shall not be taken on any issue not raised in the notice and the answer.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Brianne Efremoff, Pharm.D, R.Ph., Compliance Director

4/17/17
Date

DATE OF MAILING 4-18-2017

4HH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	**Application Type (check all applicable)**	**Pharmacy Type (check all applicable)**	**Services the Pharmacy will Provide (check all applicable)**
■ Nevada	■ New Pharmacy	■ Retail/Community	■ Retail/Community
☐ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	■ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: TBD
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	■ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
			☐ Hospital
	* Current license #: PH_____		☐ Other:

Days of Operation		**Ownership Type (check applicable box)**
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Kaiser Permanente Del Monte Pharmacy

Physical Address: 740 Del Monte Lane, Suite 3

City: Reno State: NV Zip: 89511-7508

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 775-678-4050 Toll Free # (NAC 639.708, NRS 639.23286): 855-937-5768

Fax: 775-678-4051 Contact Email: co-pharmacy.compliance@kp.org

Website: www.kp.org

Nevada Business License # (if applicable) NV20253425062

Supervising/Managing Pharmacist Name (NRS 639.220): Huy Hoang

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23026

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Huy Hoang	NV Pharmacist Registration #: 23026
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): Kaiser Foundation Health Plan, Inc. (50.1%); Renown Health (49.9%)

Corporation/Organization Name: HPNV Holdco, Inc.

Mailing Address: 10315 Professional Circle

City: Reno State: Nevada Zip: 89521

Telephone: 916-842-0298 Email: Patricia.M.Rodriguez@kp.org

Contact Person Name: Patricia Rodriguez

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chief Executive Officer (title) for Kaiser Permanente Del Monte Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Patricia Rodriguez

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

7/16/2024

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Patricia Rodriguez hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Chief Executive Officer (title) for Kaiser Permanente Del Monte Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 16 day of July, 2026

Notary Public

JOANNE TAPIA
Notary Public - State of Nevada
Appointment No. 15-2499-2
My Appointment Expires 04/14/2029

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Huy Hoang Pharmacist Registration #: 23026

Pharmacy Name: Kaiser Permanente Del Monte Pharmacy

Initial each statement below to indicate you have read and agree with the following:

HH I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

HH I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

HH I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

HH I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

HH I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

07/10/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Patricia Rodriguez

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

7/16/2024

Date

Board Use Only	Date Received: 7/16/24	Amount: $500cc ✓

HPNV Holdco, Inc.
Directors and Officers

Officers

Name	Title	Address
Patricia Rodriguez	Chief Executive Officer	10315 Professional Circle, Reno, NV 89521
Vanessa Benavides	Secretary	One Kaiser Plaza, Oakland, CA 94612
Thomas Meier	Treasurer	One Kaiser Plaza, Oakland, CA 94612
Maryann Bodayle	Asst. Sec.	One Kaiser Plaza, Oakland, CA 94612
Christina Lockwood	Asst. Sec.	One Kaiser Plaza, Oakland, CA 94612

Directors

Name	Title	Address
Samuel Glick	Director, Chair	One Kaiser Plaza, Oakland, CA 94612
Charles Bevilacqua	Director	One Kaiser Plaza, Oakland, CA 94612
Alfonse Upshaw	Director	One Kaiser Plaza, Oakland, CA 94612
Jeffrey Krawcek	Director	One Kaiser Plaza, Oakland, CA 94612
Brian Erling	Director	10315 Professional Circle, Reno, NV 89521
Anna Loomis	Director	10315 Professional Circle, Reno, NV 89521
Rahul Mediwala	Director	10315 Professional Circle, Reno, NV 89521

Corporate Information:

HPNV Holdco, Inc.
Address: 10315 Professional Circle, Reno, NV 89521

Ownership Information:

Kaiser Foundation Health Plan, Inc.
Address: One Kaiser Plaza, Oakland, CA 94612
Ownership of HPNV Holdco, Inc.: 50.1%

Renown Health
Address: 10315 Professional Circle, Reno, NV 89521
Ownership of HPNV Holdco, Inc.: 49.9%

STOCKHOLDER INFORMATION

There are no stockholders to report.

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **HPNV HoldCo, Inc.** as a DOMESTIC NONPROFIT CORPORATION (82) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 08/26/2025, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 05/15/2026.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202605156684145
You may verify this certificate online at https://www.nvsilverflume.gov/home

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Kaiser Permanente Del Monte Pharmacy

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 740 Del Monte Lane, Suite 3

City Reno State NV Zip 89511-7508

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 775-678-4050 Website www.kp.org

Licensing Company Email co-pharmacy.compliance@kp.org

Section 2: Personal Information

First Huy Middle Dang Tuong Last Hoang

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Rancho Cucamonga State CA Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Roseman University of Health Sciences		08/2002 - 06/2005	
Address	**City**	**State**	**Zip**
11 Sunset Way	Henderson	NV	89014
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
University of Southern California		08/1998 - 05/2000	
Address	**City**	**State**	**Zip**
University Way	Los Angeles	CA	90089
Diploma/Degree obtained, if any			
Bachelor of Science, Dental Hygiene, B.S.			

School Name		From - To (MM/YY – MM/YY)	
University of California, Irvine		09/1991 - 06/1996	
Address	**City**	**State**	**Zip**
501 Aldrich Hall	Irvine	CA	92697
Diploma/Degree obtained, if any			
Biological Sciences, B.S.			

School Name		From - To (MM/YY – MM/YY)	
Marina High School		08/1987 - 06/1991	
Address	**City**	**State**	**Zip**
15871 Springdale St.	Huntington Beach	CA	92649
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/2016 - present	[redacted]	Rancho Cucamonga	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Kaiser Permanente			01/2023 - present
Business Address	**City**	**State**	**Zip**
12254 Bellflower Blvd.	Downey	CA	90242
Phone	**Title**	**Number of Employed Hours**	
213-269-1854	National Regulatory Director Pharmacy Mail Order	7,220	
Description of Duties			
Responsible for ensuring pharmacy operations comply with laws and regulations, including monitoring regulatory changes.			

Business Name			From - To (MM/YY – MM/YY)
Integrity RX Specialty Pharmacy			06/2020 - 01/2023
Business Address	**City**	**State**	**Zip**
9397 Haven Ave.	Rancho Cucamonga	CA	91730
Phone	**Title**	**Number of Employed Hours**	
909-781-4999	Pharmacist-in-charge	5,370	
Description of Duties			
Responsible for the daily operations of the pharmacy, including dispensing accuracy, regulatory compliance, inventory management, and staff training and development.			

Business Name			From - To (MM/YY – MM/YY)
Quick Care Pharmacy			10/2015 - 04/2020
Business Address	**City**	**State**	**Zip**
9397 Haven Ave.	Rancho Cucamonga	CA	91730
Phone	**Title**	**Number of Employed Hours**	
866-393-8116	Supervising Pharmacy Manager/Chief Compliance Officer	9,530	
Description of Duties			
Responsible for overseeing pharmacy operations and ensuring compliance with applicable laws and regulations, including monitoring regulatory changes. Manages dispensing accuracy, inventory control, staff training, and quality assurance.			

Business Name			From - To (MM/YY – MM/YY)
Target Pharmacy			07/2005 - 09/2015
Business Address	**City**	**State**	**Zip**
888 W. Arrow Hwy	San Dimas	CA	91773
Phone	**Title**	**Number of Employed Hours**	
909-962-9000	Pharmacy Manager	43,400	
Description of Duties			
Responsible for the daily operations of the pharmacy, including dispensing accuracy, regulatory compliance, inventory management, and staff training and development.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Huy Hoang, **certify that as the designated representative for**

Kaiser Permanente Del Monte Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. HH I am at least 21 years of age;
3. HH I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. HH I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. HH I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. HH I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. HH I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Huy Hoang

Print Name (First, Last)

HH

Original Signature (electronic, copies or stamps not accepted)

07/10/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Huy Hoang

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/10/2026

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of San Bernardino

I, Huy Hoang, being duly sworn, depose and say I have read the foregoing application and ~~know~~ the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

07/10/2026

Date

Subscribed and Sworn to before me this 10th day of July.

Notary Public Signature

SAHAIRA RAMIREZ GARCIA
Notary Public - California
San Bernardino County
Commission # 2509529
My Comm. Expires Jan 14, 2029

(Seal)

KAISER PERMANENTE

July 16, 2026

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

To Whom it May Concern:

I, Patricia M. Rodriguez, am the Chief Executive Officer of HPNV HoldCo, Inc. In my capacity as a corporate officer of HPNV HoldCo, Inc., I appoint the following individuals as designated representatives to appear on behalf of HPNV HoldCo, Inc. at the Nevada State Board of Pharmacy's Board Meeting in support of the pharmacy license application for Kaiser Permanente Del Monte Pharmacy:

- Chad E. Friday – Executive Director Pharmacy Operations
- Huy Hoang – Pharmacist in Charge
- Tanya S. Keegan - Pharmacy Operations Specialist

Please do not hesitate to contact me if you have any questions.

Regards,

Patricia Rodriguez
Chief Executive Officer
10315 Professional Circle
Reno, NV 89521

License #	License Name
PHY 46384	Kaiser Permanente Pharmacy #833
PHY 37029	Kaiser Permanente Pharmacy #113
PHY 49886	Kaiser Permanente Pharmacy #249
PHY 43518	Kaiser Health Plan Manteca PHY 491
PHY 43518	Kaiser Health Plan Manteca PHY 491
PHY 46987	Kaiser Permanente Pharmacy #431
PHY 47092	Kaiser Permanente Pharmacy #215
PHY 51709	Kaiser Permanente Pharmacy #607
PHY 41612	Kaiser Permanente Pharmacy #985
PHY 50985	Kaiser Permanente Pharmacy #610
PHY 41612	Kaiser Permanente Pharmacy #985
PHY 43294	Kaiser Health Plan MOB PHY 401
PHY 41612	Kaiser Permanente Pharmacy #985
PHY 37446	Kaiser Health Plan 1 New PHY 601
PHY 37047	Kaiser Health Plan MOB 1 PHY 211
PHY 43605	Kaiser Health Plan Two North PHY 637
PHY 51636	Kaiser Permanente Pharmacy #105
PHY 51530	Kaiser Permanente Pharmacy #264
LSC 100395	Kaiser Permanente Pharmacy #377 (permanently closed)
PHY 37411	Kaiser Health Plan C PHY 723
PHY 37410	Kaiser Health Plan B PHY 722
PHY 40642	Kaiser Health Plan MOB 1 PHY 511
PHY 36679	Kaiser Health Plan South 1 PHY 471
PHY 56090	Kaiser Permanente Pharmacy #971

PHY 30218	Kaiser Permanente Pharmacy #014
PHY 42151	Kaiser Foundation CPP Pharmacy 251
PHY 50836	Kaiser Permanente Pharmacy #596
PHY 49285	Kaiser Permanente Pharmacy #266
PHY 40642	Kaiser Health Plan MOB 1 PHY 511
PHY 37509	Kaiser Health Plan MOB 1 PHY 684
PHY 30676	Kaiser Health Plan Cypress MOB PHY 371
PHY 37446	Kaiser Health Plan 1 New PHY 601
PHY 35902	Kaiser Permanente Pharmacy #603
PHY 39805	Kaiser Permanente Pharmacy #197
PHY 46807	Kaiser Permanente Pharmacy #608
PHY 43312	Kaiser Permanente Pharmacy
PHY 51636	Kaiser Permanente Pharmacy #105
PHY 51974	Kaiser Permanente Pharmacy #260
PHY 41612	Kaiser Permanente Pharmacy #985
PHY 42151	Kaiser Foundation CPP Pharmacy 251
PHY 58091	Kaiser Permanente Pharmacy #910
PHY 41612	Kaiser Permanente Pharmacy #985
PHY 42151	Kaiser Foundation CPP Pharmacy 251
PHY 41612	Kaiser Permanente Pharmacy #985
PH04283	Renown Pharmacy
PHY 41612	Kaiser Permanente Pharmacy #985

Date	Agency / Case
11/28/2016	CA Board of Pharmacy, AC201500553300
11/1/2017	CA Board of Pharmacy, AC201500580600
9/10/2019	CA Board of Pharmacy, AC201700631700
4/19/2013	CA Board of Pharmacy, CI 2010-48794
5/2/2013	CA Board of Pharmacy, CI 2011-51585
7/8/2013	CA Board of Pharmacy, CI 2011-51929
2/26/2018	CA Board of Pharmacy, CI 2015-66539
3/29/2016	CA Board of Pharmacy, CI 2015-69670
2015	CA Board of Pharmacy, CI 2015-69738
5/20/2016	CA Board of Pharmacy, CI 2015-70429
4/30/2018	CA Board of Pharmacy, CI 2016-74300
1/23/2018	CA Board of Pharmacy, CI 2016-74415
5/15/2018	CA Board of Pharmacy, CI 2016-74548
3/2/2018	CA Board of Pharmacy, CI 2017-76653
11/17/2017	CA Board of Pharmacy, CI 2017-77550
10/17/2019	CA Board of Pharmacy, CI 2018-81807
12/12/2019	CA Board of Pharmacy, CI 2018-82283
10/15/2020	CA Board of Pharmacy, CI 2018-84390
1/11/2021	CA Board of Pharmacy, CI 2019-86808
5/5/2020	CA Board of Pharmacy, CI 2019-87818
5/5/2020	CA Board of Pharmacy, CI 2019-87820
5/5/2021	CA Board of Pharmacy, CI 2019-88682
12/15/2021	CA Board of Pharmacy, CI 2020-92090
6/22/2022	CA Board of Pharmacy, CI 2021-93681

9/16/2022	CA Board of Pharmacy, CI 2021-94164
12/28/2022	CA Board of Pharmacy, CI 2021-94830
2/28/2023	CA Board of Pharmacy, CI 2021-95125
8/8/2023	CA Board of Pharmacy, CI 2021-95658
11/18/2022	CA Board of Pharmacy, CI 2021-95786
3/7/2024	CA Board of Pharmacy, CI 2021-96238
6/28/2024	CA Board of Pharmacy, CI 2022-100584
10/6/2023	CA Board of Pharmacy, CI 2022-100594
8/21/2025	CA Board of Pharmacy, CI 2022-100794
7/14/2023	CA Board of Pharmacy, CI 2022-97475
3/7/2024	CA Board of Pharmacy, CI 2022-99095
10/31/2023	CA Board of Pharmacy, CI 2022-99327
1/11/2024	CA Board of Pharmacy, CI 2022-99447
3/22/2024	CA Board of Pharmacy, CI 2022-99498
9/10/2024	CA Board of Pharmacy, CI 2022-99537
5/15/2024	CA Board of Pharmacy, CI 2022-99903
5/3/2024	CA Board of Pharmacy, CI 2023-101599
4/10/2026	CA Board of Pharmacy, CI 2024-106309
5/8/2026	CA Board of Pharmacy, CI 2024-10894
9/24/2021	CA Division of Occupational Safety & Health, 950635
4/15/2026	Nevada Board of Pharmacy, 25-139-PH-N
8/19/2025	DEA Los Angeles Field Division

Action	PDF
Revocation Stayed (Probation Completed 01-May-2020)	Yes
Revocation Stayed (Probation Completed 31-Oct-2020)	Yes
Stipulated Settlement and Disciplinary Order	Yes
Citation	Yes
Letter of Admonishment	Yes
Citation and Fine	Yes
Letter of Admonishment Upheld	Yes
Citation	Yes
Citation and Fine	Yes
Citation and Fine	Yes
Citation and Fine	Yes
Citation and Fine	Yes
Citation	Yes
Citation	Yes
Letter of Admonishment	Yes
Citation	Yes
Citation & Fine with Order of Abatement	Yes
Citation	Yes
Citation & Fine with Order of Abatement	Yes
Citation	Yes
Citation	Yes
Letter of Admonishment	Yes
Letter of Admonishment	Yes
Letter of Admonishment	Yes

Citation	Yes
Citation and Fine	Yes
Citation and Fine	Yes
Citation and Fine	Yes
Citation and Fine	Yes
Citation and Fine	Yes
Citation & Fine with Order of Abatement	Yes
Citation and Fine	Yes
Citation and Fine	Yes
Citation and Fine	Yes
Citation and Fine	Yes
Citation and Fine	Yes
Citation and Fine	Yes
Citation and Fine Upheld	Yes
Citation	Yes
Letter of Admonishment	Yes
Citation and Fine	Yes
Citation and Fine	Yes
Citation and Fine	Yes
Citation and Notification of Penalty	Yes
Stipulation and Order	Yes
Letter of Admonishment	Yes

411

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	■ New Pharmacy	■ Retail/Community	■ Retail/Community
■ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA # [redacted]
	☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)	☐ Other:	■ Non-sterile Compounding
			■ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
			☐ Hospital
	* Current license #: PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Eden Pharmacy, LLC dba Eden

Physical Address: 8300 Carmel Ave, Suite 601

City: Albuquerque State: NM Zip: 87122

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 833-677-8842 Toll Free # (NAC 639.708, NRS 639.23286): 833-677-8842

Fax: 505-717-1539 Contact Email: EdenPharmacy@tryeden.com

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Pete Sedillo

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): _____

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Rebecca Emch	NV Pharmacist Registration #: 22319
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Pharm Holdco, LLC

Corporation/Organization Name: Eden Pharmacy, LLC

Mailing Address: 110 16th St, Suite 1431

City: Denver State: CO Zip: 80202

Telephone: 760-484-6184 Email: EdenPharmacy@tryeden.com

Contact Person Name: Sara Neubauer

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CEO (title) for Eden Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Adam McBride

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

7/6-25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Adam McBride

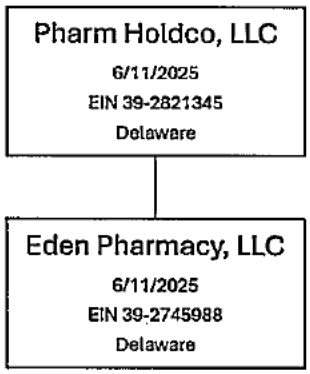
Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

7-16-25

Date

Board Use Only	Date Received: 10/2/25	Amount: $500 - CK 113



Pharm Holdco, LLC
Address: 110 16th St, Suite 1431, Denver CO 80202
Ownership: 100% ownership of Eden Pharmacy LLC DBA Eden

Officers of Pharm Holdco LLC

- Name: Adam McBride
  - Title: CEO
  - DOB: [redacted]
  - Address: [redacted] Big Pine Key, FL [redacted]
  - [redacted]
- Name: Joshua Khan
  - Title: President
  - DOB: [redacted]
  - Address: [redacted] Brighton, MI [redacted]
  - [redacted]
- Name: Daniel Dietz
  - Title: COO
  - DOB [redacted]
    Address: [redacted] Denver CO [redacted]
  - [redacted]

Officers of Eden Pharmacy LLC, DBA Eden

- Name: Adam McBride
  - Title: CEO
  - DOB: [redacted]
  - Address: [redacted] Big Pine Key, FL [redacted]
  - [redacted]
- Name: Joshua Khan
  - Title: President
  - DOB: [redacted]
  - Address: [redacted] Brighton, MI 48114
  - [redacted]
- Name: Daniel Dietz
  - Title: COO

STATE OF NEW MEXICO

OFFICE OF THE SECRETARY OF STATE

Certificate of Good Standing

The undersigned Secretary of State for the State of New Mexico does hereby confirm that the entity is registered with the below status in the state of New Mexico

Eden Pharmacy, LLC

Foreign Limited Liability Company

DELAWARE

Active

May 29, 2026

Maggie Toulouse Oliver

MAGGIE TOULOUSE OLIVER

Secretary of State

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Eden Pharmacy, LLC dba Eden

Pharmacy/Wholesaler License # (if applicable): In process

Physical Address: 8300 Carmel Ave, Suite 601

City: Albuquerque State: NM Zip: 87122

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 833-677-8842 Website:

Licensing Company Email: EdenPharmacy@tryeden.com

Section 2: Personal Information

First: Pete Middle: Last: Sedillo

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Albuquerque State: NM Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of New Mexico College of Pharmacy		08/14 - 05/18	
Address	**City**	**State**	**Zip**
2502 Marble NE	Albuquerque	NM	87131
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
University of New Mexico Anderson Schools of Management		08/95 - 07/01	
Address	**City**	**State**	**Zip**
1922 Las Lomas NE	Albuquerque	NM	87106
Diploma/Degree obtained, if any			
Bachelor of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
St. Pius X		08/41 - 05/95	
Address	**City**	**State**	**Zip**
5301 St. Josephs Dr NW	Albuquerque	NM	87120
Diploma/Degree obtained, if any			
Highschool Deploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/06 - present	[redacted]	Albuquerque	NM	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)
Southwest Home Solutions LLC dba Farmakeio NM (formerly Albuquerque city drug)		08/18 - 05/25
Business Address	**City**	**State / Zip**
2100 Louisiana Blvd NE, Ste 460	Albuquerque	NM 87110
Phone	**Title**	**Number of Employed Hours**
505-705-3540	Director of Operations / PIC	14,213.333
Description of Duties		
Rx verification, Pt counseling, Pharmacy operational oversight, compliance assurance, staff hiring, training, and support oversight, Provider Interaction, CQI assurance, project management, process improvement, clinical decision making, licensing oversight		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

I, Pete Sedillo, **certify that as the designated representative for**

Eden Pharmacy, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. PS I am at least 21 years of age;
3. PS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. PS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. PS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. PS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. PS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Pete Sedillo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/22/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Pete Sedillo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/22/2025

Date

Please have this section completed in the presence of a Notary Public.

State of New Mexico, ss. County of Bernalillo

I, Pete Sedillo, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/23/2025

Date

Subscribed and Sworn to before me this 23rd day of September 2025

Notary Public Signature

ELIZABETH ANNE SANTORO
Notary Public, State of New Mexico
Comm. # 2000916
My Comm. Exp. Oct 5, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Eden Pharmacy, LLC

NV Pharmacy or Outsourcing facility license # (if applicable): In process

Physical Address: 8300 Carmel Ave, Suite 601

City: Albuquerque State: NM Zip: 87122

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 833-677-8842 Toll Free # (NAC 639.708, NRS 639.23286): 833-677-8842

Fax: 505-717-1539 Contact Email: EdenPharmacy@tryeden.com

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Pete Sedillo

Supervising/Managing Pharmacist NV Pharmacist Registration #: N/A

Name of Designated Person(s) as defined by revised USP-797 guidelines: Erica Butler

Email of Designated Person(s): erica@eden.health

Telephone of Designated Person(s): 833-677-8842

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

   ☐ Category 1 ■ Category 2 ■ Category 3

If you marked "**Category 3**", you must also complete **section 4**.

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ■ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ■ Aseptic ■ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? 06-09-2025

6. What is the frequency of the recertification for the ISO classified areas? Every 6 months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Most compounding days at least 3 times per week.

10. Will you be performing sterile hazardous drug compounding? ■ Yes ☐ No

If you marked "**Yes**", you must also complete **section 3**.

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Sermorelin 1.8mg/ml and 2mg/ml
Semaglutide 2.5mg/ml glycine 5mg/ml
Methylcobalamin 5mg/ml and 10mg/ml
NAD+ 50mg/ml
Gluathione 200mg/ml

12. What laboratory performs your sterility or endotoxin testing?

Name: Focus Labs

Address: 2660 Alt 19 STE A

City: Palm Harbor State: FL Zip: 34683

Telephone: 610-866-7272

13. What is your procedure for visual inspection of compounded sterile products?
Color of Solution: Determine the actual color of the solution is as expected
Clarity: Perform a visual evaluation of the clarity of the solution. A light/dark background may be used.
Particulate Matter: Inspect on light dark background for particulate matter.

14. How often do you perform glove fingertip and medial fill testing?
Every 3 months

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:
Initial Training: All sterile compounding personnel must complete didactic and hands-on experiential training covering aseptic technique, garbing, environmental monitoring, hazardous drug handling, and related core skills. Initial competency is validated through written assessments, observational audits, media fill testing, gloved fingertip/thumb sampling, and surface sampling. Personnel must demonstrate functional and verbal proficiency in all required procedures before being allowed to compound independently. Garbing competency must be passed 3 consecutive times initially.
Ongoing Training and Competency: Every 3 months: Garbing competency (including gloved fingertip test), media fill testing, and surface sampling.
Annually: Didactic refresher training and competency assessment in sterile compounding principles.

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
PEC: Cleaned and disinfected with Preempt at the beginning of each shift before compounding; sterile 70% IPA prior to compounding; sterile 70% IPA to horizontal worksurface every 30 minutes if compounding process takes less than 30 minutes; immediately after compounding; after spills; when surface contamination is known or suspected; daily on days when compounding occurs.

SEC: Daily on days when compounding occurs for work surfaces outside of PEC and floors. Monthly for walls, doors, door frames, ceilings, storage shelving and bins, and equipment outside of PECs.

Peridox: see section 4 question 6 for procedure of using sporicidal disenfectant.

17. Who performs the sterile compounding process at your facility?

Qualified and trained pharmacy technicians and pharmacists

18. Who is responsible and accountable for the sterile compounding process at your facility?
Designated person

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
Refrigerated storage conditions using LiFoam shipping packaging and Kangaroo Mailer packaging certified to keep products between 2 and 8 degrees C for 37 to 49 hours respectively. We've also completed our own temperature data logger study using a calibrated temperature logger.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? Biological Safety Cabinet - Nuaire NU-5540-400 Class II A2		
2. Are you complying with all USP 800 guidelines?	■ Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	■ Yes	No
4. Is your BSC or CACI vented 100% to the outside?	■ Yes	No
5. Do you have a negative pressure buffer room at your facility?	■ Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	■ Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	■ Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	■ No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

Every batch label and prescription label has an auxiliary warning label that states the medication is a hazardous drug.

Every prescription is shipped with patient education handouts that overview the type of medication they are receiving, proper handling, use, and disposal instructions. This sheet has the pharmacy's toll free phone number and counseling availability.

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

See section 2 question 15 for sterile compounding training. Below is in addition and specific to hazardous drugs:
All personnel who handle HDs must be trained based on their job functions (e.g., in the receipt, storage, compounding, repackaging, dispensing, administrating, and disposing of HDs). Training must occur before the employee independently handles HDs. The effectiveness of training for HD handling competencies must be demonstrated by each employee. Personnel competency must be reassessed at least every 12 months. Personnel must be trained prior to the introduction of a new HD or new equipment and prior to a new or significant change in process or SOP. All training and competency assessment must be documented.

The training must include at least the following:
-Overview of entity's list of HDs and their risks
-Review of the entity's SOPs related to handling of HDs
-Proper use of PPE
-Proper use of equipment and devices (e.g., engineering controls)
-Response to known or suspected HD exposure
-Spill management
-Proper disposal of HDs and trace-contaminated materials

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

Methylcobalamin 5mg/ml and 10mg/ml
Testosterone cypionate 200mg/ml in sesame oil
Testosterone cypionate 200mg/ml Anastrozole 1mg/ml in sesame oil
Semaglutide 2.5mg/ml glycine 5mg/ml (testing in process)

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

Every 3 months for category 3 CSPs

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? ■ Yes No

4. What is the frequency for completing volumetric active air sampling?

Monthly

5. What is the frequency for completing surface sampling? Performed once every six months by a 3rd party certification company. Performed per USP 797 Category III requirements post EACH batch in the iso 5 hood Performed once a month on all other surfaces in-house, does not need to be done in house if the month falls on a month that the 3rd party company is performing viable surface sampling.	
6. What is the frequency for using sporicidal agents? PECs and equipment inside PECs - weekly Removable work tray in PEC - monthly Work surfaces outside of PEC - weekly Walls, doors, door frames, ceilings, shelving/bins, equipment outside of PEC - monthly	
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	■ Yes No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	■ Yes No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Erica Butler

Name of Person who Completed the Form

RPh, Designated Person

Title

Signature (copies or stamps not accepted)

9/30/2025

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

New Mexico Regulation and Licensing Department
Board of Pharmacy
5500 San Antonio Dr. NE • Suite C • Albuquerque, New Mexico 87109
(505) 222-9830 • Fax (505) 222-9845 • (800) 565-9102
www.rld.nm.gov/pharmacy

RETAIL PHARMACY PRELIMINARY INSPECTION

NEW/CHANGE OF OWNERSHIP ✓ REMODEL____ RELOCATION____

NAME: Eden Pharmacy, LLC

ADDRESS: 8300 Carmel Ave. NE Ste 601 CITY: Albuquerque

STATE: NM ZIP: 87122 TELEPHONE: 505-677-8842 FAX: 505-717-1539

applicant cell = 760-484-6194

E-MAIL: eden.pharmacy@tryeden.com

PHARMACY DIMENSIONS: 19'x12'6" + 12'4" x 28 + 22'x7' + 9'2" x 8' = 807 retail space (237.5+345+154+73)

USABLE FLOOR SPACE (sq. ft.): 8'9x4'9+116'x46, 9'9"x136, 17'x6, 18'x5'7"

COUNTER DIMENSIONS: 8½x4', 2'5"x9', 12'5"x2, 11'9"x2', 11'x2'5", 8'10"x9', 8'8"x6

COUNTER SPACE (sq. ft.): 34 + 21.75 + 24.8 + 23.5 + 26.6 = 130.65 ft2

INTERNET ACCESS: YES ✓ NO____

CURRENT NM PHARMACY LAWS/REGULATIONS: Yes

PRINTED____ INTERNET ✓

CURRENT REFERENCE: Plumb's, Lexicomp, Clinical Pharmacy, USP-NF online

PRINTED____ INTERNET____

REFRIGERATOR: x6 freezer x 2 THERMOMETER: All areas

WATER: ✓ HOT ✓ COLD ✓

NECESSARY EQUIPMENT: Yes

ADEQUATE SECURITY/LOCKS TO RESTRICTED AREA: ✱ Multiple cameras throughout, metal roll down security gates at windows & entrance. Alarm system at front door

POLICY MANUAL: Under review ✱

STORING AND SAFEKEEPING OF DRUGS:

RECORD KEEPING SYSTEM FOR DRUGS:

PURCHASE____

SALE____

POSSESSION____

RETURN____

PATIENT PROFILE____

Policies reviewed 8/5/2025 - items still needed & corrections need to be made/language needs to be added KM to issue license.

ERROR PREVENTION PROCEDURES:

ADVERSE DRUG EVENT REPORTING:

COMMENTS: ✱ Advise to install padlock at roof access panel ✱ Need to re-caulk around large metal & large plastic plumbing flange under sink in Non-HA area-room.

INSPECTOR: Kristofer Mossberg 8/5/2025

✱ = need to address & provide pictures prior to issuing license.

- Last certifications from Pro-Tech - 6/9/2025 no issues noted, no viables exceeded action levels
- Last BOP inspection - 2/7/2025, only issue noted was caulking needed @ under sink & where linoleum meets floor. No other issues/deficiencies

Shannon Pitcher 8-5-2025

No charge to sterile compounding Lic or non sterile Compounding dimensions since start of business

No PECs or CVES moved since last BOP inspection.

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Business e-Profile ID:	1770149		**Inspection Information**
Legal Business Name:	NM Compounding and Infusion Pharmacy LLC	**Conference Call Date:**	01/31/2025
Doing Business As (DBA):	Contigo Compounding Pharmacy	**Start Time: 24-hour format (13:00)**	11:00 (EST)
Address:	8300 Carmel Ave NE Ste 601	**End Time: 24-hour format (13:00)**	13:25 (EST)
City:	Albuquerque	**Onsite Inspection Date(s):**	02/05/2025 and 02/06/2025
State:	New Mexico	**Start Time(s): 24-hour format (13:00)**	14:00 and 06:00
Zip Code:	87122	**End Time(s): 24-hour format (13:00)**	17:15 and 16:20
Telephone number:	505/677-8842	**Inspector Name(s):**	Ronnie Higgins, RPh
Toll free number:	833/677-8842	**Inspection performed by (NABP, State, etc):**	NABP
Fax number:	505/717-1539	**Observer Name/Affiliation (If applicable):**	Adela Padilla and Napoleon Manian - New Mexico State Drug Inspectors.
Website:	www.contigocompoundingnm.com	**Observer Name/Affiliation (If applicable):**	N/A

Search Result(s)

General Information

Board	Board of Pharmacy	License Type	In State Sterile Pharmacy
License Number	PH00005990	License Status	Active
Temporary or Provisional License	No	Licensee Name	Eden Pharmacy, LLC DBA Eden
Issue Date	08/14/2025	Expiration Date	12/31/2027

Address Information

Street	8300 Carmel Ave NE STE 601	City	Albuquerque
County		State	New Mexico
Zip Code	87122		

Inspection Information

Inspection Type	Retail Pharmacy Preliminary	Inspection Date	2025-12-11
30 Day Response Required	No		

B

Se

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Eden Pharmacy, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): In process

Physical Address: 8300 Carmel Ave, Suite 601

City: Albuquerque, State: NM Zip: 87122

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 833-677-8842 Website:

Licensing Company Email: EdenPharmacy@tryeden.com

Section 2: Personal Information

First: Adam Middle: D Last: McBride

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Big Pine Key State: FL Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Harvard University			08/10 - 11/15	
Address		City	State	Zip
1350 Massachusetts Ave		Cambridge	MA	02138
Diploma/Degree obtained, if any				
Masters in Government				
School Name			From - To (MM/YY – MM/YY)	
California State University San Bernardino			08/06 - 08/10	
Address		City	State	Zip
5500 University Parkway		San Bernardino	CA	92407
Diploma/Degree obtained, if any				
Bachelors in Political Science				
School Name			From - To (MM/YY – MM/YY)	
Murrieta Valley High School			08/97 - 08/01	
Address		City	State	Zip
42200 Night Hawk way		Murrieta	CA	92562
Diploma/Degree obtained, if any				
High School diploma				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/25 - Present	[redacted]	Big Pine Key	FL	[redacted]
07/18 - 04/25		Aldie	VA	
02/16 - 07/18		Ashburn	VA	
03/15 - 02/16		Alexandria	VA	

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Eden			From - To (MM/YY – MM/YY): 01/23 - Present
Business Address: 1110 16th Street suite #1438	City: Denver	State: CO	Zip: 80202
Phone: 302-204-2197	Title: CEO		
Description of Duties: Responsible for running the company			

Business Name: AgelessRx			From - To (MM/YY – MM/YY): 12/20 – 12/22
Business Address: 2370 E Stadium Blvd #2049	City: Ann Arbor	State: MI	Zip: 48104
Phone: 650-503-9990	Title: Head of ~~Product~~ Product		
Description of Duties: Head of Product responsible for building software to service the customer			

Business Name: Capital One			From - To (MM/YY – MM/YY): 03/17 - 12/20
Business Address: 1680 Capital One Drive	City: McLean	State: VA	Zip: 22102
Phone: 877-383-4802	Title: VP of Product ML Digital Customer Experience		
Description of Duties: Responsible for building software that manages & stores customer data			

Business Name: Geico			From - To (MM/YY – MM/YY): 03/15 - 03/17
Business Address: 5260 Western Ave	City: Chevy Chase	State: MD	Zip: 20815
Phone: 800-841-3000	Title: Director of Product Digital Customer platforms		
Description of Duties: responsible for building software that handles digital Claims			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

McBride, Adam

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8-14-25

Date

Please have this section completed in the presence of a Notary Public.

State of New Mexico, ss. County of Bernalillo

I, Adam D McBride, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8-14-25

Date

Subscribed and Sworn to before me this 14th day of August, 2025.

Notary Public Signature

NOTARY PUBLIC-STATE OF NEW MEXICO
Erica J Gonzales
Commission # 2005459
My Comm. Expires 2/11/2029

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Eden Pharmacy, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) In process

Physical Address 8300 Carmel Ave, Suite 601

City Albuquerque, State NM Zip 87122

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 833-677-8842 Website _____

Licensing Company Email EdenPharmacy@tryeden.com

Section 2: Personal Information

First Daniel Middle Peter Last Dietz

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Denver State CO Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of New Mexico School of Law		8/12 - 5/15	
Address	City	State	Zip
1117 Stanford Dr NE	Albuquerque	NM	87106
Diploma/Degree obtained, if any	JD		

School Name		From - To (MM/YY – MM/YY)	
University of New Mexico		8/12 - 5/15	
Address	City	State	Zip
1155 University Blvd SE	Albuquerque	NM	87106
Diploma/Degree obtained, if any	MBA		

School Name		From - To (MM/YY – MM/YY)	
Anderson University		8/09 - 5/11	
Address	City	State	Zip
1100 E 5th St	Anderson	IN	46012
Diploma/Degree obtained, if any	Business Administration		

School Name		From - To (MM/YY – MM/YY)	
Mayfield High School		8/05 - 5/09	
Address	City	State	Zip
1955 N Valley Dr #154	Las Cruces	NM	88007
Diploma/Degree obtained, if any	High School Diploma		

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/25 - Current	[redacted]	Denver	CO	[redacted]
03/24 - 01/25		Denver	CO	
08/22 - 03/24		Denver	CO	
08/20 - 08/22		Denver	CO	
03/19 - 08/20		Lantana	FL	
08/18 - 03/19		West Palm Beach	FL	
03/16 - 08/18		Albuquerque	NM	
01/14 - 03/16		Albuquerque	NM	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Eden Health International Inc			From - To (MM/YY – MM/YY): 01/24 – Present	
Business Address: 110 16th St Ste 1431	City: Denver	State: CO	Zip: 80202	
Phone: 302-204-2197	Title: COO			
Description of Duties: Company Management & operations				

Business Name: Longevity Labs Inc			From - To (MM/YY – MM/YY): 03/20-01/24	
Business Address: 1550 Wewatta St	City: Denver	State: CO	Zip: 80202	
Phone: 800-876-9183	Title: CEO			
Description of Duties: Company Management and operations				

Business Name: Anthos Capital / grow healthy FL			From - To (MM/YY – MM/YY): 10/18 - 03/20	
Business Address: 515 N. Flagler Dr	City: West Palm Beach	State: FL	Zip: 33401	
Phone:	Title: Project Manager			
Description of Duties: Select new store sites and Construction Management				

Business Name: Innovate ABQ Inc			From - To (MM/YY – MM/YY): 05/16 - 09/18	
Business Address: 101 Broadway Blvd NE	City: Albuquerque	State: NM	Zip: 87102	
Phone:	Title: Project Manager			
Description of Duties: Project and construction Management				

Business Name: City of Albuquerque			From - To (MM/YY – MM/YY): 11/15 - 05/16	
Business Address: 1 Civic Plaza NW	City: Albuquerque	State: NM	Zip: 87102	
Phone: 505-768-2000	Title: Assistant city Attorney			
Description of Duties: Advise on real estate and land use matters				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dietz, Daniel Peter

Print Name (First, Last)

Daniel Peter Dietz

Original Signature (electronic, copies or stamps not accepted)

8/14/2025

Date

Please have this section completed in the presence of a Notary Public.

State of New Mexico, ss. County of Bernalillo

I, Daniel P Dietz, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Daniel Peter Dietz

Original Signature

8/14/2025

Date

Subscribed and Sworn to before me this 14th day of August, 2025.

Erica J Gonzales

Notary Public Signature

NOTARY PUBLIC-STATE OF NEW MEXICO
Erica J Gonzales
Commission # 2005459
My Comm. Expires 2/11/2029

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Eden Pharmacy, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): In process

Physical Address: 8300 Carmel Ave, Suite 601

City: Albuquerque, State: NM Zip: 87122

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 833-677-8842 Website:

Licensing Company Email: EdenPharmacy@tryeden.com

Section 2: Personal Information

First: Joshua Middle: Joseph Last: Khan

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Brighton State: MI Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Lakeshore High School		12/06 06/09	
Address	City	State	Zip
5771 Cleveland Ave	Stevensville	MI	49127
Diploma/Degree obtained, if any			
HS Diploma			
School Name		From - To (MM/YY – MM/YY)	
University of Michigan - Dearborn campus		09/09 – 03/14	
Address	City	State	Zip
4901 Evergreen Rd.	Dearborn	MI	48128
Diploma/Degree obtained, if any			
Bachelors degree – Political science / Business mgt			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/22 – Present	[redacted]	Brighton	MI	[redacted]
04/20 – 04/22		Brighton	MI	
01/20 – 04/20		Westland	MI	
09/17 – 12/19		Canton	MI	
01/15 – 08/17		Canton	MI	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Eden Health International			From - To (MM/YY – MM/YY): 10/23 – Present
Business Address: 110 16th street ste 1431	City: Denver	State: CO	Zip: 80202
Phone: 734·260·3902	Title: President &		
Description of Duties: Co-Founder -			

Business Name: Agelessrx Inc			From - To (MM/YY – MM/YY): 08/20 – 10/23
Business Address: 2370 E. Stadium Blvd. # 2049	City: Ann Arbor	State: MI	Zip: 48104
Phone: 650·503·9990	Title: Head of Product, Business dev, & Supply Chain		
Description of Duties: Run Product Mgmt			

Business Name: Dana Incorporated			From - To (MM/YY – MM/YY): 03/15 – 08/20
Business Address: 3939 Technology Drive	City: Maumee	State: OH	Zip: 43537
Phone: 419-887-3000	Title: Global Digital Transformation Mgr		
Description of Duties: Innovated tech for Dana			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Khan, Joshua J.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/14/25

Date

Please have this section completed in the presence of a Notary Public.

State of New Mexico, ss. County of Bernalillo

I, Joshua J Khan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

08/14/25

Date

Subscribed and Sworn to before me this 14th day of August, 2025

Notary Public Signature

NOTARY PUBLIC-STATE OF NEW MEXICO
Erica J Gonzales
Commission # 2005459
My Comm. Expires 2/11/2029

(Seal)

4JJ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ■ Out-of-Nevada	■ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH_____	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ■ Non-sterile Compounding ■ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	■ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Emerald Compounding Pharmacy, LLC

Physical Address: 5325 Primrose Lake Circle Suite A

City: Tampa State: FL Zip: 33647

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 321-321-3313 Toll Free # (NAC 639.708, NRS 639.23286): (877) 443-7711

Fax: 866-346-1665 Contact Email: compliance@emeraldsrx.com

Website: www.emeraldsrx.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Adonis Ducre

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23711

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: See attached	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: Ahmad Ghrouf	Credentials: Pharm.D	%: 100
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: Ahmad Ghrouf

Business Name: Emerald Compounding Pharmacy, LLC

Business Address: 5325 Primrose Lake Circle Suite A

City: Tampa State: FL Zip: 33647

Telephone: 321-321-3313 Email: ahmad@emeraldsrx.com

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Compliance Pharmacist/NV PIC (title) for Emerald Compounding Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Adonis Ducre

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

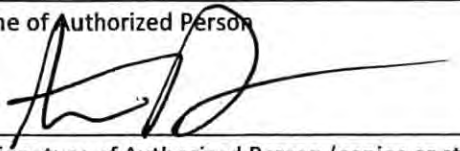
1/5/26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Adonis Ducre

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

1/5/26

Date

Board Use Only	Date Received: 4/22/26	Amount: 500.00 / CC

State of Florida
Department of State

I certify from the records of this office that EMERALD COMPOUNDING PHARMACY LLC is a limited liability company organized under the laws of the State of Florida, filed on January 16, 2024, effective January 14, 2024.

The document number of this limited liability company is L24000031566.

I further certify that said limited liability company has paid all fees due this office through December 31, 2025, that its most recent annual report was filed on April 29, 2025, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Second day of December, 2025

Secretary of State

Tracking Number: 7209386397CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Emerald Compounding Pharmacy

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 5325 Primrose Lake Cir Ste. A

City Tampa State FL Zip 33647

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 321-321-3313 Website emeraldsrx.com

Licensing Company Email compliance@emeraldsrx.com

Section 2: Personal Information

First Ahmad Middle _____ Last Ghrouf

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Tampa State FL Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	n/a	✓

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Emerald Compounding Pharmacy			04/24 - current
Business Address	**City**	**State**	**Zip**
5325 Primrose Lake Circle #A	Tampa	FL	
Phone	**Title**	**Number of Employed Hours**	
321-321-3313	Owner / PIC	4,000	

Description of Duties

Manage everything for pharmacy.

Business Name			From - To (MM/YY – MM/YY)
CVS Health			03/23 - 06/24
Business Address	**City**	**State**	**Zip**
	Brandon	FL	33508
Phone	**Title**	**Number of Employed Hours**	
800-367-2884	Manager	2,280	

Description of Duties

District Pharmacy Leader

Business Name			From - To (MM/YY – MM/YY)
CVS Health			11/16 - 3/23
Business Address	**City**	**State**	**Zip**
	Tampa	FL	33592
Phone	**Title**	**Number of Employed Hours**	
800-367-2884	Pharmacy Mgr	8,000	

Description of Duties

Manage day to day operations pharmacy

Business Name			From - To (MM/YY – MM/YY)
Contract Managed Care Pharmacist			05/19 - 03/23
Business Address	**City**	**State**	**Zip**
Remote	Orlando / Tampa	FL	
Phone	**Title**	**Number of Employed Hours**	
	Pharmacist	7,000	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Ahmad Ghrouf, **certify that as the designated representative for** Emerald Compounding Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AG I am at least 21 years of age;
3. AG I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. AG I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AG I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AG I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. AG I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Ahmad . Ghrouf

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/20/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ahmad, Ghrouf

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2-20-2026

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Harris

I, Ahmad Ghrouf, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2-20-2026

Date

Subscribed and Sworn to before me this 20th day of February.

Willena Ducre

Notary Public Signature

WILLENA DUCRE
Notary ID #134324989
My Commission Expires
April 26, 2027

(Seal)

AG

Ahmad Ghrouf, B.S., PharmD., R.Ph., C.Ph

Professional Summary

Experienced Director of Healthcare Services with a demonstrated history of successfully leading healthcare teams and implementing successful programs in hospital and healthcare settings. Proven ability to resolve problems, achieve goals, and develop high-performing teams. Strong skills in policy and program development, managed care, healthcare operations, business management, communication, leadership, and critical thinking.

Work History

Emerald Compounding Pharmacy - CEO/ Pharmacist In Charge
Tampa , FL
04/2024 - current

- Operational Oversight: Manage pharmacy operations, including inventory, staffing, and workflow. Develop policies for safe medication preparation, dispensing, and ensure adequate stock of supplies.
- Regulatory Compliance: Ensure adherence to USP standards, DEA regulations, and Board of Pharmacy requirements. Oversee audits, maintain documentation, and implement quality assurance programs.
- Patient Care and Safety: Provide high-quality pharmaceutical care, oversee sterile and non-sterile compounding, and collaborate with providers to optimize patient outcomes.
- Strategic Planning and Growth: Expand services, build partnerships with healthcare providers and medical spa owners, and adopt innovative industry practices.
- Risk Management: Monitor medication errors, implement safety measures, and ensure proper handling and storage to prevent contamination or loss.

CVS Health - District Support Pharmacy Leader
Brandon, FL
03/2023 - 06/2024

- Multi-unit leader, spearheaded district level portfolio growth, across 25 CVS Health retail locations between Brandon and Bradenton, FL.
- Accountable for a P&L of over 250 million in annual revenue, elevating patient safety and delivering exemplary clinical outcomes.
- Directed the execution of growth strategies while ensuring industry and regulatory compliance, optimizing operational efficiency and driving business performance.

[redacted]

Skills

- Policy and Program Development
- Healthcare Operations
- Business Management Principles
- Effective Communicator & Speaker
- Leadership and People Development
- Analytical and Critical Thinker
- Managed Care
- Electronic Medical Records
- Proficiency in Microsoft Office
- Data Review & Interpretation
- Pharmacy & Medical Benefits
- Pharmaceutical Industry
- Presentation Skills
- Business Development
- Ability To Research
- Verbal And Written Communication

Education

05/2016
Lake Erie College of Osteopathic Medicine
Erie, PA
Doctor of Pharmacy: Pharmacology

- American Pharmacist Association Member
- Academy of Managed Care Pharmacy Member
- National Community Pharmacy Association Member

06/2013
St. Francis College
Brooklyn, NY
Bachelor of Science: Biology

- Honoree of Magna Cum Laude

- Responsible for developing and executing on recruitment, training and retention of over 80 pharmacist positions and over 200 pharmacy technician positions.
- Drove talent development efforts, serving as a mentor to individuals in the market, preparing them for pivotal roles across the enterprise, and cultivating future leaders of the organization.
- Demonstrated commitment to personal growth and professional development by successfully completing KLEs (Key Learning Experiences) and actively participating in strategic CVS lead workshops for leadership, business management and team dynamics.
- Served as a preceptor and coordinator for intern programs with local colleges of pharmacy, resulting in improved patient care for the community, benefits for the company, and educational opportunities for pharmacy students.

CVS Health - Pharmacy Manager, District Leader EL Program
Tampa, FL
11/2016 - 03/2023

- Implemented quarterly vaccine awareness campaigns that increased immunization by 150% and enhanced community health education.
- Recognized as top immunizer in the district and region, proven by KPI in MPC (My Patient Care) as the number 1 store in the chain.
- Recognized as top performing store proven by KPI in WeCare as the number 1 store in the chain.
- Proactively led and supported a team of 5 pharmacists and 18 technicians, effectively processing over 6,000 prescriptions (90 as 1) per week. This resulted in the pharmacy business unit achieving nearly $15 million in annual revenue and recognized as the top store in the district.
- Educated patients on possible drug interactions, potential side effects, and optimal methods of administration while also performing Drug Utilization Review (DUR) and offering medication therapy counseling for all new and refill prescriptions.
- Facilitated the placement of 25 pharmacy interns in both intermediate and advanced practice experiences, contributing to the growth and development of future pharmacists.

Contract - Managed Care Pharmacist
Remote
05/2019 - 03/2023

- Clinical Policy and Formulary Management: Developed and implemented clinical formulary strategies, analyzed pharmacy and medical trends, and managed drug pipeline.
- Specialty Pharmacy: Managed specialty drugs within a managed care environment through clinical strategy, programs, and business development initiatives.
- Clinical Operations: Reviewed prior authorization requests and non formulary exception requests, and gained experience in applying Lean Six Sigma to support clinical processes.
- Patient Safety Programs: Contributed to clinical programs to improve medication usage and safety, and supported Healthcare Effectiveness Data and Information Set (HEDIS) and The Centers for Medicare & Medicaid Services (CMS) star ratings.
- Educated clients on new services and updated account information to maintain high standards of client service.

CVS Health - Pharmacy Intern
Tampa FL
08/2013 - 11/2016

- Dean's List 2009-2013
- 3.7 GPA
- Chi Beta Phi Member

Certifications

- **Registered Pharmacist,** Florida Board of Pharmacy
- **Fundamentals of Managed Care Pharmacy Certificate,** Academy of Managed Care Pharmacy
- **Certified To Administer Immunizations,** Florida Department of Health
- **Advanced Cardiac Life Support Experience Provider,** American Heart Association
- **Basic Life Support for Healthcare Providers,** American Heart Association
- **Medication Therapy Management (MTM),** American Pharmacists Association (APhA)

- Counseled patients on new medications and OTC products.
- Assisted pharmacist in final review of filled prescriptions.
- Assisted with inventory control, maintained levels, checked invoices and entered inventory information into the computer.
- Discussed medical histories with patients to provide most effective medical advice.
- Delivered training on medical device use and storage to enhance support for different groups of patients.

CVS Health - Registered Pharmacy Technician
Brooklyn, NY
08/2011 - 08/2013

- Communicated with patients to collect information about prescriptions and medical conditions or arrange consultations with pharmacists.
- Consulted with insurance company representatives to complete claims processing, resolve concerns and reconcile payments.
- Answered incoming phone calls and addressed questions from patients and healthcare providers.
- Calculated dosage, filled prescriptions and prepared prescription labels with absolute accuracy.

St. Luke's Roosevelt Hospital - Clinical Research Coordinator
New York City, NY
01/2010 - 08/2011

- Assisted with analysis of research data in collaboration with the research department.
- Attended and gave seminars under direction of the scientific director.
- Prepared scholarly manuscripts and final study reports to communicate results of research to the broader scientific community.
- Designed, constructed and implemented research proposals, protocols, and procedures.
- Completed data entry tasks with accuracy and efficiency.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Emerald Compounding Pharmacy, LLC

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 5325 Primrose Lake Circle Ste A

City: Tampa State: FL Zip: 33647

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 321-321-3313 Toll Free # (NAC 639.708, NRS 639.23286): 877-443-7711

Fax: 866-346-1665 Contact Email: adonis@emeraldsrx.com

Website: www.emeraldsrx.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Adonis Ducre

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23711

Name of Designated Person(s) as defined by revised USP-797 guidelines: Ahmad Ghrouf

Email of Designated Person(s): compliance@emeraldsrx.com

Telephone of Designated Person(s): 321-321-3313

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

   ■ Category 1 ■ Category 2 ■ Category 3

   If you marked "**Category 3**", you must also complete **section 4**.

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ■ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ■ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? October 10th 2025

6. What is the frequency of the recertification for the ISO classified areas? 6 Months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Every week

10. Will you be performing sterile hazardous drug compounding? Yes ■ No

    If you marked "**Yes**", you must also complete **section 3**.

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:
Tirzepatide/Glycine, Tirzepatide/Glycine/B12, MIC B12, NAD+ , Semaglutide/Glycine, Semaglutide/Glycine/B12, Sermorelin

12. What laboratory performs your sterility or endotoxin testing?

Name: Focus Laboratories

Address: 2660 US-19 ALT,,

City: Palm Harbor State: FL Zip: 34683

Telephone: (610) 866-7272

13. What is your procedure for visual inspection of compounded sterile products?
Our Pharmacy conducts a documented visual inspection of all compounded sterile products after final preparation and again prior to release. The visual inspection is performed by trained personnel in a well-lit, black and white light box. Each CSP is examined for container closure integrity, leaks or defects, clarity and freedom from visible particulates. Discoloration, precipitation, and incompatibility are also checked. Labels are verified for accuracy and completeness, including drug information, beyond use date, storage conditions and required identifiers as per facility SOP.

14. How often do you perform glove fingertip and medial fill testing?
Every 3 months for Sterile compounding personnel and annually for Pharmacist/ Compounding oversight Personnel. Additionally, we are performing batch surface and glove fingertip sampling for each batch that is compounded.

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:
Sterile compounding personnel complete structured initial training that covers facility SOP's, aseptic principles, garbing, environmental control, cleaning, and hands on aseptic technique, followed by required competencies such as gowning and garbing, GFT testing and Media fill simulations. Ongoing training includes annual knowledge refresher and observed technique assessment, and every 3 months such as: gowning and garbing, GFT testing and Media fill simulations to ensure continued compliance and safe preparation of CSP's.

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
Daily, Weekly, and Monthly cleanings are completed for PECs and SECs. The cleaning agents used in daily cleaning are TB1, and IPA 70%. Weekly and monthly cleanings are conducted with Peridox, TB1 and IPA 70%.

17. Who performs the sterile compounding process at your facility?

Sterile Compounding technicians compound the CSP's and Pharmacists verify the manufacturing process for each batch.

18. Who is responsible and accountable for the sterile compounding process at your facility?
The PIC is responsible and responsible and accountable for the sterile compounding process at our facility.

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
Based on the storage condition mentioned on the label, each product is shipped according to the mentioned storage conditions to ensure product safety/efficacy.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility?		
2. Are you complying with all USP 800 guidelines?	Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	Yes	No
4. Is your BSC or CACI vented 100% to the outside?	Yes	No
5. Do you have a negative pressure buffer room at your facility?	Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:
Tirzepatide/Glycine, Tirzepatide/Glycine/B12, MIC B12, NAD+ , Semaglutide/Glycine, Semaglutide/Glycine/B12, Sermorelin, and Glutathione.

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?
Every 3 months.

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? ■ Yes No

4. What is the frequency for completing volumetric active air sampling?
Every month.

5. What is the frequency for completing surface sampling? Every week.		
6. What is the frequency for using sporicidal agents? every weekly and monthly cleaning.		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	■ Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	■ Yes	No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Adonis Ducre

Name of Person who Completed the Form

Managing Pharmacist

Title

Signature (copies or stamps not accepted)

2/10/26

Date

Board Use Only	Date Received:_____ Date Approved:_____ Approved By:_____

3/6/2026

SSCP Permit # 35337

Dear Emerald Compounding Pharmacy LLC,

Thank you for submitting the Corrective Action Plan (CAP) pertaining to your Sterile Compounding inspection completed on 2/4/2026. The submitted CAP has been accepted as compliant at this time for the corrections of the deficiencies noted at the time of inspection. Please note that this notice does not refer to any other actual or potential concerns not related to this inspection. We will contact you if we have any additional questions.

Sincerely,

Senior Pharmacist
Department of Health | Division of Medical Quality Assurance |
Bureau of Enforcement | Investigative Services Unit
4052 Bald Cypress Way, Bin C-70
Tallahassee, FL 32399

If you have any questions regarding your pharmacy permit or fees, please contact the Florida Board of Pharmacy:
Customer Contact Center
Monday – Friday
8:00 a.m. to 6:00 p.m. ET
(850) 488-0595

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV797 USP Sterile Compounding

File # 29847
Insp # 210256

NAME	PERMIT NUMBER	DATE OF INSPECTION
Emerald Compounding Pharmacy LLC	35337	02/04/2026
DOING BUSINESS AS		
STREET ADDRESS 5325 Primrose Lake Circle Suite A	**TELEPHONE #** 347-661-5152	**EXT**
CITY TAMPA PALMS	**COUNTY** HILLSBOROUGH	**STATE/ZIP** FL/33647

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours 9am - 5pm
Monday Y	Monday Hours 9am - 5pm
Tuesday Y	Tuesday Hours 9am - 5pm
Wednesday Y	Wednesday Hours 9am - 5pm
Thursday Y	Thursday Hours 9am - 5pm
Friday Y	Friday Hours 9am - 5pm
Saturday Y	Saturday Hours CLOSED
Sunday Y	Sunday Hours CLOSED

Registered Pharmacist / Intern / Tech

License # PS55832	Licensee Name Ahmad Ghrouf
License Type Registered Pharmacists	
License # RPT120710	Licensee Name Jenna Lee Rain Devin
License Type Pharmacy Tech	
License # PS50726	Licensee Name Adam Samuel Mitrani
License Type Registered Pharmacists	
License # PS68912	Licensee Name Husein Ghrouf
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # [redacted]	

License Relations

Pharmacy Affiliate

GHROUF, AHMAD	License # 9734

Pharmacy Tech Training to Pharmacy

EMERALD COMPOUNDING PHARMACY LLC	License # 1477

RX DPT MGR/COR/POR

GHROUF, AHMAD	License # 9734

Special Sterile Compounding

EMERALD COMPOUNDING PHARMACY, LLC	License # 35074

DESIGNATED PERSON: A designated person(s) is identified who is responsible and accountable for the performance and operation of the facility and personnel involved in the preparation of CSPs. [USP 797 Section 1.1.3] ****Ahmad and Hussein*	Yes
IMMEDIATE USE COMPOUNDING: When preparing immediate use preparations, written SOPs are in place for all requirements and all criteria are met including 1. aseptic technique, processes, and procedures; and, 2. personnel are trained and demonstrate competency in aseptic processes as they relate to assigned tasks and SOP's, 3. the preparation is performed in accordance with evidence-based information for physical and chemical compatibility of the drugs, 4. the preparation involves not more than 3 different sterile products, 5. Any unused starting component from a single-dose container is discarded, 6. Administration begins within 4 hours following the start of preparation and, 7. Unless directly administered by the preparer or administration is witnessed by the preparer, the CSP is labeled with the names and amounts of all active ingredients, the name or initials of the preparer and the 4 hour period within which administration must begin. [USP 797 Section 1.3]	N/A
BAG & VIAL SYSTEM: Docking of vial and bag systems for future activation and administration is performed in an ISO 5 environment and BUDs are not longer than those specified in the manufacturer's labeling. [USP 797 Section 1.4]	N/A
REPACKAGING: Repackaging of sterile products or preparations from its original container into another container are prepared according to all applicable USP 797 requirements. [USP 797 Section 1.1.2]	N/A

B. COMPONENT BUDs (Single and Multi-dose Containers) – ALL CATEGORIES

SINGLE DOSE CONTAINERS (SDCs): SDCs are entered or punctured only in an ISO Class 5 or cleaner air and are used up to 12 hours after initial entry or puncture if the labeled storage requirements during that 12-hour period are maintained. [USP 797 Section 15.1]	Yes
AMPULES: Opened SINGLE DOSE AMPULES are used immediately and not stored for any time period. [USP 797 Section 15.1]	N/A
MULTIDOSE CONTAINERS (MDCs): Upon initially entering or puncturing a conventionally manufactured MDC, the MDC is not used for more than 28 days unless otherwise specified by the manufacturer on the labeling. [USP 797 Section 15.2]	N/A
PHARMACY BULK PACKAGES: Conventionally manufactured pharmacy bulk packages are entered or punctured only in an ISO Class 5 PEC and must be used according to the manufacturer's labeling. [USP 797 Section 15.3]	Yes
SINGLE DOSE COMPONENT CSPs & STOCK SOLUTIONS: When single-dose CSPs or CSP stock solutions are used as a component to compound additional CSPs, the original compounded single-dose component CSP or CSP stock solution is entered or punctured in ISO Class 5 or cleaner air and is stored under the conditions upon which its BUD is based (e.g., refrigerator or controlled room temperature). Once punctured, the component CSP is used for sterile compounding for up to 12 hours or its assigned BUD, whichever is shorter, and any remainder is discarded. [USP 797 Section 16.2]	N/A

C. CSP LABELING – ALL CATEGORIES

CSP LABEL REQUIREMENTS: CSP immediate container label prominently and legibly displays 1) assigned internal identification number; 2) active ingredient(s) and their amount(s), or concentration(s); 3) storage conditions if other than controlled room temperature; 4) BUD; 5) dosage form; 6) total amount or volume; 7) statement if CSP is a single dose container (when space permits) or multi-dose container. Labeling of CSP displays 1) route of administration, 2) special handling instructions, 3) warning statements, and the compounding facility name and contact information if the CSP is sent outside of the facility in which it was compounded. [USP 797 Section 13]	Yes
ADDITIONAL REQUIREMENTS FOR A CLASS II OR III FACILITY: 1) Identification of responsible compounding personnel and/or dispensing pharmacist;2) labels for batch-prepared CSPs must also include: Control or lot number, auxiliary labeling (including precautions); and device-specific instructions. Patient specific medications must also include patient's name, location the medication is to be delivered to and directions for use. [USP 797 Section 13] [F.A.C.64B16-28.108(10)]	Yes
LABELING SOP: SOPs describe labeling procedures and are followed to prevent labeling errors and CSP mix-ups. [USP 797 Section 13]	Yes
LABEL VERIFICATION: CSP labels are verified to ensure that they conform with the prescription or medication order, MFR (if required), and the CR. [USP 797 Section 13]	Yes

D. PERSONNEL PREPARATION & OBSERVATION – ALL CATEGORIES

UNNECESSARY ITEMS: Personnel remove outer garments (e.g., bandanas, coats, hats, jackets, sweaters, vests); cosmetics, and all hand, wrist, and other exposed jewelry, including piercings that may interfere with effectiveness of garbing. Items not necessary for compounding (e.g., food, drinks, mints, gum, earbuds, headphones) are not introduced into the compounding environment. Accommodations are documented. [USP 797 Section 3.1]	Yes
NAILS: Nails are clean and trimmed. Nail products (e.g., polish, artificial nails, and extenders) are not worn. Personnel clean under nails under warm running water with a disposable nail cleaner. Hands and forearms are washed with soap and water for at least 30 seconds prior to entering a compounding area. [USP 797 Section 3.2]	Yes
REQUIRED PPE GARBING ORDER & STORAGE: Personnel garb (don and doff) in an order that reduces risk of contamination per SOP. Required garb, manner of storage, and order or garbing is documented in SOP's. The minimum required PPE when preparing CSPs includes a garment with sleeves that fit around wrists and enclosed neck, shoe covers, head/facial hair cover, face mask, and sterile powder-free gloves. All PPE is low lint for Category 1 & 2 compounding or sterile if Category 3. Gowns and other garb are stored in a manner that minimizes contamination (e.g., away from sinks) and within a classified area or SCA. [USP 797 Section 3.3]	Yes
INAPPROPRIATE HAND HYGIENE PRACTICES: Brushes and hand dryers are not used, and soap containers are not refilled or topped off. [USP 797 Section 3.2]	Yes
ALCOHOL-BASED HAND RUB: Hands are sanitized with alcohol-based hand rub prior to donning gloves. Handrub is used prior to donning garb when hand hygiene is done outside of a classified area. [USP 797 Section 3.3]	Yes
STERILE GLOVES USED: Sterile gloves are donned in classified room or SCA. Skin is not exposed inside ISO 5 PEC (e.g., gloves are not donned or doffed). [USP 797 Section 3.3]	Yes
SANITIZATION OF STERILE GLOVES: Sterile 70% IPA is applied to gloves prior to compounding and regularly throughout the compounding process. [USP 797 Section 3.3]	Yes
SANITIZATION OF ITEMS INTRODUCED INTO PEC: Items are wiped with sterile 70% IPA and sterile low-lint wipers just prior to being introduced into the PEC and allowed to dry before use. [USP 797 Section 8.2]	Yes
CRITICAL SITES (e.g., vial stoppers, ampule necks, and intravenous bag septum's) are wiped with sterile 70% IPA in the PEC to provide both chemical and mechanical actions to remove contaminants. The sterile 70% IPA is allowed to dry before personnel enter or puncture stoppers and septum's or break the necks of ampules. [USP 797 Section 8.3]	Yes
MATERIALS AND EQUIPMENT DISINFECTION: Before any item is introduced into the clean side of anteroom(s), placed into pass-through chamber(s), or brought into the SCA, it is wiped with a sporicidal disinfectant, EPA-registered disinfectant, or sterile 70% IPA using low-lint wipers by personnel wearing gloves. Dwell time is followed. [USP 797 Section 8.1 & 9.1]	Yes

E. EQUIPMENT, SUPPLIES, & COMPONENTS – ALL CATEGORIES

DAILY ACD ACCURACY ASSESSMENT: An accuracy assessment is conducted for Automated Compounding Devices (ACDs) or similar equipment before the first use and again each day the equipment is used to compound CSPs. A daily record of accuracy measurements is maintained. Corrective actions are implemented if accuracy measurements are outside of manufacturer's specifications. [USP 797 Section 9.1] ****Recorded on CR*	Yes
EQUIPMENT SOPs: Written SOPs for the calibration, maintenance, cleaning, and use of equipment are established and are based on the manufacturer's recommendations. Procedures are followed and records are maintained. [USP 797 Section 9.1]	Yes

F. SEGREGATED COMPOUNDING AREA: Category 1

CATEGORY 1 MAXIMUM BUDs & COMPOUNDING AREA REQUIREMENTS: Category 1 CSPs are compounded in an ISO class 5 PEC located within a SCA and are assigned a BUD of 12 hours or less at controlled room temperature or 24 hours or less when refrigerated. [USP 797 Section 1.5, 4.2.1]	
DEDICATED AREA FOR SCA: The SCA is separated from areas not directly related to compounding, and all surfaces (walls, floors, counters, and equipment) are clean, uncluttered, and dedicated to compounding. [USP 797 Section 4.2.1]	
SCA LOCATION: The SCA is located away from unsealed windows, doors that connect to the outdoors, and traffic flow, all of which may adversely affect the air quality in the PEC. SCA is not located where environmental control challenges (e.g., restrooms, warehouses, or food preparation areas) could negatively affect the air quality of the PEC within the SCA. A sink is not located within 1 meter of PEC. [USP 797 Section 4.2.1]	
ITEMS WITHIN SCA: Only furniture, equipment, and other materials necessary for performing compounding activities are located within the SCA. [USP 797 Section 4.2.1]	

G. FACILITIES & SECONDARY ENGINEERING CONTROLS – Categories 2 and 3

STERILE SUITE CONSTRUCTION: The ISO-classified anteroom and buffer room are separated from the surrounding unclassified areas of the facility by fixed walls and doors, and controls are in place. [USP 797 Section 4.2.1]	Yes
HEPA FILTERED AIR: Air supplied to the cleanroom suite is introduced through HEPA filters located in the ceiling of the buffer room and anteroom. [USP 797 Section 4.2.1]	Yes
AIR RETURNS: Air returns in the cleanroom suite are low on the wall unless a visual smoke study demonstrates an absence of stagnant airflow. [USP 797 Section 4.2.1]	Yes
LINE OF DEMARCATION: The anteroom has a line of demarcation to separate the clean side from the dirty side. [USP 797 Section 4.2.1]	Yes
SURFACES & WALLS: The surfaces of ceilings, walls, floors, doors, door frames, fixtures, shelving, work surfaces, counters, and cabinets in the classified area are smooth, impervious, free from cracks and crevices, and non-shedding. Walls are constructed of/or covered with durable material. [USP 797 Section 4.3.1]	Yes
CEILINGS & FLOORS: Inlaid panels of ceilings are caulked around each panel to seal them to the support frame. Junctures between the ceiling and the walls and between the walls and the floor are sealed to eliminate cracks and crevices where dirt can accumulate. Floors include coving to the sidewall, or the juncture between the floor and the wall are caulked. [USP 797 Section 4.3.1]	Yes
LEDGES & OVERHANGS: Overhangs and ledges are easily cleanable, and the exterior lens surface of ceiling light fixtures are smooth, mounted flush, and sealed. [USP 797 Sections 4.3.1]	Yes
FURNITURE, EQUIPMENT, & MATERIALS: Only furniture, equipment, and other materials necessary for performing compounding activities are permitted in a classified area or SCA. Tacky mats are not placed within ISO-classified areas. Carts used to transport components or equipment into classified areas are constructed from nonporous materials with cleanable casters and wheels. [USP 797 Sections 4.2.1 & 4.5]	Yes
TEMPERATURE & HUMIDITY MONITORING: Temperature and humidity in the cleanroom suite are controlled through a heating, ventilation, and air conditioning (HVAC) system. The temperature and humidity are monitored in each room of the cleanroom suite each day that compounding is performed, either manually or by a continuous recording device. They are documented at least once daily or stored in the continuous recording device and are retrievable and are reviewed as described in the facility's SOP. [USP 797 Section 4.2]	Yes
PRESSURE DIFFERENTIATION MONITORING & DOCUMENTATION: Facility maintains a minimum differential positive pressure of 0.020-inch water column between the nonhazardous buffer room to anteroom and anteroom to unclassified area. A pressure differential monitoring device is used to continuously monitor the pressure differentials. Quantitative results from the pressure monitoring device are reviewed and documented at least daily on the days when compounding is occurring. [USP 797 Sections 4.2.5]	Yes
PEC LOCATION: PECs are located in a buffer room in a manner that minimizes conditions that could increase the risk of microbial contamination (strong air currents, personnel traffic, or air streams from HVAC system(s)) and allows for cleaning around the PEC. [USP 797 Sections 4.2.2 & 4.2.3]	Yes
INTEGRATED VERTICAL LAMINAR FLOW ZONES: IVLFZ is separated from ISO Class 7 area with a physical barrier and there is full coverage of HEPA filters above the work surface. [USP 797 Section 4.2.3]	N/A

H. CERTIFICATION AND RECERTIFICATION – ALL CATEGORIES

PEC & SEC CERTIFICATION: PECs are certified initially and every 6 months to meet ISO Class 5 or better conditions, during dynamic operating conditions. SECs are certified initially and every 6 months to meet ISO Class 7 or 8 or better conditions, during dynamic operating conditions (including presterilization activities if applicable). Anterooms providing access to positive-pressure buffer rooms are at least ISO 8 and at least ISO 7 for anterooms providing access to negative-pressure buffer rooms. ISO Class 7 rooms maintain a minimum of 30 total HEPA-filtered ACPH during dynamic operating conditions, at least 15 ACPH come from the HVAC through HEPA filters located in the ceiling. ISO Class 8 rooms maintain a minimum of 20 total HEPA-filtered ACPH during dynamic operating conditions; 15 ACPH must come from the SEC. The ACPH from HVAC, ACPH contributed from the PEC, and the total ACPH are documented on the certification report. HEPA filter integrity testing for both SECs & PECs is conducted initially and every 6 months as part of total particle testing. Classified areas are recertified when changes occur that could affect airflow or air quality [USP 797 Sections 4.1, 4.2.4, 4.2.6, & 5.0] ****Last certification on 10/10/25 by Advanced Cleanroom Services*	Yes
DOCUMENTATION OF PERSONNEL PRESENT DURING CERTIFICATION: The number of personnel present in each PEC and SEC during total particle counts and dynamic airflow smoke-pattern tests is documented on the certification report. [USP 797 Section 5.0]	Yes
PEC DYNAMIC SMOKE PATTERN TEST: Smoke pattern tests are performed under dynamic conditions initially to demonstrate minimal disruption in airflow and repeated if equipment is placed in a different location. Smoke pattern tests are performed under dynamic conditions every 6 months to demonstrate unidirectional airflow and sweeping action over and away from the preparation(s). [USP 797 Section 5.0]	Yes
ROBOTICS / ROBOTIC ENCLOSURES: Robotic enclosures used as a PEC or placed within a PEC have a dynamic airflow smoke pattern test is performed initially and at least every 6 months that confirms 1) the robotic device is properly integrated into the facility, 2) there is no turbulence or refluxing at any critical site(s), 3) room air does not enter the PEC where sterile products and/or preparations may be exposed, and 4) all processes can be performed without introducing contamination to the DCA(s). [USP 797 Section 4.2.3]	N/A
MONITORING DEVICE CERTIFICATION: Temperature and humidity monitoring devices are verified for accuracy at least every 12 months or as required by the manufacturer. [USP 797 Section 4.2]	Yes

CONTAINMENT DEVICES USED FOR PRESTERILIZATION PROCEDURES: CVEs, BSCs, or CACIs used for presterilization procedures are certified at least once every 6 months. Presterilization procedures do not adversely affect the required air quality of the SEC as demonstrated during certification under dynamic operating conditions. [USP 797 Section 4.2.6]	Yes
CERTIFICATION REPORT REVIEW BY DESIGNATED PERSON: All certification and recertification records are reviewed by the designated person(s). A corrective action plan is implemented and documented in response to any out-of-range results on certification report and data reviewed to confirm that the actions taken have been effective. [UPS 797 Section 5.0]	Yes

I. RABS

LOCATION: If used to prepare Category 2 or Category 3 CSP's RABS are located in a cleanroom suite with an ISO Class 7 or better buffer room with an ISO Class 8 or better anteroom. [USP 797 Section 4.2.3]	
RECOVERY TIME: When a RABS is used, the recovery time after opening the transfer chamber to achieve ISO Class 5 air is documented and internal procedures are developed to ensure that adequate recovery time is allowed after opening and closing the RABS. [USP 797 Section 4.2.3]	
STERILE GLOVES: are worn over gloves attached to RABS sleeves. [USP 797 Section 3.3]	

J. CATEGORY 2 CSPs WITHOUT STERILITY TESTING

CATEGORY 2 COMPOUNDING ENVIRONMENT: Category 2 CSPs are compounded in an ISO class 5 PEC located within an ISO classified anteroom and buffer room. [USP 797 Sections 4.1 & 14.3]	
CATEGORY 2 BUDs FROM STERILE COMPONENTS WITHOUT STERILITY TESTING: Category 2 CSPs compounded aseptically from all sterile starting components and in the absence of sterility testing do not exceed the following BUDs: 4 days room temperature, 10 days refrigerated, or 45 days frozen. A shorter BUD is assigned when the stability of the CSP or its components is less than the maximum BUDs stated above. [USP 797 Section 14.3]	
CATEGORY 2 BUDs FROM NONSTERILE COMPONENTS WITHOUT STERILITY TESTING: Category 2 CSPs compounded aseptically from one or more nonsterile starting components and in the absence of sterility testing do not exceed the following BUDs: 1 day room temperature, 4 days refrigerated, or 45 days frozen. A shorter BUD is assigned when the stability of the CSP or its components is less than the maximum BUDs stated above. [USP 797 Section 14.3]	

K. CATEGORY 2 EXTENDED BUD REQUIREMENTS

CATEGORY 2 BUDs FOR ASEPTICALLY PROCESSED CSPs WITH STERILITY TESTING: Category 2 CSPs compounded aseptically, and which have passed sterility testing do not exceed the following BUDs: 30 days room temperature, 45 days refrigerated, or 60 days frozen. A shorter BUD is assigned when the stability of the CSP or its components is less than the maximum BUDs stated above. [USP 797 Section 14.3]	Yes
CATEGORY 2 BUDs FOR TERMINALLY STERILIZED CSPs WITHOUT STERILITY TESTING: Category 2 CSPs terminally sterilized and in the absence of sterility testing do not exceed the following BUDs: 14 days room temperature, 28 days refrigerated, or 45 days frozen. A shorter BUD is assigned when the stability of the CSP or its components is less than the maximum BUDs stated above. [USP 797 Section 14.3]	N/A
CATEGORY 2 BUDs FOR TERMINALLY STERILIZED CSPs WITH STERILITY TESTING: Category 2 CSPs terminally sterilized, and which have passed sterility testing do not exceed the following BUDs: 45 days room temperature, 60 days refrigerated, or 90 days frozen. A shorter BUD is assigned when the stability of the CSP or its components is less than the maximum BUDs stated above. [USP 797 Section 14.3]	N/A
ANTIMICROBIAL EFFECTIVENESS TESTING FOR MULTI-DOSE CSPs: Aqueous multiple-dose CSPs (e.g., injectables and ophthalmics) pass USP <51> compliant antimicrobial effectiveness testing once for each unique formulation and each container closure system in which it is packaged. Bracketing studies are allowed. [USP 797 Section 14.5 & 16.1]	Yes
CONTAINER CLOSURE TESTING: Container closure integrity testing is performed once for each unique CSP formulation and container closure system in which it is packaged. For multi-dose (i.e., preserved CSPs), container integrity testing is performed per fill volume for each unique CSP formulation and container closure system. [USP 797 Sections 14.3.3 & 14.5]	Yes
MULTI-DOSE, NON-PRESERVED AQUEOUS CSPs: Multi-dose, non-preserved aqueous CSPs (i.e., topical, or ophthalmic solutions) are assigned are prepared as a Category 2 CSP, for use by a single patient, and labeled to indicate that once opened, the CSP must be discard after 24 hours if stored at controlled room temperature or 72 hours when stored under refrigeration. [USP 797 14.5]	N/A
MULTI-DOSE CSPs USED AS A COMPONENT: Meet the criteria for anti-microbial effectiveness testing (see <51>) if aqueous, are stored under the conditions upon which the BUD is based, Multiple-dose CSP after initially entered or punctured, are not used for longer than the assigned BUD or 28 days, whichever is shorter. [USP 797 Sections 14.5 & 16.1]	N/A
OUTSOURCED STERILITY TESTING: Sterility testing is performed for all Category 2 CSPs assigned a BUD requiring sterility testing according to USP <71> or a validated alternative and noninferior method. Membrane Filtration as described in USP <71> is the preferred method when the formulation allows. [USP 797 Section 12.2] ****Pharmetric and Focus*	Yes
INHOUSE STERILITY TESTING: Sterility testing is according to USP <71> or a validated alternative and noninferior method. Membrane filtration is used if appropriate and filters are rinsed according to USP <71>. Direct inoculation is done only when membrane filtration cannot be carried out. Volume inoculated does not exceed 10% of the culture media volume. Growth promotion test has been done on the media with the 5 specified organisms (not more than 100 CFU) according to USP <71>. TSB or SCD is incubated at 20-25C for 14 days; FTM is incubated at 30-35C for 14 days. (2 incubators present).	N/A
METHOD SUITABILITY TEST: A Method Suitability Test (or equivalent validation for alternative testing methods) is performed to validate suitability of the sterility testing method. [USP 797 Section 12.2]	Yes
MAXIMUM BATCH SIZE: The maximum batch size for all CSPs requiring sterility testing is 250 final yield units. [USP 797 Section 12.2]	Yes
INVESTIGATION OF STERILITY TEST FAILURES: Sterility tests resulting in failure undergo prompt investigation into possible causes and requires identification of the microorganism(s) as well as evaluation of sterility testing procedure, compounding facility, process, and/or personnel that may have contributed to the failure. Impact to other CSPs is assessed. Investigation and resulting corrective actions are documented. [USP 797 Section 12.2]	Yes
STERILITY TESTING QUANTITY & VOLUME DETERMINATION: The minimum quantity of each container tested for sterility is per USP <71> Table 2 and the number of containers tested in relation to the batch size is per USP <71> Table 3. For 1-39 CSPs compounded as single batch, sterility testing is performed on a number of containers or units equal to 10% of the number of CSPs prepared rounded to the next whole number. [USP 797 Section 12.2]	Yes
ENDOTOXIN TESTING: Category 2 injectable CSPs compounded from one or more nonsterile component(s) and assigned a BUD that requires sterility testing are tested for bacterial endotoxins. [USP 797 Section 12.3]	Yes
ENDOTOXIN LIMITS: In the absence of a bacterial endotoxin limit in an official USP–NF monograph or other CSP formula or scientifically supported source, the CSP does not exceed the endotoxin limit calculated as described in USP <85> for the appropriate route of administration for humans or largest recommend dose per weight for nonhuman species. [USP 797 Section 12.3]	Yes

L. CATEGORY 3 CSPs, BUDs, & RELATED REQUIREMENTS

CATEGORY 3 REQUIREMENTS: All requirements associated with Category 3 compounding (e.g., garbing, cleaning, environmental monitoring) apply to all personnel entering the buffer room where Category 3 CSPs are compounded and always apply regardless of whether Category 3 CSPs are compounded on a given day. [USP 797 Section 14.4.2]	Yes
STERILE/SINGLE USE GARB: When compounding Category 3 CSPs, skin is not exposed in buffer room (i.e., face and neck are covered) and all low lint outer garb is sterile, including sterile sleeves over RABS gauntlet sleeves. Disposable garb items are not reused. [USP 797 Section 3.3]	Yes
STERILIZED/REUSABLE GARB: Non-disposable garb is not reused without being laundered and resterilized with a validated cycle. Disinfection procedures described in facility SOPs are followed before reusing goggles, respirators, and other equipment. [USP 797 Section 3.3]	Yes
CATEGORY 3 BUDs FOR ASEPTICALLY PROCESSED CSPs: Category 3 CSPs aseptically processed, sterility tested, and passing all applicable tests (including stability indicating assay, endotoxin, and other dosage form appropriate tests) do not exceed the following BUDs: 60 days room temperature, 90 days refrigerated, or 120 days frozen. Shorter BUDs are assigned when physical or chemical stability of the CSP is less than the maximum allowable Category 3 BUDs for aseptically processed CSPs. [USP 797 Section 14.4.3]	Yes
CATEGORY 3 BUDs FOR TERMINALLY STERILIZED CSPs: Category 3 CSPs aseptically processed, sterility tested, and passing all applicable tests (including stability indicating assay, endotoxin, and other dosage form appropriate tests) do not exceed the following BUDs: 90 days room temperature, 120 days refrigerated, or 180 days frozen. Shorter BUDs are assigned when physical or chemical stability of the CSP is less than the maximum allowable Category 3 BUDs for terminally sterilized CSPs. [USP 797 Section 14.4.3]	N/A
MAXIMUM BATCH SIZE: Category 3 CSP batch sizes do not exceed 250 final yield units. [USP 797 Section 12.2]	Yes
STABILITY INDICATING ASSAYS: All Category 3 CSP formulations are supported by data obtained using a validated stability-indicating analytical method that can distinguish active ingredients from degradants and impurities and quantify the amount of active ingredient. CSPs are prepared according to the exact formulation, components, and packaged in a container closure system of the same materials of composition. Facilities have documentation of the stability study, its results, and the method validation available for review. [USP 797 Section 14.3.3]	Yes
STERILITY TESTING: All category 3 CSPs and batches undergo sterility testing performed according to USP <71> or a validated alternative and noninferior method. [USP 797 Sections 12.2 & 14.4.4]	Yes
METHOD SUITABILITY TEST: A Method Suitability Test (or equivalent validation for alternative testing methods) is performed to validate suitability of the sterility testing method for each formulation. [USP 797 Section 12.2]	Yes
STERILITY TESTING QUANTITY & VOLUME DETERMINATION: The minimum quantity of each container tested for sterility is per USP <71> Table 2 and the number of containers tested in relation to the batch size is per USP <71> Table 3. For 1-39 CSPs compounded as single batch, sterility testing is performed on a number of containers or units equal to 10% of the number of CSPs prepared rounded to the next whole number. [USP 797 Section 12.2]	Yes
INVESTIGATION OF STERILITY TEST FAILURES: Sterility tests resulting in failure undergo prompt investigation into possible causes and requires identification of the microorganism(s) as well as evaluation of sterility testing procedure, compounding facility, process, and/or personnel that may have contributed to the failure. Impact to other CSPs is assessed. Investigation and resulting corrective actions are documented. [USP 797 Section 12.2]	Yes
ENDOTOXIN TESTING: Category 3 injectable CSPs compounded from one or more nonsterile component(s) are tested for bacterial endotoxins. [USP 797 Section 12.3]	Yes
ENDOTOXIN LIMITS: In the absence of a bacterial endotoxin limit in an official USP–NF monograph or other CSP formula or scientifically supported source, the CSP does not exceed the endotoxin limit calculated as described in USP <85> for the appropriate route of administration for humans or largest recommend dose per weight for nonhuman species. [USP 797 Section 12.3]	Yes
PARTICULATE MATTER TESTING: Category 3 injectable CSPs undergo USP <788> (Particulate Matter in Injections) and ophthalmic solutions undergo USP <789> (Particulate Matter in Ophthalmic Solutions) test once per formulation with acceptable results. [USP 797 Section 14.3.3]	Yes
ANTIMICROBIAL EFFECTIVENESS TESTING FOR MULTI-DOSE CSPs: Aqueous multiple-dose CSPs (e.g., injectables and ophthalmic) pass USP <51> compliant antimicrobial effectiveness testing once for each unique formulation and each container closure system in which it is packaged. Bracketing studies are allowed. [USP 797 Section 14.5 & 16.1]	Yes
CONTAINER CLOSURE TESTING: Container closure integrity testing is performed once for each unique CSP formulation and container closure system in which it is packaged. For multi-dose (i.e., preserved multi-dose CSPs), container closure integrity testing is also performed per fill volume for each unique CSP formulation and container closure system. [USP 797 Sections 14.3.3 & 14.5]	Yes
MULTI-DOSE, NON-PRESERVED AQUEOUS CSPs: Multi-dose, non-preserved aqueous CSPs (i.e., topical, or ophthalmic solutions) are prepared for use by a single patient, and labeled to indicate that once opened, the CSP must be discard after 24 hours if stored at controlled room temperature or 72 hours when stored under refrigeration. [USP 797 14.5]	N/A
MULTI-DOSE CSPs USED AS A COMPONENT: Meet the criteria for anti-microbial effectiveness testing (see <51>) if aqueous, are stored under the conditions upon which the BUD is based, Multiple-dose CSP after initially entered or punctured, are not used for longer than the assigned BUD or 28 days, whichever is shorter. [USP 797 Sections 14.5 & 16.1]	N/A

M. PERSONNEL TRAINING & COMPETENCIES - ALL CATEGORIES

TRAINING PROGRAM & SOP: Facility maintains a written training program and corresponding SOP which defines required trainings, frequency of training and the process for evaluating the performance of individuals who compound, have direct oversight of compounding personnel, perform in-process checks, final verification and dispensing of CSP's. The training program equips personnel with the appropriate knowledge and training in the required skills necessary to perform their assigned tasks. [USP 797 Section 2]	Yes
INITIAL DIDACTIC TRAINING & SKILLS ASSESSMENT: Before beginning to compound CSPs independently or have direct oversight of compounding personnel, personnel complete training and can demonstrate knowledge of principles and competency of skills for performing sterile manipulations and achieving and maintaining appropriate environmental conditions as applicable to their assigned job functions. [USP 797 Section 2.1]	Yes
INITIAL GLOVED FINGERTIP & HAND HYGIENE/GARBING COMPETENCY: Before beginning to compound independently or have direct oversight of compounding personnel, personnel successfully complete an initial gloved fingertip (GFT) competency no fewer than 3 separate times, with a documented visual audit while performing hand hygiene and garbing procedures. GFT samples are collected before applying sterile 70% IPA to gloves. [USP 797 Section 2.2]	Yes
INITIAL MEDIA FILL & ASEPTIC TECHNIQUE ASSESSMENT: Before beginning to compound independently or have direct oversight of compounding personnel, personnel who compound or have direct oversight of compounding successfully complete an initial aseptic manipulation competency evaluation which consists of a visual observation, media-fill testing followed by a gloved fingertip and thumb sampling on both hands, and surface sampling of the direct compounding area. [USP 797 Section 2.3] ****Completed however, forms were missing data points (mnfr, time and temperature of incubations)*	Yes
GFT & MEDIA FILL INCUBATION: Documentation includes the name of the person evaluated, evaluation date and time, media and components used to include their manufacturer or supplier, expiration dates and lot numbers, starting temperature for each interval of incubation, dates of incubation, the results, and the names or other identification of the observer and the person who reads and documents the results. [USP 797 Section 2.3] ****GFT form missing: Manufacturer name, time of incubation, starting temperature of each incubation interval*	No
ONGOING CATEGORY 1 AND 2- GFT & GARBING ASSESSMENT: After initial garbing competency evaluations, compounding personnel complete garbing competency evaluation and GFT every 6 months for Category 1 and Category 2 CSP's. Direct oversight personnel who do not compound complete garbing competency and GFT every 12 months. GFTs are appropriately incubated. [USP 797 Section 2.2]	Yes

ONGOING CATEGORY 1 AND 2- MEDIA FILL & ASSESSMENT: After initial aseptic manipulations competency evaluations, compounding personnel complete aseptic technique competency, media fill, GFTs, and surface sampling of DCA every 6 months for Category 1 and Category 2 CSP's. Direct oversight personnel who do not compound complete media fill every 12 months. GFTs and surface samples are appropriately incubated. [USP 797 Section 2.3]	Yes
ONGOING KNOWLEDGE & COMPENTENCY OF CORE SKILLS: Training and knowledge assessment of sterile compounding principles or core skills is completed at least every 12 months. [USP 797 Section 2.1]	Yes
FAILED COMPETENCY INVESTIGATION: Initial and ongoing competency assessment failures are investigated, remediated, and documented in a Corrective Action Plan. [USP 797 Sections 2.2 & 2.3]	Yes
STAFF TRAINING IN VIABLE AIR AND SURFACE SAMPLING: Personnel are trained and competent in air and surface sampling procedures to ensure accurate and reproducible sampling. [USP 797 Section 6.1]	Yes
CLEANING PERSONNEL: Cleaning and disinfecting activities are performed by trained and appropriately garbed personnel using facility-approved agents and procedures. Cleaning personnel demonstrate knowledge and competency of core skills related to cleaning, disinfection, and maintenance of environmental conditions initially and at least once every 12 months. [USP 797 Sections 7 & 2.1]	Yes

FACILITY COMPOUNDS CATEGORY 3

ONGOING CATEGORY 3 GFT & GARBING ASSESSMENT: After initial garbing competency evaluations, compounding personnel complete garbing competency and GFT every 3 months for Category 3 CSP's. Direct oversight personnel who do not compound complete garbing competency and GFT every 12 months. GFTs are appropriately incubated. [USP 797 Section 2.2] ****Facility recently began compounding Cat 3 CSPs but have not completed GFTs or Media Fill on compounding personnel in > 3 months. Personnel missing: Natalie, Ana, Clements, Braylin, Carina*	No
ONGOING CATEGORY 3 ASEPTIC PROCESSING COMPETENCY: Aseptic competency is repeated at least one time every 3 months for personnel compounding Category 3 CSPs. The simulation must capture elements that could potentially affect the sterility of the CSP. Immediataly following the media-fill test, gloved fingertip and thumb sampling is performed on both hands and surface sampling of the direct compounding area. Direct oversight personnel who do not compound must complete media fill every 12 months. [USP 797 Section 2.3] ****Facility recently began compounding Cat 3 CSPs but have not completed GFTs or Media Fill on compounding personnel in > 3 months. Personnel missing: Natalie, Ana, Clements, Braylin, Carina*	No

N. MICROBIOLOGICAL AIR AND SURFACE MONITORING: ALL CATEGORIES

ENVIRONMENTAL MONITORING PROGRAM & SOPs: The microbiological air and surface monitoring program is clearly described in the facility's SOPs, which includes a diagram of the sampling locations, procedures for collecting samples, frequency of sampling, size of samples (e.g., surface area, volume of air), time of day of sampling in relation to activities in the compounding area, and action levels that trigger corrective action. [USP 797 Section 6] ****Added diagram during inspection*	Yes
VIABLE AIR SAMPLING: Volumetric active air sampling using an impaction air sampler collecting at least 1000L of air is conducted in each classified area [e.g., ISO Class 5 PEC and ISO Class 7 and 8 room(s)] during dynamic operating conditions and is completed at least every 6 months. [USP 797 Section 6.2]	Yes
AIR IMPACTION DEVICE: Device is serviced and calibrated according to the manufacturer's recommendations. [USP 797 Section 6.1]	Yes
SURFACE SAMPLING: Microbiological surface sampling is conducted in all classified areas and pass-through chambers under dynamic operating conditions and performed at least once monthly. [USP 797 Section 6.3]	Yes
GROWTH MEDIA: A general microbiological growth media that supports the growth of bacteria and fungi is used and a COA from the manufacturer is available. Growth media used for surface sampling contains neutralizing agents (e.g., lecithin and polysorbate 80). [USP 797 Sections 6.2 & 6.3]	Yes
MEDIA INCUBATION: Samples are incubated at 30°C - 35°C for 48 hours and 20°C - 25°C for an additional 5 days; if dual growth media are used, incubate one media device at 30°C - 35°C for 48 hours and the second media device at 20°C - 25°C for 5 days. The incubator temperature is monitored during incubation, either manually or by a continuous recording device, and results are reviewed and documented as described in the facility's SOPs. Incubators are placed in a location outside of the sterile compounding area. [USP Sections 6.2.2 (Box 5) & 6.3.2 (Box 6)]	Yes
ENVIRONMENTAL MONITORING TREND ANALYSIS: Regular review of sampling data is performed to detect trends and review of trending data is documented. [USP 797 Section 6.1]	Yes
CORRECTIVE ACTION: When microbial growth exceeds action levels, the cause is investigated, and corrective action is taken; corrective actions taken are reviewed for effectiveness. An attempt to identify microorganisms at the genus level is made. [USP Sections 6.2.3 & USP 6.3.3]	Yes

FACILITY COMPOUNDS CATEGORY 3

CATEGORY 3-VIABLE AIR SAMPLING: Volumetric air sampling is completed within 30 days prior to the commencement of any Category 3 compounding and at least monthly thereafter regardless of the frequency of compounding Category 3 CSPs.Air sampling sites are selected in all classified areas. [USP 797 6.2.1] ****Air sampling completed by Advanced Cleanroom Services*	Yes
CATEGORY 3-SURFACE SAMPLING: Surface sampling for any Category 3 CSPs, is completed in all classified areas, and pass-through chambers connecting to classified areas, prior to assigning a BUD longer than BUD limits for Category 2 CSPs (defined in Table 13 of USP 797) and at least weekly on a regularly scheduled basis regardless of the frequency of compounding Category 3 CSPs. [USP 797 6.2.2]	Yes
CATEGORY 3-BATCH SURFACE SAMPLING: Surface sampling is conducted within the PEC used to prepare Category 3 CSPs, at the end of each batch before cleaning and disinfection occurs, unless a self-enclosed robotic device is used. When a self-enclosed robotic device is used as the PEC, surface sampling is conducted at least once daily at the end of compounding operations before cleaning and disinfection occurs. [USP 797 Section 6.3.2]	Yes

O. CLEANING AND DISINFECTING: ALL CATEGORIES

CLEANING SOPS: The frequency, method(s), documentation requirements, and location(s) of cleaning, disinfecting, and applying sporicidal disinfectants are described in written SOPs; use of agents is in accordance with manufacturer's instructions, procedures, and in adherence with minimum wet contact times. SOPs describe the time period during which, once opened, sterile cleaning and disinfecting agents, supplies, and sterile 70% IPA may be reused. Sterile water is used to dilute concentrated cleaning agents used inside of PECs (if applicable). Cleaning and disinfecting agents are EPA-registered. If a one-step disinfectant cleaner is not used, surfaces are cleaned prior to being disinfected. [USP 797 Section 7]	Yes
DAILY PEC CLEANING & DISINFECTION WITH STERILE AGENTS: Equipment and all interior surfaces of the PEC are cleaned and disinfected daily on days when compounding occurs and when surface contamination is known or suspected. Sterile 70% IPA is applied after cleaning, disinfecting, or after one-step disinfectant cleaner or sporicidal agent application to remove residue. [USP 797 Section 7]	Yes
CATEGORY 1 AND 2-MONTHLY PEC SPORICIDAL DISINFECTION: Equipment and all interior surfaces of the PEC, including underneath of removable work trays, are cleaned with a sporicidal agent monthly. [USP 797 Section 7]	Yes
DAILY SEC & SCA CLEANING & DISINFECTION: Work surfaces, floors, sink surfaces, and pass-through chambers are cleaned and disinfected daily on days when compounding occurs. [USP 797 Section 7]	Yes

CATEGORY 1 AND 2 -MONTHLY PEC, SEC & SCA SPORICIDAL DISINFECTION: Equipment and all interior surfaces of the PEC, including underneath of removable work trays, work surfaces, pass-through chambers, storage shelving and bins, equipment outside of PEC's, sink surfaces, floors, ceilings*, walls, doors, and doors frames at least once monthly. SCA ceilings (if applicable) are only cleaned, disinfected, and have sporicidal agents applied when visibly soiled and when surface contamination is known or suspected. [USP 797 Section 7]	Yes
PEC SANITIZATION WITH STERILE 70% IPA: Sterile 70% IPA is applied to the horizontal work surface, including removable trays, immediately before initiating compounding and at least every 30 minutes. If a compounding process takes more than 30 minutes, the work surface is disinfected immediately after the end of the compounding process. Sterile 70% IPA is allowed to dry. [USP 797 Section 7]	Yes
CLEANING SUPPLIES & TOOLS: All cleaning and disinfecting supplies (e.g., wipers, sponges, pads, and mop heads), except for tool handles and holders, are low lint. Supplies used inside PECs are sterile. [USP 797 Section 7.1.2]	Yes
REUSABLE CLEANING TOOLS: Reusable cleaning tools (e.g., mop frames) are made of cleanable materials and are cleaned and disinfected before and after each use. Reusable tools are dedicated for use in the classified areas or SCA and are not removed. Mops used in HD compounding areas, are dedicated for use only in those areas. [USP 797 Section 7.1.2]	Yes

FACILITY COMPOUNDS CATEGORY 3

WEEKLY SPORICIDAL CLEANING OF PECs & SECs: Weekly cleaning using a sporicidal agent is performed on all internal surfaces of PEC and equipment in PEC's, on work surfaces outside the PEC, pass-through chambers, and floors. [USP 797 Section 7]	Yes
MONTHLY SEC SPORICIDAL DISINFECTION: A sporicidal disinfectant is applied to storage shelving and bins, equipment outside of PEC's, sink surfaces, ceilings, walls, doors, and doors frames at least once monthly. [USP 797 Section 7]	Yes

P. COMPOUNDING CSPs FROM NONSTERILE COMPONENTS OR SUPPLIES – CATEGORY 2 & 3

PRESTERILIZATION ACTIVITY CONTAINMENT ENCLOSURES: Pre-sterilization procedures, such as weighing and mixing of nonsterile components, occur in ISO Class 8 or better environment (e.g., anteroom or buffer room) and are performed in single-use containment glove bags, CVEs, BSCs, or CACIs. [USP 797 Section 4.2.6]	Yes
LOCATION OF STERILE & NONSTERILE PECs: PECs used for sterile and nonsterile compounding (e.g., pre-sterilization procedures) are placed in separate rooms unless the buffer room can maintain an ISO Class 7 classification during particulate generating activities. Co-located PECs are at least 1 meter apart and particle-generating activities are not performed during sterile compounding processes [USP 797 Section 4.2.1; USP 800 Section 5.3]	Yes
COMPONENT SOPs: Written SOPs address the selection, receipt, evaluation, handling, storage, and documentation of all CSP components including ingredients and container closures. [USP 797 Section 9.3]	Yes
COMPONENT QUALITY & COA: APIs and components comply with the criteria in the USP-NF (if one exists for inactive components) and have a COA including specifications and test results showing the API or component meets expected quality. APIs and other components labeled "not for pharmaceutical use", "not for injectable use", "not for human use", or equivalent are not used in CSPs. [USP 7 Section 9.3.1]	Yes
API MANUFACTURERS: APIs are manufactured by an FDA-registered facility in the U.S. or comply with the laws and regulations of the applicable regulatory jurisdictions outside of the U.S. [USP 797 Section 9.3.1]	Yes
COMPONENT STORAGE: Components are handled and stored in a manner that prevents contamination, mix-ups, and deterioration and under temperature, humidity, and lighting conditions consistent with those indicated in official monographs or specified by the suppliers and/or manufacturers. [USP 797 Section 9.3.4] ****Added thermometer and humidity monitor to secondary sterile API storage room.*	Yes
STERILE, DEPYROGENATED SUPPLIES: Supplies in direct contact with CSPs are sterile and depyrogenated. A COA or similar conformance documentation is reviewed. [USP 797 Section 9.3.1]	Yes
COMPONENT RECEIPT: Upon receipt, the external packaging of components is examined and components of unacceptable quality or showing deterioration are promptly labeled as rejected and segregated from active stock. APIs and components are inspected for a visible manufacturer expiration date. Components lacking expiration dates are assigned an expiration date no more than 1 year after receipt and both the date of receipt and facility assigned expiration date is clearly marked on the component packaging. [USP 797 Section 9.3.2]	Yes
STERILIZATION OF INJECTABLES WITHIN 6 HOURS OF COMPLETION: Injectable CSPs containing nonsterile components or that come into contact with nonsterile devices (e.g., containers, tubing) during compounding are sterilized within 6 hours of completion. [USP 797 Section 10]	Yes

Q. STERILIZATION OF CSPs - CATEGORY 2 & 3

STERILIZING FILTERS: Sterilizing filters used are sterile, dapyrogenated, have a nominal pore size of 0.22 µm or smaller, and are appropriate for pharmaceutical use. Sterilizing filters are certified by the manufacturer to retain at least 10,000,000 microorganisms of a strain of Brevundimonas diminuta per square centimeter of upstream filter surface area. Filters are chemically and physically compatible with all ingredients in the CSP (e.g., water-miscible alcohols may damage filter integrity); chemically stable at the pressure and temperature conditions that will be used; and have enough capacity to filter the required volumes. [USP 797 Section 10.2]	Yes
BUBBLE POINT TESTING: Sterilizing filters are subjected to the manufacturers' recommended integrity testing, such as a post-use bubble point test. If multiple filters are required for the compounding process, each of the filters passes a filter-integrity test. [USP 797 Section 10.2] For failed BP testing, CSP is discarded or, after investigating, refiltered not more than one time. [USP 797 Section 10.2]	Yes
CSP PREFILTRATION: When CSPs are known to contain excessive particulate matter, prefiltration is performed using a filter of larger nominal pore size (e.g., 1.2 µm) or a separate filter of larger nominal pore size placed upstream of (i.e., prior to) the sterilizing filter. [USP 797 Section 10.2]	N/A
CSP TERMINAL STERILIZATION SOP includes: 1) A description of CSP terminal sterilization process(es), including the temperature, pressure (if applicable), duration, permissible load conditions for each cycle, and the use of biological indicators and endotoxin challenge vials (ECVs). 2) Personnel training and competency assessment on sterilization methods and equipment. 3) Schedule and method for establishing and verifying the effectiveness of methods selected. [USP 797 Section 10]	N/A
STEAM OR DRY HEAT STERILIZATION CYCLES FOR CSPs: Sterilization cycles allow for an exposure duration that includes sufficient time for the entire contents of the CSP to reach and remain at the sterilizing temperature during the duration of the sterilization period. CSPs sterilized vial steam are placed in the autoclave to allow steam to reach CSPs without entrapment of air. CSPs sterilized via dry heat are placed with sufficient space between materials to allow for hot air circulation. Sterilization cycle parameters (e.g., temperature, pressure, and duration) and load configuration(s) are documented. [USP 797 Section 10.3 & 10.4]	N/A
BIOLOGICAL INDICATOR USE: The effectiveness of steam or dry heat sterilization of CSPs is verified and documented for each sterilization run or load by using appropriate biological indicators (e.g., Geobacillus stearothermophilus for steam, Bacillus atrophaeus for dry heat) and other confirmation methods. [USP 797 Section 10.3]	N/A
STEAM & DRY HEAT CSP PREFILTRATION: Immediately before filling containers that will be sterilized via steam, or dry heat, CSP solutions are passed through a filter with a nominal pore size of not larger than 1.2 µm for removal of particulate matter. [USP 797 Section 10.3]	N/A
CALIBRATED DATA RECORDER: A calibrated data recorder or chart is used to monitor each steam or dry heat sterilization cycle and to examine for cycle irregularities (e.g., deviations in temperature or pressure). The calibrated oven is equipped with temperature controls and a timer. [USP 797 Section 10.3 & 10.4]	N/A

R. STERILIZATION & DEPYROGENATION OF SUPPLIES & CONTAINER CLOSURE SYSTEMS - CATEGORY 2 & 3

STERILIZATION & DEPYROGENATION SOP's include: 1) A description of sterilization and depyrogenation process(es) used to sterilize and/or depyrogenated compounding supplies and container closure systems, including the temperature, duration, permissible load conditions for each cycle, and the use of biological indicators and endotoxin challenge vials (ECVs). 2) Personnel training and competency assessment on sterilization and depyrogenation methods and equipment used by the facility. 3) Schedule and method for establishing and verifying the effectiveness of methods selected. [USP 797 Section 10] ****Certification of autoclave and dry heat oven validation completed on Aug '25 but not available for review during inspection*	No
DEPYROGENATION VIA DRY HEAT: Dry heat depyrogenation is used to render glassware, metal, and other thermostable containers and components pyrogen free. The exposure period includes sufficient time for items to reach the depyrogenation temperature; items remain at the depyrogenation temperature for the duration of the depyrogenation period. [USP 797 Section 10.1 & USP 1228.4]	Yes
DEPYROGENERATION VIA RINSING: Non-thermostable items are sterilized via a validated sterilization method and cycle: these items are also depyrogenated by multiple rinses with sterile, nonpyrogenic water (e.g., Sterile Water for Injection or Sterile Water for Irrigation) and then thoroughly drained or dried immediately before use in compounding. [USP 797 Section 10 & 10.1]	Yes
DEPYROGENATION PROCESS VALIDATION: The effectiveness of the dry heat depyrogenation cycle(s) is established initially and verified annually using Endotoxin Challenge Vials (ECVs) to demonstrate the cycle achieves a greater than or equal to 3-log endotoxin reduction. The effectiveness of the depyrogenation cycle is re-established if there are changes to the cycle parameters . Cycle verifications are documented. [USP 797 Section 10.1]	Yes
STERILIZATION CYCLE VALIDATION: When performed onsite, the efficacy of sterilization cycles used for supplies or container closure systems are established and documented. Each sterilization run or load is verified and documented by using appropriate biological indicators (e.g., spores of Geobacillus stearothermophilus) and other confirmation methods. [USP 797 Section 9.3.1 & USP 1229]	Yes

S. MASTER FORMULATION AND COMPOUNDING RECORDS – ALL CATEGORIES

MASTER FORMULATION RECORD (MFR): A MFR is created for all CSPs prepared from nonsterile ingredient(s) or CSPs prepared for more than one patient and any changes or alterations to an MFR are approved and documented per facility's SOPs. [USP 797 Section 11.1]	Yes
MFR DOCUMENTATION: An MFR includes at least the following: 1) Name, strength or activity, and dosage form of the CSP; 2) Identities, amounts of all ingredients, and, if applicable, relevant characteristics of components; 3) Type and size of container closure system(s); 4) Complete instructions for preparing the CSP including equipment, supplies, a description of the compounding steps, and any special precautions; 5) Physical description of the of the final CSP; 6) BUD and storage requirements; 6) Stability reference; 7) Quality control procedures; 8) other information as needed to describe the compounding process and ensure repeatability. [USP 797 Section 11.1 (Box 9)] ****MFR missing BUD, storage conditions and description of final product. MFRs examined: Tirzepatide and semaglutide*	No
COMPOUNDING RECORD (CR): A CR is created for all Category 1, Category 2, and Category 3 CSPs. A CR is created for immediate-use CSPs prepared for more than one patient. A CR includes at least the following: 1) Name, strength or activity, and dosage form of the CSP; 2) Date and time of preparation of the CSP; 3) Assigned internal identification number (e.g., prescription, order, or lot number); 4) A method to identify the individuals involved in the compounding process and individuals verifying the final CSP; 5) Name of each component; 6) Vendor, lot number, and expiration date for each component for CSPs prepared for more than one patient and for CSPs prepared from nonsterile ingredient(s); 7) Weight or volume of each component; 8) Strength or activity of each component; 9) Total quantity compounded; 10) Final yield; 11) Assigned BUD and storage requirements; 12) Results of QC procedures. And, if applicable, 13) MFR reference for the CSP; and 14) Calculations made to determine and verify quantities and/or concentrations of components. [USP 797 Section 11.2]	Yes
STERILIZATION CYCLE DOCUMENTATION: The date, run, and load numbers of the steam or dry heat sterilizer used to sterilize a CSP are documented on the CR if applicable. [USP 797 Sections 10.3 & 10.4]	Yes

T. RELEASE INSPECTION AND TESTING – ALL CATEGORIES

RELEASE TESTING PROCEDURES: All release testing procedures (e.g., visual inspections and testing) are included in facility documentation such as MFRs and SOPs. [USP 797 Section 12]	Yes
VISUAL INSPECTION: CSPs are visually inspected before release and dispensing to determine whether the 1) physical appearance of the CSP is as expected (e.g., free of inappropriate visible particulates or other foreign matter, discoloration, or other defects), 2) container closure integrity is intact (e.g., checking for leakage, cracks in the container, or improper seals), 3) CSP and its labeling match the prescription or medication order. [USP 797 Section 12.1]	Yes
DELAYED DISPENSING VISUAL INSPECTION: When CSPs are not released or dispensed on the day of preparation, a visual inspection is conducted immediately before its release to ensure the CSP is free from any defects such as precipitation, cloudiness, or leakage, which could develop during storage. [USP 797 Section 12.1]	Yes
CSP REJECTION & QUARANTINE: CSPs found to be of unacceptable quality (e.g., observed defects) are promptly rejected, clearly labeled as rejected, and segregated from active stock. [USP 797 Section 12.1]	Yes
INVESTIGATION OF OOS RESULTS: Out-of-specifications results and defects indicating sterility or stability problems are investigated to determine the root cause and a corrective action plan is implemented and documented per facility SOPs. [USP 797 Section 12 & 12.1]	Yes

U. CSP HANDLING, STORAGE, PACKAGING, SHIPPING, & TRANSPORT – ALL CATEGORIES

STORAGE AREA TEMPERATURE MONITORING: Temperature in CSP & component storage areas is monitored at least once daily and recorded on a log on days when the facility is open or by a continuous temperature recording device; temperature data is readily retrievable. Monitoring equipment is calibrated or verified for accuracy as recommended by the manufacturer or every 12 months. When CSPs have been exposed to temperature excursions above or below storage temperature limits for the CSP, a Designated Person determines whether the CSP has retained its integrity or quality. [USP 797 Sections 9.3 & 19.1]	Yes
CSP PACKAGING: CSP packaging and shipping materials are selected to protect CSPs from damage, leakage, contamination, degradation, adsorption and prevent inadvertent exposure to transport personnel. [USP 797 Section 19.2]	Yes
SHIPPING & TRANSPORTING: Modes of transport are selected that are expected to deliver properly packaged CSPs in an undamaged, sterile, and stable condition. Special handing instructions are provided and/or affixed to the exterior of the container when applicable. [USP 797 Section 19.2]	Yes

V. STERILE QUALITY PROGRAM, SOP's & DOCUMENTATION- ALL CATEGORIES

QA/QC PROGRAM & SOPs: A Quality Assurance (QA) and Quality Control (QC) program is documented in facility SOPs and formally establishes a system of 1) adherence to procedures, 2) prevention and detection of errors and other quality problems, 3) evaluation of complaints and adverse events, and 4) appropriate investigations and corrective actions. The QA/QC SOPs describe the roles, duties, and training of personnel responsible for each aspect of the QA program. [USP 797 Section 16]	Yes
INVESTIGATIONS & CAPAs: A designated person(s) follows up to ensure investigations are conducted and corrective actions are taken if problems, deviations, failures, or errors are identified or when complaints or adverse reactions are reported. A complete record of each reported complaint and adverse reaction is created and retained. Investigations and corrective actions are documented. [USP 797 Sections 17, 18.2, & 18.3]	Yes
ADR & COMPLAINT DOCUMENTATION: A complete record of each reported complaint and adverse reaction is created and retained per USP 797. [USP 797 Section 18.1]	Yes

RECALL PROCEDURES & SOP: If CSPs are dispensed or administered before the results of release testing are known, procedures are in place to immediately notify the prescriber of a failure of specifications with a potential to cause patients harm; determine the severity of the problem and urgency for implementation/completion of recall; identify patients (or other points of distribution) who have received affected CSP; recall any unused dispensed CSPs; quarantine remaining stock in the pharmacy; investigate if other lots are affected and recalled if needed; conduct investigation and document reason for the failure. Recalls are reported to the appropriate regulatory body as required by the laws and regulations of the applicable regulatory jurisdiction. [USP 797 Section 18]	Yes
ANNUAL SOP & QA/QC COMPLIANCE REVIEW: Facility sterile compounding SOPs are reviewed every 12 months by the Designated Person(s); the review is documented. Changes to SOP are made only by the Designated Person and documented. Acknowledgement of revisions to SOP's are communicated to all personnel. The overall QA/QC Program is reviewed at least once every 12 months by the Designated Person(s); the review is documented, and corrective actions are taken if needed. [USP 797 Section 17 & 18]	Yes

W. HAZARDOUS DRUG HANDLING & COMPOUNDING – ALL CATEGORIES

DESIGNATED PERSON: The entity has a Designated Person who is qualified and trained to be responsible for implementing appropriate HD procedures, overseeing compliance with USP 800 requirements, ensuring environmental control of the storage and compounding areas, monitoring HD facility operations, testing, and acting on results. [USP 800 Section 4]	
HAZARD COMMUNICATION PROGRAM (HCP): Facility has SOPs to ensure effective training regarding proper labeling, transport, storage, and disposal of HDs and use of Safety Data Sheets. The HCP and HD SOPs include a written plan describing 1) how USP 800 requirements are implemented, 2) HD chemical container labeling with the identity of the material and appropriate hazard warnings, 3) readily accessible location of HD chemical SDSs known and accessible by all personnel, 4) HD risk training and information provided to all personnel with HD exposure risk before initial HD handling work assignment and whenever hazard changes, 5) personnel of reproductive capability written acknowledgement of understanding of HD handling risks. [USP 800 Section 8]	
LIST OF HAZARDOUS DRUGS & ASSESSMENT OF RISK: Facility maintains a list of HDs that includes any items on the current NIOSH that the entity handles. The list is reviewed every 12 months and whenever a new agent or dosage form is used. All HD drugs follow the requirements of USP 800 unless an assessment of risk (AOR) is performed. If an assessment of risk approach is taken, the entity must documents what alternative containment strategies and/or work practices are being employed for specific dosage forms to minimize occupational exposure. The AOR minimally contains the type of HD, dosage form, risk of exposure, packaging, and manipulation considerations. The HD drug list & AOR is reviewed at least every 12 months and whenever a new agent or dosage form is used. [USP 800 Section 2]	
CONTAINMENT REQUIREMENTS: All antineoplastic HDs requiring manipulation and HD active pharmaceutical ingredients (APIs) on the NIOSH list follow all the requirements of USP 800. [USP 800 Section 2, Box 1]	
HD HANDLING, RECEIPT & STORAGE SOPs: SOPs are created and followed for the safe handling of HDs used by the facility. [USP 800 Section 17]	
HD HANDLING AREAS, SIGNAGE, & ACCESS: Signage designating HD handling areas are prominently displayed and access to HD handling areas is restricted to authorized personnel. Designated areas are available for receipt, unpacking, storage, and sterile compounding of HDs. [USP 800 Section 5]	
HD STORAGE: HDs are stored to prevent spillage or breakage, off floors, and in areas appropriate for natural disasters. Antineoplastic HDs and HD API are stored separately from non-HDs to prevent contamination and personnel exposure. HD storage areas are externally ventilated and negative-pressure rooms with at least 12 ACPH. Refrigerated antineoplastic HDs are stored in a dedicated refrigerator, in a negative pressure area with at least 12 ACPH. Pass through refrigerators are not used. [USP 800 Section 5.2]	
STERILE HDs COMPOUNDED IN A C-SCA: C-SCA maintains a minimum of 12 ACPH of HEPA- filtered air and has negative pressure to adjacent areas of -0.01" w.c. to -0.03" w.c. [USP 800, sections 5.3.2 Table 3]	
C-SEC DESIGN AND ENGINEERING CONTROLS: The C-SEC has fixed walls physically separated from other preparation areas, is externally ventilated has 30 ACPH, and negative pressure to adjacent areas of -0.01" w.c. to -0.03" w.c. [USP 800 Section 5.3.2 Table 3]	
C-SEC ACCESS: The Ante Room used for entry into the negative pressure buffer room has fixed walls and maintains a minimum of 30 ACPH of HEPA-filtered air, positive pressure of +0.02" w.c. to all adjacent unclassified areas, and ISO7 or better classification. Alternatively, a negative-pressure HD buffer entered exclusively through a positive pressure non-HD buffer room contains a line of demarcation (LOD) within the negative-pressure buffer room for donning/doffing HD PPE and a method a transport of HDs, HD CSPs, and HD waste into and out of the HD buffer (e.g., pass-through chamber). Pass through chambers are included in semi-annual facility certification. [USP 800 Section 5.3.2]	
C-SEC SINK & SAFETY EQUIPMENT: A sink is available for hand washing and an eyewash station and/or other emergency safety precautions meeting applicable laws and regulations are readily available and located where operation does not interfere with ISO classifications. Sinks are located at least 1 meter from the entrance into the buffer room (or at least 1 meter from the C-PEC in a C-SCA). [USP 800 Sections 5.3 & 5.3.2]	
C-PEC LOCATION, VENTING, & OPERATION: All C-PECs used for sterile HD compounding (e.g., CACIs or BSCs), are located within a C-SEC or C-SCA, externally vented, and maintain an ISO 5 or better air quality. C-PECs operate continuously if supplying some or all the negative pressure in the C-SEC or if used for sterile compounding. During power outages, repairs, or relocation, C-PEC use is suspended immediately. Once C-PEC power is restored, all PEC surfaces are decontaminated, cleaned, and disinfected, and compounding is not resumed until the manufacturer's specified recovery time has elapsed. [USP 800 Section 5.3.2]	
REQUIRED HD PPE: When compounding HDs, gowns, head, hair, shoe covers, and two pairs of chemotherapy gloves are donned per facility SOPs. Chemotherapy gloves are tested to ASTM standard D6978 (or its successor) and are powder free and two pair of chemotherapy gloves are donned per SOP. Gloves are inspected for physical defects. Gloves are changed when torn, punctured, or contaminated. Personnel wash hands with soap and water after removing gloves. HD gowns are disposable, resistant to permeability by HDs, close in back, are long sleeved, closed cuff, and seamless. Gowns are changed per manufacturer's permeation information; if no data is available, HD gowns are change every 2-3 hours or immediately after a spill or splash. Gowns are limited to HD handling areas and are donned over the sterile compounding garment. When compounding, a second pair of shoe covers is donned before entering the C-SEC and doffed when exiting the C-SEC. HD PPE is disposed of appropriately prior to exiting the C-SEC. Chemotherapy gloves and sleeve covers (if used during compounding) are carefully removed and discarded immediately into an appropriate waste container inside of the C-PEC or contained in a sealable bag for discarding outside of the C-PEC. Reusable PPE is decontaminated and cleaned after each use. [USP 800 Section 7]	
EYE AND FACE PROTECTION: Appropriate eye (goggles) and face protection (face shield) are worn when there is a risk for spills or splashes or when working outside of a C-PEC. Surgical masks are not used when respiratory protection is required per SOP and/or AOR as protection from HD exposure. [USP 800 Section 7.4]	
HD TRAINING & COMPETENCY ASSESSMENT: Personnel who handle HDs are trained and demonstrate competency initially before independently handling HDs, annually, and when a new HD medication, process, SOP, or equipment is introduced. Training minimally includes an overview of the entity's HD list and their risks; review of HD SOPs; proper use of PPE, equipment, and devices; prevention of HD exposures and spills; HD exposure and spill response; use of a spill kit, PPE, and NIOSH-certified respirators; and HD disposal. Based on job duties, personnel receive additional HD training in HD acquisition and receipt, preparation, compounding, dispensing, labeling, storage, and transport. Training and competency assessments are documented. [USP 800 Sections 8, 9, 11.1, 16, & 17]	
HD ATTESTATION: Personnel of reproductive capability have a written acknowledgement attesting to their understanding of HD handling risks. [USP 800 Section 8]	
DEDICATED HD EQUIPMENT: Disposable or cleanable equipment for compounding (e.g., mortar and pestle, graduated cylinder, spatulas) is dedicated for use with HDs. [USP 800 Section 13]	
NON-HD COMPOUNDING IN A C-PEC: Non-HDs compounded in a HD C-PEC are placed in protective outer wrapping, labeled for PPE handling precautions, and treated as an HD. The C-PEC worksurface is decontaminated between compounding of different HDs. [USP 800 Section 5.3.2 and Table 3]	

DEACTIVATION, DECONTAMINATION, CLEANING & DISINFECTION (D/D/C/D): Areas where HDs are handled and all reusable equipment and devices are deactivated/decontaminated, and cleaned. Sterile compounding areas and devices are subsequently disinfected. Written procedures for decontamination, deactivation, cleaning, and disinfection are available and followed. Procedures include agents used, dilutions (if used), frequency, and documentation requirements. Agents selected are appropriate for the type of HD contamination(s), location, and surface materials. Sterile 70% IPA is used to remove residue left on sterile surfaces and compounding areas by decontaminating agents. [USP 800 Section 15]	
D/D/C/D TRAINING & PPE REQUIREMENTS: Personnel are trained in deactivation/decontamination, cleaning, and disinfection to protect themselves and the environment from contamination. Personnel wear appropriate PPE resistant to cleaning agents used, including 2 pairs of ASTM-tested chemotherapy gloves and impermeable disposable gowns. Eye protection and face shields are worn if splashing may occur. [USP 800 Section 15]	
C-PEC D/D/C/D: C-PEC is decontaminated at least daily (when used), after as spill, before and after certification, voluntary interruption, or if ventilation tool is removed. The C-PEC worksurface is decontaminated between compounding of different HDs. The area under the work tray of a C-PEC is deactivated, decontaminated, and cleaned at least monthly. [USP 800 Section 15.2]	
HD LABELING, PACKAGING, TRANSPORT & SPILLS HANDLING: Facility follows SOP for the labeling, handling, packaging, and transport of HDs which addresses the prevention of spills/exposures, training for exposure, and spill handling. HD CSPs are identified as hazardous and labeled with special handling precautions. Labeling process for compounded HD products does not introduce contaminated materials into non-HD areas. [USP 800 Section 11 & 11.2]	
SPILL KITS, & SINGAGE: Spill kits are readily available with appropriate supplies, PPE, and signs to restrict access to affected areas. restriction posted, and documentation of spills occur when needed. [USP 800 Section 16]	

X. LYOPHILIZATION

Sterile preparations prepared for lyophilization are maintained in ISO 5 unidirectional laminar flow air throughout sterilization, filling, and transport to the lyophilizer. [64B16-27.797(5) F.A.C.]	
A recorded smoke study is available and demonstrates that transport from the PEC to the lyophilizer is accomplished in ISO 5 laminar flow air at all times. [64B16-27.797(5) F.A.C.]	
The pharmacy has established and follows policies and procedures for the high-level disinfection of the lyophilizer chamber, piping, and all other areas of the unit which pose a potential risk for contamination of the product. [64B16-27.797(5) F.A.C.]	
The pharmacy validated the high-level disinfection procedure initially, and after changes to the cleaning process or agents. Documentation of studies is available for inspection. [64B16-27.797(5) F.A.C.]	
Validation studies for high level disinfection are performed with the 5-aerobic bacterial and fungal ATCC organisms referenced in USP<71> are conducted by an external vendor unless the firm has an internal laboratory capable of performing the studies. An internal laboratory is separate from the compounding and work areas of the pharmacy to prevent contamination in the pharmacy. [64B16-27.797(5) F.A.C.]	
Policies and procedures are established and followed for cleaning the lyophilizer prior to disinfection and include cleaning agents and schedules. Documentation of cleaning is maintained and available for inspection. [64B16-27.797(5) F.A.C.]	
Policies and procedures are established for the maintenance of the lyophilizer and at a minimum include the manufacturers recommendations. [64B16-27.797(5) F.A.C.]	
The maintenance schedule includes provisions for periodic testing of the chamber for leaks and all other recommended procedures described by the equipment manufacturer. Documentation of routine maintenance is available for inspection. [64B16-27.797(5) F.A.C.]	
SOPs and quality assurance program established to include validation of the filling process, container closure integrity, frequent monitoring of fill volumes, identification of over fills and underfills, assessment of personnel involved in compounding for lyophilization, equipment qualification, formula verification, and evaluation of finished product for conformance to specifications. [64B16-27.797(5) F.A.C.]	
The pharmacy has provisions for sterilizing, with filters, the inert gas or air used for backfilling during the vacuum release phase. These Sterilizing filters undergo the manufacturers recommended integrity test. [64B16-27.797(5) F.A.C.]	
Media fills are conducted every six months using the maximum batch size and demonstrate the filling, transport to the lyophilizer, loading and stoppering operations. Media is NOT frozen during the media fill operation. [64B16-27.797(5) F.A.C.]	
Personnel preparing sterile compounds for lyophilization wear sterile Personal Protective Equipment that covers all exposed skin. [64B16- 27.797(5) F.A.C.]	
Glove Fingertip Sampling is performed with every batch after fill and transport into the lyophilizer on all personnel compounding for lyophilization. The results are incorporated into the batch record. [64B16-27.797(5) F.A.C.]	
In-process acceptance criteria such as color, moisture limits and visual appearance are established for each lyophilized product. [64B16- 27.797(5) F.A.C.]	
A 100% visual examination of the finished product is conducted to determine that the product conforms to the established visuel criteria and is incorporated into the batch record. [64B16-27.797(5) F.A.C.]	
Finished product testing is conducted on all batches. Procedures have been established for selecting test samples from the batch and are written and followed. Such procedures may include location of vials in the lyophilizer and positions in the fill line. [64B16-27.797(5) F.A.C.]	
Finished product testing includes sterility testing using a USP<71> method unless an alternative test method has been validated and shown to be equivalent or better. Diluents used to reconstitute the sample vials for testing are preservative free. [64B16-27.797(5) F.A.C.]	
Each batch of lyophilized product with a beyond use date that falls within the USP<797> guidelines and is not tested for sterility, has viable air and surface sampling that is collected in critical areas of ISO 5 locations as well as sampling of the gloves and sleeves of personnel documented in the batch record. [64B16-27.797(5) F.A.C.]	
Every lyophilized product has established endotoxin levels Each batch of lyophilized product is tested for endotoxin in accordance with USP<85> and confirmed to fall within the set limits and documented in the batch record. [64B16-27.797(5) F.A.C.]	
Potency, radiochemical purity, or applicable test to assure label claim is conducted on every batch and documented in the batch record. In lieu of potency testing, weight-based verification may occur based on formula verification. Potency testing shall be based on the USP monograph if one is available. [64B16-27.797(5) F.A.C.]	

Y. SPECIAL PARENTERAL ENTERAL & EXTENDED SCOPE

Technicians properly identified. [64B16-27.100 (2) F.A.C.]; [64B16-27.4001 F.A.C.]; [64B16-27.410 F.A.C.]; [64B16- 27.420 F.A.C.].	
Medication is properly labeled for dispensing to patient. [64B16-28.108(2) F.A.C.]	
Outdated medications removed from active stock. [64B16-28.110 F.A.C.]; [64B16-28.1191 F.A.C.]	
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and quarterly summarization of Quality Related Events are available for inspection. [64B 16 27.300 F.A.C.]; [766.101 (1) (a)(l) F.S.]	
Pharmacy maintains patient profile with allergy information and medications dispensed. [64B16-27.800, F.A.C.]	

All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c) F.S.]; [21CFR1306.05]	
Prescriptions for controlled substances are on counterfeit-proof prescription pads or blanks purchased from a department-approved vendor and the quantity and date meet the requirements of [456.42(2), F.S.].	
Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a), F.S.] [21CFR1304.11] [21CFR1304.04]	
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2) F.S.]; 21CFR 1305.13(e)]; [21CFR1305.22(g)]	
Controlled substance records and prescription information in computer system are retrievable and maintained for 4 years. [21CFR1304.04]; [465.022(12)(a) F.S.]; [21CFR1306.22]; [64B16-28.140 F.A.C.]	
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)]; [64B16-28.140(3)(d) F.A.C]	
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4) (3)(a), F.S.]	
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005 (14) F.S.]	
A special sterile products and parenteral/enteral compounding pharmacy provides telephone accessibility to its pharmacist(s) for its patients at all hours. [64B16-28.820(3)(b)]	
A special sterile products and parenteral/enteral compounding pharmacy provides special handling and packaging of compounded parenteral and enteral preparations when delivering from the pharmacy to the patient or institution as required to maintain stability of the preparations. [64B16-28.820(3)(b)]	

Z. Miscellaneous

BLOOD-DERIVED OR BIOLOGICAL MATERIAL MANIPULATIONS: Compounding activities that require the manipulation of a patient's blood-derived or other biological material (e.g., autologous serum), are clearly separated from other compounding activities and equipment used in CSP preparation activities and controlled by specific SOPs to avoid cross-contamination. [USP 797 Section 1.1.2]	
ALLERGENIC EXTRACTS: Licensed allergenic extracts are mixed and diluted to prepare prescription sets for administration to patients. A prescriptions set is a vial or set or vials of premixed licensed allergenic extracts for subcutaneous immunotherapy that have been diluted with an appropriate diluent for an individual patient. Compounding allergenic extracts 1) minimally complies with all aspects of USP <797> Section 21; 2) involves transfer via sterile needles and syringes of conventionally manufactured sterile allergen products and appropriate conventionally manufactured sterile added substances; and 3) manipulations are limited to penetrating stoppers on vials with sterile needles and syringes and transferring sterile liquids in sterile syringes to sterile vials. If these conditions are not met, compounding of allergenic extracts follows all aspects of USP <797>. [USP 797 Sections 1.1.2 and 21]	

Corrective Action Plan

A corrective action plan is required to be submitted within 30 days for the non-compliant items listed above. [64B16-27.797(5), F.A.C.]	

Remarks:

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signatura

DIZ, MANUEL

Date:2/4/2026

Representative:

Ahmad Ghrouf

Date:2/4/2026

Your license number is PH 35337.

Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes and much more.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
DECEMBER 27, 2024	PH 35337	146842

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Special Sterile Compounding
Schedule II & III

EXPIRATION DATE: **FEBRUARY 28, 2027**

EMERALD COMPOUNDING PHARMACY LLC
5325 PRIMROSE LAKE CIRCLE
SUITE A
TAMPA PALMS, FL - 33647

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
STATE SURGEON GENERAL

Scan QR Code for
License Authentication

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
DECEMBER 27, 2024	PH 35337	146842

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

EMERALD COMPOUNDING PHARMACY LLC

Expiration Date: **FEBRUARY 28, 2027**

REGISTRANT SIGNATURE

Your license number is PH 35074.

Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes and much more.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
FEBRUARY 7, 2025	PH 35074	152879

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Schedule II & III
Community Pharmacy

EXPIRATION DATE: FEBRUARY 28, 2027

EMERALD COMPOUNDING PHARMACY, LLC
5325 PRIMROSE LAKE CIRCLE
SUITE A
TAMPA PALMS, FL - 33647

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
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STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
FEBRUARY 7, 2025	PH 35074	152879

THE PHARMACY
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THE LAWS AND RULES OF THE STATE OF FLORIDA.

EMERALD
COMPOUNDING
PHARMACY, LLC

Expiration Date: FEBRUARY 28, 2027

REGISTRANT SIGNATURE

Department of Health

Emerald Compounding Pharmacy LLC

License Number: PH35337

Data As Of 6/9/2026

Profession	Pharmacy
License	PH35337
License Status	Clear/
Qualifications	Special Sterile Compounding Schedule II & III
License Expiration Date	2/28/2027
License Original Issue Date	10/01/2024
Address of Record	5325 Primrose Lake Circle Suite A TAMPA PALMS, FL 33647
Discipline on File	No
Public Complaint	No

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

Discipline Public Records Request

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:
Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:
1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a $25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
GHROUF, AHMAD	PHARMACY AFFILIATE	CONSULTANT PHARMACIST	9734	03/04/2024
GHROUF, AHMAD	RX DPT MGR/COR/POR	CONSULTANT PHARMACIST	9734	10/01/2024

Click on the License Number to view License Details for that Practitioner

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
EMERALD COMPOUNDING PHARMACY, LLC	STERILE COMPOUNDING	PHARMACY	35074	10/1/2024

Click on the License Number to view License Details for that Practitioner

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

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No secondary locations found.

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NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Emerald Compounding Pharmacy, LLC.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 5325 Primrose Lake Circle Suite A

City Tampa State FL Zip 33647

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 3213213313 Website emeraldsrx.com

Licensing Company Email compliance@emeraldsrx.com

Section 2: Personal Information

First Ahmad Middle _____ Last Ghrouf

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City Tampa State FL Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Lake Erie College of Osteopathic Medicine			08/13-05/16	
Address		City	State	Zip
1858 W. Grandview Blvd		Erie	PA	16509
Diploma/Degree obtained, if any				
Doctor of Pharmacy				
School Name			From - To (MM/YY – MM/YY)	
Saint Francis College			08/09-06/13	
Address		City	State	Zip
179 Livingston St		Brooklyn	NY	11201
Diploma/Degree obtained, if any				
B.S Biology				
School Name			From - To (MM/YY – MM/YY)	
Fort Hamilton High School			08/06-06/09	
Address		City	State	Zip
8301 Shore Rd		Brooklyn	NY	11209
Diploma/Degree obtained, if any				
High School Diploma				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/22-2026	[redacted]	Tampa	FL	[redacted]
06/16-04/22		Orlando	FL	
From - To (MM/YY – MM/YY)		City	State	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Emerald Compounding Pharmacy, LLC.			04/24- current	
Business Address		**City**	**State**	**Zip**
5325 Primrose Lake Circle Suite A		Tampa	FL	33647
Phone	**Title**			
321-321-3313	Owner/PIC			
Description of Duties				
Manage everything for pharmacy				

Business Name			From - To (MM/YY – MM/YY)	
CVS Health			03/23 - 06/24	
Business Address		**City**	**State**	**Zip**
		Brandon	FL	33500
Phone	**Title**			
800-367-2884	Manager			
Description of Duties				
District Support Pharmacy Leader				

Business Name			From - To (MM/YY – MM/YY)	
CVS Health			11/16-03/23	
Business Address		**City**	**State**	**Zip**
		Tampa	FL	33592
Phone	**Title**			
800-367-2884	Pharmacy Manager			
Description of Duties				
Manage day to day operations in pharmacy				

Business Name			From - To (MM/YY – MM/YY)	
Contract- Manage Care Pharmacist			05/19-03/23	
Business Address		**City**	**State**	**Zip**
Remote		Orlando/Tampa	FL	
Phone	**Title**			
	Pharmacist			
Description of Duties				
Managed operations remotely				

Business Name			From - To (MM/YY – MM/YY)	
CVS Health			08/13-11/16	
Business Address		**City**	**State**	**Zip**
		Tampa	FL	
Phone	**Title**			
800-367-2884	Intern			
Description of Duties				
Assisted pharmacist				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
CVS Health			08/11-08-2013
Business Address	**City**	**State**	**Zip**
	Brooklyn	NY	
Phone	**Title**		
800-367-2884	Registered Pharmacy Technician		
Description of Duties			
Pharmacy technician			

Business Name			From - To (MM/YY – MM/YY)
St. Luke's Roosevelt Hospital			01/10 - 08/11
Business Address	**City**	**State**	**Zip**
	New York	NY	
Phone	**Title**		
	Clinical Research Coordinator		
Description of Duties			
Assisted with research data			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ahmad Ghrouf
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

May -22-2026
Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Harris

I, Ahmad Ghrouf, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

May -22-2026
Date

Subscribed and Sworn to before me this 22 day of May.

Ayrn Brewster
Notary Public Signature

AYRN BREWSTER
Notary ID #134772245
My Commission Expires
February 20, 2028

(Seal)

First Name	Last Name	Position	License Number	Exp Date	Status
Jenna	Devin	Non-Sterile Compounding Pharmacy Technician	RPT120170	12/31/26	FT
Nataly	Gomez Gal	Sterile Compounding Pharmacy Technician	RPT132813	12/31/26	FT
Alexander	Lezhenkin	Pharmacist	PS60998	9/30/27	FT
Braelin	Ludovici	Sterile Compounding Pharmacy Technician	RPT127998	12/31/26	FT
Heba	Masoud	Non-Sterile Compounding Pharmacy Technician	RPT117581	12/31/26	FT
Sade	McIntosh	Pharmacist - Intern	PS145029	None	FT
Kacy	Pollard	Lead Pharmacy Technician	RPT121341	12/31/26	FT
Ahmad	Ghrouf	Pharmacist	PS55832	9/30/27	FT
Husein	Ghrouf	Pharmacist	PS68912	9/30/27	FT
Adam	Mitrani	Pharmacist	PS50726	9/30/27	FT
Roy	Ramroop	Pharmacist	PS62170	9/30/27	FT
Adonis	Ducre	Pharmacist NV →	23711	1031/27	FT

4KK

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	■ New Pharmacy	■ Retail/Community	■ Retail/Community
■ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: [redacted]
	☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)	☐ Other:	■ Non-sterile Compounding
			■ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #:		☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Fairview Produce Pharmacy, LLC dba Esatto Pharma

Physical Address: 2555 W. Fairview St. Ste 104

City: Chandler State: AZ Zip: 85224

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 480-387-5200 Toll Free # (NAC 639.708, NRS 639.23286): 833 745 6644

Fax: 480-550-7948 Contact Email: _____

Website: esattopharma.com

Nevada Business License # (if applicable) E43600382024-2

Supervising/Managing Pharmacist Name (NRS 639.220): Luke Wright

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 21377

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Luke Wright	NV Pharmacist Registration #: 21377
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Arizona

Parent Company (if any): Skagway Holdings, LLC

Corporation/Organization Name: Fairview Produce Pharmacy, LLC

Mailing Address: 2555 W. Fairview St. Ste 104

City: Chandler State: AZ Zip: 85224

Telephone: 480-387-5200 Email: licensing@esattopharma.com

Contact Person Name: Brett Bannister

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Manager (title) for Fairview Produce Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Brett Bannister

Print Name of Authorized Person

Brett M Bannister

Original signature of Authorized Person (copies or stamps not accepted)

5/21/26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brett Bannister

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

Date 5/21/26

Board Use Only	Date Received: 6/18/26	Amount: $500 ck 147

Esatto Pharma Description of Services

Esatto Pharma is a 503A patient specific compounding pharmacy that offers human nonsterile and sterile compounded preparations. The pharmacy is compliant with current chapters of USP (795, 797) and does not solicit prescriptions online. Current business is majority Arizona, with hopes to expand with additional non-resident licensure.

Esatto Pharma Ownership

Skagway Holdings, LLC is the 100% Direct Owner of Fairview Produce Pharmacy, LLC dba Esatto Pharma

Brett Bannister, Manager; 6501 Monterosa St. Scottsdale, AZ 85251

Esatto Pharma References

USP 795, 797, 800

STATE OF ARIZONA
ARIZONA CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

FAIRVIEW PRODUCE PHARMACY, LLC

ACC Business ID: **23563091**

a **Domestic Limited Liability Company**, was authorized to transact business or conduct affairs in the state of Arizona on 1st day of August, 2023;

That, according to the records of the Arizona Corporation Commission, said Domestic Limited Liability Company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above-named business as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **24th day of March, 2026**

Douglas R. Clark

DOUGLAS R. CLARK,
EXECUTIVE DIRECTOR

Business ID.: 23563091
Certificate No.: 2604060416262377
Certificate may be verified online at:
arizonabusinesscenter.azcc.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Fairview Produce Pharmacy, LLC dba Esatto Pharma

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 2555 W Fairview St. Suite 104

City Chandler State AZ Zip 85224

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 4803875200 Website esattopharma.com

Licensing Company Email licensing@esattopharma.com

Section 2: Personal Information

First Luke Middle Thomas Last Wright

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Mesa State AZ Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120):	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Lipscomb University			8/12 to 5/16	
Address		City	State	Zip
1 University Park Dr		Nashville	TN	37204
Diploma/Degree obtained, if any				
PharmD				
School Name			From - To (MM/YY – MM/YY)	
Mesa Community College			8/03 to 5/11	
Address		City	State	Zip
1833 W Southern Ave		Mesa	AZ	85202
Diploma/Degree obtained, if any				
N/A				
School Name			From - To (MM/YY – MM/YY)	
Westwood High School			8/01 to 5/04	
Address		City	State	Zip
945 W. Rio Salado Parkway		Mesa	AZ	85201
Diploma/Degree obtained, if any				
High School				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/20 to current	[redacted]	Mesa	AZ	[redacted]
8/17 to 11/20	[redacted]	Mesa	AZ	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Esatto Pharma			6/24 to current	
Business Address		**City**	**State**	**Zip**
2555 W Fairview St		Chandler	AZ	85244
Phone	**Title**		**Number of Employed Hours**	
4805507948	Director of Compounding		480	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Apostrophe Pharmacy, LLC			1/19 to 6/24	
Business Address		**City**	**State**	**Zip**
1440 N Fiesta Blvd Suite 100		Gilbert	AZ	85233
Phone	**Title**		**Number of Employed Hours**	
	PIC		11440	
Description of Duties				
Launched pharmacy and oversight of all operations including compounding and dispensing. Extensive compliance and regulatory work.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✔	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2/2024		AZ	Phoenix	Maricopa
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
N/A		AZ Board of Pharmacy		
Reason/Charge				
Appeared before the board for a routine board meeting				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				

Provide explanation below:

I appeared before the Arizona board of pharmacy requesting technical deviation to a pharmacy statute. This was not disciplinary in any manner and was requested by me to appear brefore the board for permission to deviate from a statute for a specific reason.

Original Signature (electronic, copies or stamps not accepted)

5/4/2026
Date

I, Luke Wright, **certify that as the designated representative for**

Fairview Produce Pharmacy, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. LW I am at least 21 years of age;
3. LW I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. LW I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. LW I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. LW I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. LW I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Luke Wright

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/4/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Luke Wright

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/4/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Luke Wright, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5/4/2026

Date

Subscribed and Sworn to before me this 4th day of May.

Danielle M Evans

Notary Public Signature

Notary Public State of Arizona
Maricopa County
Danielle M Evans
My Commission Expires 12/30/2028
Commission Number 676270
(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Esatto Pharma

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 2555 W Fairview St. #104

City: Chandler State: AZ Zip: 85224

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 480-387-5200 Toll Free # (NAC 639.708, NRS 639.23286): 833-745-6644

Fax: 480-550-7948 Contact Email: licensing@esattopharma.com

Website: esattopharma.com

Nevada Business License # (if applicable) 20244360039

Supervising/Managing Pharmacist Name (NRS 639.220): Luke Wright

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21377

Name of Designated Person(s) as defined by revised USP-797 guidelines: Luke Wright

Email of Designated Person(s): luke.wright@esattopharma.com

Telephone of Designated Person(s): 480-387-5200

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☒ Low ☒ Medium ☒ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☒ Yes ☐ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Please see attached list of sterile compounds that we will be dispensing to Nevada patients

4. Will you be utilizing beyond use dates in excess of USP-797? ☒ Yes ☐ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:

Our processes are based on the newer usp 797 guidelines that reference category 1,2, and 3 in place of the older Low, Medium, High risk levels. We follow the BUD guidelines that are established in USP 797 tables 12,13 and 14. For dates that extend beyond the guidance that those tables provide, we send out for 3rd party testing. This testing involves a method suitability testing, and stability indicating assay. We also test for microbial growth with an AET test, and a test for enclosure that is used to dispense and store the finished compounded medication. Based on the results of these 3rd party tests we would establish our BUD's for anything beyond what is listed in the aforementioned 797 tables.

6. What laboratory performs this additional testing?

Name: Compounders International Analytical Laboratory

Address: 4760 Castleton Way suite A

City: Castle Rock State: CO Zip: 80109

Telephone: (800) 788-9922

7. What is your procedure for visual inspection of compounded sterile products?

Compounded products are visually inspected for physical appearance, Container integrity and correct labeling. Pertaining to physical appearance we make sure there are no particulates, filaments or foreign matter in the CSP's. No signs of discoloration, cloudiness or any other defects. The container is checked to validate that it is intact, not broken or leaking. Labels are inspected to make sure all information matches the accompanying batch record.

8. How often do you perform glove fingertip and medial fill testing?

For personnel who perform compounding: every 6 months for compounding Category 1 or 2 CSP's
Every 3 months for compounding category 3 CSP's

9. What is your policy if an employee fails a glove fingertip or media-fill test?

A failed test requires the test to be repeated the designated person will determine if any remediation is required before the media fill test is repeated. The personnel that failed the media test will not be allowed to compound or supervise compounding until the remediation is completed, and a successful test is achieved.

10. Describe your initial and annual training program for all personnel performing sterile compounding:

Core skills, SOP and written test is performed every 12 months.
Garbing, hand hygiene competencies are every 6 months for Categories 1 and 2 and 3 months for category 3
Aseptic Technique competencies are every 6 months for Categories 1 and 2 and 3 months for category 3

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

We use sterile wipes, Peridox RTU, Disinfectant/ detergent, and sterile IPA.

Please see attached table for frequencies

12. Who performs the sterile compounding process at your facility?

Certified pharmacy technicians who have completed their compounding training and assessment for sterile compounding.

13. Who is responsible and accountable for the sterile compounding process at your facility?

Compounding supervisor and ultimately the pharmacist in Charge.

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

We make a determination of how to package our medications based on the time of year and the appropriateness for ice packs and thermally insulated packaging to be used. We send frozen and refrigerate items overnight or same day to ensure low temperature is maintained upon arrival. We also send random temperature trackers to give us data on actual medication conditions.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)

1. What type of primary engineering controls will you be using in your facility?

We use Class II BSC's and Laminar air flow hoods in our labs.

2. Is your BSC or CACI vented 100% to the outside?	☒ Yes	☐ No
3. Do you have a negative pressure buffer room at your facility?	☒ Yes	☐ No
4. Will you be compounding with antineoplastic HDs or HD API?	☒ Yes	☐ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☒ Yes	☐ No
6. Will you be utilizing a closed system transfer device?	☐ Yes	☒ No

7. If yes, list the name of the device:

8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

For any hazardous drug products that we dispense we provide a hazardous drug information handout. This physical paper handout has information on proper disposal and also provides links and guidance to the FDA webpages on proper disposal.

9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Personnel having contact with a hazardous drug must complete a formal written training program before working with the materials. The program includes:

1. Potential and known risks of hazardous drugs
2. Handling of the HD's
3. Cleaning up of HD spills
4. Using SDS files
5. Interpreting Warning codes.
6. Storing and transporting of HD's4
7. Compounding techniques
8. Garbing
9. Eyewash station and safety shower
10. Using HD drug containers
11. Storage of bulk chemicals and finished product HD's
12. Requirements of the hazard waste disposal company.

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)

1. List the specific high risk sterile products that your facility compounds:

PLEASE SEE ATTACHED

2. What sterilization methods are utilized at your facility?

Sterilization by filtration

3. Does your facility utilize biological indicators? ☒ Yes ☐ No

4. If yes, describe how they are utilized:

We use the SporView BI system
Place the BI(s) inside a tray or peel pouch, whichever is representative of the load being processed.
Place one or more BIs in the most challenging area in the sterilizer (i.e. bottom shelf near the door, over the drain of a large sterilizer or on the middle shelf of a smaller sterilizer).
Process the load according to manufacturer's instructions
After processing, remove the BI(s) and verify that the chemical indicator has turned brown.
Allow the BI(s) to cool for at least 10 minutes.
Activate the processed BI(s) by crushing the inner glass media tube.
For Steam Indicators:
Incubate the BI(s) in the appropriate incubator (60°C Dry Block Incubator) for 24 hours. An unprocessed BI shall be incubated to serve as a positive control.
For Dry Heat Indicators
Incubate the BI(s) in the appropriate incubator (37°C) for seven days. An unprocessed BI shall be incubated to serve as a positive control.
Check the tubes for spore growth. Growth is indicated by a color change of the media from purple to yellow and/or turbidity.
Document all results on the appropriate compounding record or sterilization cycle printout.
If positive results are observed, immediately quarantine the involved CSP(s) and notify the designated person or the compounding pharmacist.

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Luke Wright
Name of Person who Completed the Form

Pharmacist in Charge
Title

Signature (copies or stamps not accepted)

5/21/26
Date

Board Use Only	Date Received: 6/18/26	Date Approved:	Approved By:

Sterile Compounds Esatto Pharma

DRUG	STRENGTH
Acetylcysteine injection solution (MDV)	100mg/ml (10%)
	200mg/ml (20%)
Alphalipoic Acid injection solution (MDV)	25mg/ml
Alprostadil injection solution (MDV)	20mcg/ml
	40mcg/ml
	150mcg/ml
Apomorphine injection solution (MDV)	1mg/ml
Ascorbic acid injection solution (MDV)	500mg/ml
Ascorbic acid/Glutathione (Ophthalmic solution)	1.25%/1.25%
Atropine Ophthalmic Solution	0.01% 0.05%
Bladder Irrigation w/ Solumedrol (Gentamicin/Heparin/Lidocaine/Sodium bicarbonate/Solumedrol)	80mg/10,000U/1%(20ml)/8.4%(20ml)/125 mg
Bimix injection solution (MDV) (Papaverine/Phenotolamine)	30mg/1mg/ml 30mg/2mg/ml
Biotin Injection Suspension (MDV)	10mg/ml
Calcium gluconate (Ophthalmic Irrigation)	1%
Cyclosporine Ophthalmic solution	2%
Cyclosporine Ophthalmic Ointment	0.2%
Dexpanthenol injection solution (MDV)	250mg/ml
Dextrose (MDV)	500mg/ml (50%)
Dextrose /Glycerin/Phenol Injection solution (MDV)	25%/25%/2.5%
Easy Myers (SDV) (Ascorbic acid/B1/B2/B3/B5/B6/Calcium gluconate/Hydroxocobalamin/Magnesium chloride)	30mg/1mg/10mcg/1mg/2mg/1mg/2mg/5mcg/5mg
EDTA Calcium injection solution (MDV)	300mg/ml
Estradiol cypionate in ethyl oleate injection solution (MDV)	5mg/ml
	10mg/ml
Estradiol valerate in ethyl oleate injection solution (MDV)	5mg/ml
	10mg/ml
	20mg/ml
Folic acid injection solution (MDV)	10mg/ml
Gentamicin Irrigation in Normal Saline	80mg/L
	160mg/L
Glutathione injection solution (MDV)	200mg/ml
Glutathione PF inhaltion solution	200mg/3ml
Glutathione/NAC PF inhalation solution	200mg/100mg/3ml

Hydroxyprogesterone caproate injection solution (MDV)	250mg/ml
Idoxiuridine Ophthalmic solution	0.1%
	0.2%
Levocarnitine injection solution (MDV)	250mg/ml
Lidocaine HCl injection solution (MDV)	1%
Lidocaine HCl/epinephrine injection solution (MDV)	1%/1:100,000
	2%/1:100,000
L-Lysine HCl injection solution (MDV)	100mg/ml
Magnesium sulfate injection solution (MDV)	250mg/ml
Methylcobalamin injection solution (MDV)	1mg/ml
Methylcobalamin injection solution (MDV)	10mg/ml
MIC(Methionine/Inositol/Choline)/B12/Carnitine injection solution (MDV)	25/50/50/1/50mg/ml
MIC(Methionine/Inositol/Choline)/ + B12 (Methylcobalamin)	25/50/50/1mg/ml
NAD+ injection solution (MDV)	100mg/ml
Neomycin/Polymycin in Normal Saline Irrigation solution	40mg/200,000units/L
Phenol injection solution (MDV)	6%
Phenylephrine injection solution (MDV)	10mg/ml
Potassium chloride concentrated injection solution (MDV)	2mEq/ml
Procaine injection solution (MDV)	2%
Pyridoxine HCl injection solution (MDV)	100mg/ml
QuadMix (Papaverine/Phentolamine/Aprostadil/Atropine) injection solution (MDV)	30mg/1mg/10mcg/0.1mg/ml
Semaglutide injection solution (MDV)	2.5mg/ml
Sodium selenite injection solution (MDV)	200mg/ml
Super testosterone injection solution (MDV) (Testosterone cypionate/testosterone propionate/testosterone enanthate)	200mg/ml (80mg/40mg/80mg/ml)
Tacrolimus in MCT oil ophthalmic solution	0.01%
	0.02%
	0.03%
Tacrolimus Ophthalmic Ointment	0.03%
Taurine (MDV)	25mg/ml
	50ml/ml
Testosterone cypionate (micronized) AQEUOUS SUSPENSION PF injection solution (SDV)	100mg/ml
Testosterone cypionate injection solution (MDV) **Base options of ethyl oleate or sesame oil	25mg/ml
	50mg/ml
	100mg/ml
	200mg/ml
Testosterone cypionate/Deca injection solution (MDV) (Testosterone cypionate/Nandrolone decanoate)	200mg/50mg/ml
	160mg/40mg/ml

Testosterone propionate injection solution (MDV)	200mg/50mg/ml
Testosterone Ultra injection solution (MDV) (Testosterone cypionate/Testosterone propionate/Nandrolone decoanate)	250mg/ml (200mg/25mg/25mg/ml)
Thiamine HCl injection solution (MDV)	100mg/ml
Tirzepatide injection solution (MDV)	12.5mg/ml
Trace Elements injection solution (MDV) (Manganese/Selenium/Zinc sulfate)	0.5mg/8mcg/5mg/ml
Trimix injection solution (MDV) (Papaverine/Phentolamine/Alprostadil)	LOW = 18mg/0.6mg/6mcg/ml
	MEDIUM = 30mg/1mg/10mcg/ml
	HIGH = 30mg/1mg/20mcg/ml
Vit B Complex(B1/B2/B3/B5/B6) injection solution (MDV)	100mg/20mg/50mg/50mg/50mg/ml
Vitamin D3 injection solution (MDV)	10,000 IU/ml
	50,000 IU/ml
	100,000 IU/ml
Zinc Chloride injection solution (MDV)	10mg/ml
Zinc Sulfate injection solution (MDV)	1mg/ml

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

DEMOGRAPHICS

AZ permit# :	AZ Permit Exp.Date :	Business Name :
Y0 0867	10/31/2027	Esatto Pharma

Address :

2555 W Fairview Street

Zip :	City :	State :
85224	Chandler	AZ

Phone :	Email :	Inspection Date :
(602) 430-2738	ch@pharmacyaz.com	09/03/2025

PIC.:	Pic License Exp Date :	DEA # :
Luke Wright	10/31/2026	[redacted]

DEA # Exp. date :	Inspection Reviewed With :	Reviewers License# :
08/31/2026	Alvin Montilla & Danielle Ewans	S026266

Inspection type :

Routine

Inspection Conducted By :

Steve Haiber

Facility Data

# Rxs/Week	RPh Hours/Week	# Rxs/Hours
1000	150	6.666666666666667

PERMITS

[redacted]

Arizona

☑ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1933(A); R4-23-606(A)

Posted / hours of operation - 06:30-17:00 (Mon-Fri) closed (Sat-Sun) | pharmacy holds non-resident permits for 15 jurisdictions

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2 DEA

☑ S ☐ N/I ☐ V ☐ N/A

ARS § 36-2522(A)(2); 21 CFR 1301.35(c)

Posted / FF3677018

3 Suppliers

☑ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1929; R4-23-601(A); R4-23-604(A); R4-23-605(A); R4-23-607(A)

Anda, Baxter, Medisca, PCCA

LICENSES

1 Pharmacists

☑ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1925(A); R4-23-201(A)

(8)

2 Interns / Graduate interns

☐ S ☐ N/I ☐ V ☑ N/A

ARS § 32-1923(B); R4-23-301(G)

None

3 Technicians / Trainees

☑ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1925(A); R4-23-1101(A); R4-23-1102(D); R4-23-1103(B)(2)

(11) technicians - (9) certified & (2) trainees

4 Current renewal licenses maintained

☑ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1933(B)

Reviewed - all available & current

PHARMACY

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

1	Drug storage and security (8) refrigeration units - (3) non-operational, (3) freezers - ice packs, (1) refrigerator - drug, (1) freezer - drug | real time temperature/humidity monitoring	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-609(G)(H)
2	Personnel and security procedures Keyed hardlocks / pharmacist holds key only / Rph first in / last out	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-610
3	Facilities	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-611(A)
4	Drug supply	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-611(B)
5	Quarantine expired drugs Observed expired controlled substance product pending return for destruction not maintained in a secured location ** Reminder to PIC to ensure all controlled drugs pending return for destruction are maintained in a secure location with limited employee access **	☐ S ☑ N/I ☐ V ☐ N/A	R4-23-611(B)(4)
6	Equipment Sterile compounding activity only	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-612
7	Policies and procedures Maintained	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-610(A); R4-23-611(B)

TECHNICIANS

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

1 Training program

☑ S ☐ N/I ☐ V ☐ N/A

R4-23-1105(B)(D)

Training documentation maintained for non-compounding technicians

2 Training program - compounds

☑ S ☐ N/I ☐ V ☐ N/A

R4-23-1105(C)

Training documentation maintained for (3) compounding technicians

3 Activities - trainees

☑ S ☐ N/I ☐ V ☐ N/A

R4-23-1104(A)

(2) trainee technicians

4 Activities - technicians

☑ S ☐ N/I ☐ V ☐ N/A

R4-23-1104(A)(B)

(9) certified technicians

5 Policies and procedures

☑ S ☐ N/I ☐ V ☐ N/A

R4-23-1104(F)(G)

Maintained

COUNSELING

1 Documentation

☑ S ☐ N/I ☐ V ☐ N/A

R4-23-402(G)(H)

Closed door limited service pharmacy / patient consult calls routed and answered at Esatto Litchfield (R000126) and routed to a pharmacist at Esatto Queen Creek (Y009545), Esatto Pharma (Y009667) or Esatto Red Mountain (Y009576) for consultation. Documentation maintained within the patient profile.

2 Oral consultation

☑ S ☐ N/I ☐ V ☐ N/A

R4-23-402(C)(D)(E)

Limited service - no face to face dispensing activity. Written patient information provided / toll free number listed on Rx container label

3	Written information Generated by Pioneer system & included with patient invoice materials	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(C)(I)

PRESCRIPTION AUDIT

1	Prescription files (2) file / no C2 filled at this time	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1964; ARS § 36-2525(C)(1)(2)
2	Prescription label Sample provided	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1968(D); ARS § 36-2525(L)
3	CII prescriptions None filled	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968; 36-2525(A) to (G); R4-23-407(A)
4	CIII - CV prescriptions	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1968; 36-2525(A)(C)(2)(H)(I); R4-23-407(A)
5	Non-controlled prescriptions	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1968; R4-23-407(A)
6	Transfers None observed	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-407(D)
7	Telephone	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1968(A)(5); R4-23-402(A)(1)(2)

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8	Refill authorizations	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1968(A)(6); R4-23-402(A)(13); R4-23-407(E)(5)
9	Facsimile	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-407(E)
10	Electronically transmitted	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-407(F); R4-23-408(H)
11	Patient information Documentation maintained w/in Pioneer system	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(A)(3)(4)
12	Allergies / medical conditions Documentation maintained w/in Pioneer system	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(A)(3)(b)
13	Brand / generic	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1963.01
14	Foreign prescriptions None filled	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1969
15	Prescription blank advertising prohibited Not used	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-404(B); ARS § 32-1901.01(B)(25)
16	Prescription audit numbers C2 (none filled) C3-5 (March 2025) legend (image only 8/29/2025)		

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COMPUTER REQUIREMENTS

1 Security — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-408(F)

Individual user ID assigned

2 Log books / printout — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-408(C)(4)

3 Reports — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-408(B)(5)(6)

Upon request

4 Policies and procedures — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-408(A)

Maintained

IMMUNIZATIONS

1 Certification — ☐ S ☐ N/I ☐ V ☑ N/A
ARS § 32-1974(D)(K); R4-23-411(A)

Pharmacy does not perform this activity

2 Recordkeeping — ☐ S ☐ N/I ☐ V ☑ N/A
ARS § 32-1974(F)(3); R4-23-411(F)(I)

3 Reporting requirements — ☐ S ☐ N/I ☐ V ☑ N/A
ARS § 32-1974(F); R4-23-411(F)(2)

4 Current certificate maintained — ☐ S ☐ N/I ☐ V ☑ N/A
R4-23-411(C)(2)

5	Administration without a prescription	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(A)(B); R4-23-411(A)
6	Prescription only administration	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(C)(I); R4-23-411(A)(4); (B); (I)

MECHANICAL STORAGE / COUNTING DEVICES

1	Cell identification Pharmacy does not utilize this technology	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(A)(1)
2	Paper / electronic log	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(A)(2)(3)
3	Training	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(C)(1)(D)
4	Maintenance	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(C)(2)(D)
5	Accuracy validation testing	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(C)(3)(D)
6	Return by approval only	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(B)(G)
7	Policies and procedures	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(E)

MECHANICAL COUNTING DEVICES

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

1	Training	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-616(A)(1)(B)
	Pharmacy does not utilize this technology		
2	Maintenance	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-616(A)(2)(B)
3	Accuracy validation testing	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-616(A)(3)(B)
4	Policies and procedures	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-616(C)

CONTROLLED SUBSTANCE RECORDS

1	CIIs purchase / sale / disposal	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 36-2523(A); ARS § 36-2524; R4-23-601(D);R4-23-1003(A)(4)(B)
	No C2 drug ordered, handled or dispensed		
2	CIII - CVs purchase / sale / disposal	☐ S ☑ N/I ☐ V ☐ N/A	ARS § 36-2523(A); R4-23-601(D); R4-23-612(11); R4-23-1003(A)(4)
	Invoice records missing documentation of date the product was received into inventory ** Reminder to PIC to ensure the date received is documented on each CS invoice **		
3	Inventory	☐ S ☑ N/I ☐ V ☐ N/A	ARS § 36-2523(B); R4-23-1003
	Annual CSI documentation 05/01/2025 - available / Documentation missing pharmacy address and DEA number ** Reminder to PIC to en sure the aforementioned documentation is included on the annual CSI going forward **		

4 Audit

☐ S ☑ N/I ☐ V ☐ N/A

ARS § 36-2523

CS audit result variances found. ** Improvement needed in the area of documenting CS losses that occur during the compounding and q uality assurance testing processes. PIC advised to enhance the accuracy of compounding waste and QC testing recordkeeping and ensur e documentation is more readily retrievable. **

5 DEA 106 Theft/Loss reporting

☐ S ☑ N/I ☐ V ☐ N/A

R4-23-1003(A)(2); 21 CFR 1301.76(b)

None reported | pharmacy does not have a SOP concerning reporting of lost CS deliveries ** Reminder to PIC to implement SOP to cove r the reporting of lost CS deliveries to DEA and ASBP **

MISCELLANEOUS

1 Badges - name / title

☑ S ☐ N/I ☐ V ☐ N/A

R4-23-402(K); R4-23-671(B)(4); R4-23-1104(E)

Worn by all staff

2 Sales of drugs to practitioners

☐ S ☐ N/I ☐ V ☑ N/A

ARS § 32-1981(7)(d); R4-23-601(D); R4-23-1003(A)(4)

None

3 Schedule V register

☐ S ☐ N/I ☐ V ☑ N/A

ARS § 36-2525(J)

No OTC sales

4 Delivery

☑ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1901.01(B)(23); R4-23-402(I)

Finished medications delivered to patient residence via USPS, FedEx or local courier. Pharmacy also delivers completed prescriptions to the (3) Esatto pharmacies located in Litchfield (R000126), Queen Creek (Y009545) or Red Mountain (Y009576) for dispensing to walk in pa tients.

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

5 CQA training / Policies and procedures — ☑ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1973; R4-23-620

CQI program - capture and perform root cause analysis & monthly quality meetings with staff

6 Non-controlled substances purchase / sale / disposal — ☐ S ☑ N/I ☐ V ☐ N/A

R4-23-601(D)

CO observed a bin containing drug pending return for destruction in a non-secure location. Bin contained legend as well as CS drug. ** PI C reminded to secure controlled drugs pending return from destruction **

7 Dextromethorphan sales restrictions — ☐ S ☐ N/I ☐ V ☑ N/A

ARS 32-1978

No OTC sales

8 Federal medication guides — ☑ S ☐ N/I ☐ V ☐ N/A

21 CFR part 208

Pioneer generated / sample provided.

9 Pharmacy to pharmacy transfer of drugs (intracompany) — ☑ S ☐ N/I ☐ V ☐ N/A

R4-23-601(D); R4-23-1003(A)(4)

No inter-store transfer of stock inventory / firm does transfer finished prescriptions for pickup dispensing at (3) Esatto pharmacies locat ed in Litchfield (R000126), Queen Creek (Y009545) or Red Mountain (Y009576) for dispensing to walk in patients.

METHAMPHETAMINE PRECURSORS

1 Storage — ☐ S ☐ N/I ☐ V ☑ N/A

ARS § 32-1977(B)

No OTC sales

2 Documentation — ☐ S ☐ N/I ☐ V ☑ N/A

ARS § 32-1977(C); 21 CFR 1314

No PSE dispensing activity

3 Self-certification ☐ S ☐ N/I ☐ V ☑ N/A

21 CFR 1314.35; 21 CFR 1314.40

SHARED SERVICES

1 Current resident / nonresident permit ☑ S ☐ N/I ☐ V ☐ N/A

R4-23-621(A)

Shared services utilized for inbound calls answered by Esatto Litchfield Park pharmacy routed to respective Esatto pharmacist at Esatto Pharma (Y009667, Queen Creek (Y009545) or Red Mountain (Y009576) for dispensing to walk in patients. Shared services utilized for deli very of completed prescriptions to the (3) Esatto pharmacies located in Litchfield (R000126), Queen Creek (Y009545) or Red Mountain (Y0 09576) for dispensing to walk in patients.

2 Same owner / written contract / common electronic file ☑ S ☐ N/I ☐ V ☐ N/A

R4-23-621(B)

Same owner / shared electronic system - Pioneer

3 Notification to patients ☑ S ☐ N/I ☐ V ☐ N/A

R4-23-621(C)

Signage posted within walk in pick up pharmacies - Esatto Litchfield Park, Esatto Queen Creek or Esatto Red Mountain.

4 Maintain manual / electronic records ☑ S ☐ N/I ☐ V ☐ N/A

R4-23-621(D)

Electronic - real time shared records

5 Work outside pharmacy ☐ S ☐ N/I ☐ V ☑ N/A

R4-23-621(F)

None

6 Policies and procedures ☑ S ☐ N/I ☐ V ☐ N/A

R4-23-621(E)

Maintained

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

COMPOUNDING PRACTICES (GENERAL)

1 Documentation product compounded — ☑ S ☐ N/I ☐ V ☐ N/A

R4-23-410(C)(1)(e); R4-23-410(I)(K)

Individual recipe log maintained for each compounded order or batch / Potency performed on initial formulation recipe

2 Patient label — ☑ S ☐ N/I ☐ V ☐ N/A

R4-23-410(I)(4)

Sample reviewed

3 Beyond-use dates — ☑ S ☐ N/I ☐ V ☐ N/A

R4-23-410(I)(4)(b); R4-23-410(B)(3)(d)

USP guidelines followed / Stability information maintained for extended dating use / Outside lab (ARL, Eagle) stability testing used for extended dating use

4 Equipment — ☑ S ☐ N/I ☐ V ☐ N/A

R4-23-410(F)(G)

Cleaning documentation maintained within Safety Culture system

5 Product produced in excess — ☑ S ☐ N/I ☐ V ☐ N/A

R4-23-410(B)(2); R4-23-410(J)

Batch compounding performed based upon prior prescription history

6 Component removed from original container — ☐ S ☐ N/I ☐ V ☑ N/A

R4-23-410(I)(6)

None observed / stock container use only

7 Compounds for medical practitioners — ☐ S ☐ N/I ☐ V ☑ N/A

R4-23-410(B)(3); R4-23-601(D); R4-23-1003(A)(4)

No office use distribution of compounded products

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

8 Patient written list — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-410(I)(5)

9 Protective apparel — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-410(C)(2)(c)

Available & worn by compounding staff

10 Facility — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-410(E)

Clean, organized and maintained in working condition

11 Components for compounding/storage — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-410(B)(H)

Baxter, Medisca, PCCA

12 Policies and procedures — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-410(D)(G)(H)(I)(K)

Maintained

STERILE COMPOUNDING

1 Compounding area — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-670(A)(E)(F)

ISO 7 Ante Room (107 sq ft), ISO 7 Buffer Room (671 sq ft), unclassified chem room (60 sq ft) - currently not used - firm performs hazardous sterile compounding activity within the ISO 7 positive pressure Buffer Room area at this time, ISO 8 exit room (87 sq ft)

2 Equipment — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-670(B)

Clean, well maintained in working order

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

3 Sterile product reference — ☑ S ☐ N/I ☐ V ☐ N/A

R4-23-670(B)(6)

Trissels & on line reference Lexicomp suite available for use by pharmacy staff

4 Certification hood / environment — ☑ S ☐ N/I ☐ V ☐ N/A

R4-23-670(D)(14)(g)

Last certification of PEC & SEC areas performed by MTA on 7/09/2025. Prior certification performed on 01/15/2025.

5 Documentation routine cleaning / maintenance — ☑ S ☐ N/I ☐ V ☐ N/A

R4-23-670(D)(14)(g)

Manual documentation maintained

6 Personnel protective clothing — ☑ S ☐ N/I ☐ V ☐ N/A

R4-23-670(E)(3)(F)(2)

Available and worn by compounding personnel

7 Annual / semi-annual media fill tests — ☑ S ☐ N/I ☐ V ☐ N/A

R4-23-670(E)(4)(F)(3)

Performed every 6 months - verified for (3) current compounding technicians

8 Documentation of product compounded — ☑ S ☐ N/I ☐ V ☐ N/A

R4-23-410(C)(1)(e); R4-23-410(I)(K)

Individual recipe log maintained for each compounded order or batch | Filters used for non-sterile to sterile compounding maintained and saved separately from compounding record

9 Beyond-use dates — ☑ S ☐ N/I ☐ V ☐ N/A

R4-23-670(D)(14)(d); R4-23-410(B)(3)(d)

USP guidelines followed / Stability information maintained for extended dating use / Outside lab (ARL, Eagle) stability testing used for extended dating use

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

10 Process / product validation testing ☑ S ☐ N/I ☐ V ☐ N/A

R4-23-670(D)(14)(f)

Outside lab (ARL, Eagle) potency, sterility, endo toxin testing for compounded batches which are held from release pending results

11 Policies and procedures ☑ S ☐ N/I ☐ V ☐ N/A

R4-23-670(C)(D)

Maintained

AUDIT

Date Of Inventory : 05/01/2025

Inventory Taken : Close

Date Of Audit : 08/29/2025

Name & Strength of Drug	Initial Inventory	Total Purchased	Total Accounted For	Closing Inventory	Sales (Rx & log)	Total Can Account for	Difference	Percentage
Testosterone Cypionate Powder	67.93	1400	1467.93	313.247	1152.885	1466.132	-1.7980000000000018	-0.12
Testosterone Cypionate 200mg/ml Sesame Oil MDV	0	331	331	0	291	291	-40	-12.08
Testosterone Cypionate 25mg/ml ethyl oleate oil MDV	20	610	630	35	576	611	-19	-3.02
Testosterone Cypionate 25mg.ml sesame oil MDV	0	41	41	0	37.7	37.7	-3.299999999999997	-8.05
Testosterone Cypionate 100mg /ml ethyl oleate MDV	70	261	331	0	288	288	-43	-12.99
Testosterone Cypionate 100mg/ml sesame oil MDV	0	12	12	0	10.9	10.9	-1.0999999999999996	-9.17
Testosterone Cypionate / Pro (160/40) in ethyl oleate MDV	10	63	73	0	70	70	-3	-4.11
Testosterone Ultra 250mg/ml ethyl oleate	0	216	216	0	205	205	-11	-5.09
Testosterone Ultra 250mg/ml sesame oil	0	150	150	0	143.05	143.05	-6.949999999999989	-4.63
Testosterone Cypionate 50mg/ml ethyl oleate MDV	0	203	203	20	180.6	200.6	-2.4000000000000057	-1.18
Testosterone Cypionate 50mg/ml sesame oil MDV	0	24	24	0	21.8	21.8	-2.1999999999999993	-9.17
Supertest 200mg/ml (cypionate/prop/enant)	0	67	67	0	70.15	70.15	3.1500000000000057	4.70
Estradiol / Testosterone Cypionate (1.25mg/25mg/ml) ethyl oleate	0	10	10	0	10	10	0	0.00
Estradiol Cypionate / Testosterone (2.5mg/50mg/ml) ethyl oleate	0	18	18	0	16	16	-2	-11.11

Estradiol Cypionate / Testosterone Cypionte (2.5mg/100mg/ml) ethyl oleate	0	22	22	0	16.35	16.35	-5.649999999999999	-25.68
Estradiol Cypionate / Testosterone Cypionte (5mg/100mg/ml) ethyl oleate	0	28	28	0	22.8	22.8	-5.199999999999999	-18.57
Estradiol Cypionate / Testosterone Cypionate (2mg/50mg/ml) sesame oil	0	30	30	0	14	14	-16	-53.33

NOTES

Routine inspection - Esatto Pharma (Y009667) located at 2555 W. Fairview Street Suite 104 Chandler, AZ - performed on 8/29/2025 and 9/03/2025.

Pharmacy performs sterile compounding of non-hazardous and hazardous products and dispenses upon receipt of a valid prescription order. Pharmacy holds 15 non-resident permits for shipment of finished compounded prescriptions to those permitted jurisdictions.

Areas in Need of Improvement

Expired Drug Products - Expired controlled substance product pending return for destruction not maintained in a secure location ** Reminder to PIC to ens ure all controlled drugs pending return for destruction are maintained in a secure location with limited employee access **

Controlled Substance Records - Invoice records missing documentation of date the product was received into inventory ** Reminder to PIC to ensure the d ate received is documented on each CS invoice **

Controlled Substance Inventory - Annual CSI documentation 05/01/2025 - available / Documentation missing pharmacy address and DEA number ** Remin der to PIC to ensure the aforementioned documentation is included on the annual CSI going forward **

Controlled Substance Audit - CS audit result variances found. ** Improvement needed in the area of documenting CS losses that occur during the compoun ding and quality assurance testing processes. PIC advised to enhance the accuracy of compounding waste and QC testing recordkeeping and ensure docum entation is more readily retrievable. **

Reference attached addendum reports for Sterile Compounding.

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

3 Sterile product reference — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-670(B)(6)

Trissels & on line reference Lexicomp suite available for use by pharmacy staff

4 Certification hood / environment — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-670(D)(14)(g)

Last certification of PEC & SEC areas performed by MTA on 7/09/2025. Prior certification performed on 01/15/2025.

5 Documentation routine cleaning / maintenance — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-670(D)(14)(g)

Manual documentation maintained

6 Personnel protective clothing — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-670(E)(3)(F)(2)

Available and worn by compounding personnel

7 Annual / semi-annual media fill tests — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-670(E)(4)(F)(3)

Performed every 6 months - verified for (3) current compounding technicians

8 Documentation of product compounded — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-410(C)(1)(e); R4-23-410(I)(K)

Individual recipe log maintained for each compounded order or batch | Filters used for non-sterile to sterile compounding maintained and saved separately from compounding record

9 Beyond-use dates — ☑ S ☐ N/I ☐ V ☐ N/A
R4-23-670(D)(14)(d); R4-23-410(B)(3)(d)

USP guidelines followed / Stability information maintained for extended dating use / Outside lab (ARL, Eagle) stability testing used for extended dating use

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

10 Process / product validation testing ☑ S ☐ N/I ☐ V ☐ N/A

R4-23-670(D)(14)(f)

Outside lab (ARL, Eagle) potency, sterility, endo toxin testing for compounded batches which are held from release pending results

11 Policies and procedures ☑ S ☐ N/I ☐ V ☐ N/A

R4-23-670(C)(D)

Maintained

AUDIT

Date Of Inventory : 05/01/2025

Inventory Taken : Close

Date Of Audit : 08/29/2025

Name & Strength of Drug	Initial Inventory	Total Purchased	Total Accounted For	Closing Inventory	Sales (Rx & log)	Total Can Account for	Difference	Percentage
Testosterone Cypionate Powder	67.93	1400	1467.93	313.247	1152.885	1466.132	-1.7980000000000018	-0.12
Testosterone Cypionate 200mg/ml Sesame Oil MDV	0	331	331	0	291	291	-40	-12.08
Testosterone Cypionate 25mg/ml ethyl oleate oil MDV	20	610	630	35	576	611	-19	-3.02
Testosterone Cypionate 25mg.ml sesame oil MDV	0	41	41	0	37.7	37.7	-3.299999999999997	-8.05
Testosterone Cypionate 100mg /ml ethyl oleate MDV	70	261	331	0	288	288	-43	-12.99
Testosterone Cypionate 100mg/ml sesame oil MDV	0	12	12	0	10.9	10.9	-1.0999999999999996	-9.17
Testosterone Cypionate / Pro (160/40) in ethyl oleate MDV	10	63	73	0	70	70	-3	-4.11
Testosterone Ultra 250mg/ml ethyl oleate	0	216	216	0	205	205	-11	-5.09
Testosterone Ultra 250mg/ml sesame oil	0	150	150	0	143.05	143.05	-6.949999999999989	-4.63
Testosterone Cypionate 50mg/ml ethyl oleate MDV	0	203	203	20	180.6	200.6	-2.4000000000000057	-1.18
Testosterone Cypionate 50mg/ml sesame oil MDV	0	24	24	0	21.8	21.8	-2.1999999999999993	-9.17
Supertest 200mg/ml (cypionate/prop/enant)	0	67	67	0	70.15	70.15	3.1500000000000057	4.70
Estradiol / Testosterone Cypionate (1.25mg/25mg/ml) ethyl oleate	0	10	10	0	10	10	0	0.00
Estradiol Cypionate / Testosterone (2.5mg/50mg/ml) ethyl oleate	0	18	18	0	16	16	-2	-11.11

1542

Estradiol Cypionate / Testosterone Cypionte (2.5mg/100mg/ml) ethyl oleate	0	22	22	0	16.35	16.35	-5.649999999999999	-25.68
Estradiol Cypionate / Testosterone Cypionte (5mg/100mg/ml) ethyl oleate	0	28	28	0	22.8	22.8	-5.199999999999999	-18.57
Estradiol Cypionate / Testosterone Cypionate (2mg/50mg/ml) sesame oil	0	30	30	0	14	14	-16	-53.33

NOTES

Routine inspection - Esatto Pharma (Y009667) located at 2555 W. Fairview Street Suite 104 Chandler, AZ - performed on 8/29/2025 and 9/03/2025.

Pharmacy performs sterile compounding of non-hazardous and hazardous products and dispenses upon receipt of a valid prescription order.
Pharmacy holds 15 non-resident permits for shipment of finished compounded prescriptions to those permitted jurisdictions.

Areas in Need of Improvement

Expired Drug Products - Expired controlled substance product pending return for destruction not maintained in a secure location ** Reminder to PIC to ens ure all controlled drugs pending return for destruction are maintained in a secure location with limited employee access **

Controlled Substance Records - Invoice records missing documentation of date the product was received into inventory ** Reminder to PIC to ensure the d ate received is documented on each CS invoice **

Controlled Substance Inventory - Annual CSI documentation 05/01/2025 - available / Documentation missing pharmacy address and DEA number ** Remin der to PIC to ensure the aforementioned documentation is included on the annual CSI going forward **

Controlled Substance Audit - CS audit result variances found. ** Improvement needed in the area of documenting CS losses that occur during the compoun ding and quality assurance testing processes. PIC advised to enhance the accuracy of compounding waste and QC testing recordkeeping and ensure docum entation is more readily retrievable. **

Reference attached addendum reports for Sterile Compounding.

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

DEMOGRAPHICS

AZ permit# : Y009667	AZ Permit Exp.Date : 10/31/2027	Business Name : Esatto Pharma
Address : 2555 W Fairview Street		
Zip : 85224	City : Chandler	State : AZ
Phone : (602) 430-2738	Email : ch@pharmacyaz.com	Inspection Date : 09/03/2025
PIC : Luke Wright	Pic License Exp Date : 10/31/2026	DEA # : [redacted]
DEA # Exp. date : 08/31/2026	Inspection Reviewed With : Alvin Montilla & Danielle Evans	Reviewers License# : SO26266
Inspection type : Routine		

Inspection Conducted By : Steve Haiber

LIMITED SERVICE STERILE PHARMACEUTICALS

1 Medications secure when no RPh present — ☑ S ☐ N/I ☐ V ☐ N/A — R4-23-675(C)

Secure when pharmacist not present and pharmacy is closed. Closed door pharmacy - no face to face dispensing activity. Finished orders delivered to patient.

2 Toll free telephone — ☑ S ☐ N/I ☐ V ☐ N/A — R4-23-675(D)

833-745-6644 printed on Rx label

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

3	Policies and procedures Maintained	☑ S ☐ N/I ☐ V ☐ N/A R4-23-671(E); R4-23-675(E)	

NOTES

Routine inspection - Esatto Pharma (Y009667) located at 2555 W. Fairview Street Suite 104 Chandler, AZ - performed on 8/29/2025 and 9/03/2025.

Pharmacy performs sterile compounding of non-hazardous and hazardous products and dispenses upon receipt of a valid prescription order.
Pharmacy holds 15 non-resident permits for shipment of finished compounded prescriptions to those permitted jurisdictions.

Sterile Compounding addendum.

Esatto Pharma Y009667
AZ State Board of Pharmacy Inspection 9/03/2025

Needs Improvement Action Plan

1. Quarantine expired drugs R4-23-611(B)(4)

Observed expired controlled substance product pending return for destruction not maintained in a secured location ** Reminder to PIC to ensure all controlled drugs pending return for destruction are maintained in a secure location with limited employee access**

Action Plan: SOP 4.004 Controlled Substance Disposal has been revised to store controlled substances in a secured location. Employees have been notified of procedure change.

2. CIII-CVs purchase/sale/disposal ARS 36-2523(A);R4-23-601(D);R4-23-612(11);R4-23-1003(A)(4)

Invoice records missing documentation of date the product was received into inventory**Reminder to PIC to ensure the date received is documented on each CS invoice**

Action Plan SOP 4.006 Controlled Substance Receiving has been revised for the pharmacist to handwrite the date the controlled substance was received. Employees have trained on new process.

3. Inventory ARS 36-2523(B); R4-23-1003

Annual CSI documentation 05/01/2025-available/Documentation missing pharmacy address and DEA number**Reminder to PIC to ensure the aforementioned documentation is included on the annual CSI going forward**

Action Plan SOP 4.008 Controlled Substance Inventory has been revised to include the above information on in-house annual documentation forms.

4. Audit ARS 36-2523

CS audit result variances found. **Improvement needed in the area of documenting CS losses that occur during the compounding and quality assurance testing processes. PIC advised to enhance the accuracy of compounding waste and QC testing recordkeeping and ensure documentation is more readily retrievable.

Action Plan SOP 4.007 Controlled Substance Handling During Compounding has been revised to document loss directly on the Compounding Record and onto the Controlled Perpetual Inventory Log. Compounding employees and pharmacist have been trained on new process.

5. DEA 106 Theft/Loss report R4-23-1003(A)(2); 21 CFR 1301.76(b)

Pharmacy does not have a SOP concerning reporting of lost CS deliveries**Reminder to PIC to implement SOP to cover the reporting of loss CS deliveries to DEA and ASBP**

Action Plan SOP 3.003 Patient Drug Delivery, Shipping, or Pick-up has been revised to include completing a DEA 106 form and notifying the AZBOP should a Controlled Substance become lost during transit. Employees have been trained on revised process.

6. Non-controlled substances purchase/sale/disposal R4-23-601(D)

CO observed a bin containing drug pending return for destruction in a non-secure location. Bin contained legend as well as CS drug** PIC reminded to secure controlled drugs pending return from destruction.

Action Plan SOP 4.004 Controlled Substance Disposal has been revised to store controlled substances in a secured location until the destruction company is onsite for collection. Employees have been trained on new process. Area housing destruction bins has been clearly labeled.

Arizona State Board of Pharmacy

Physical Address: 1110 W. Washington St., Suite 260, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/registration/permit but serves as the primary source of verification.

Name :	Esatto Pharma
Address :	2555 W Fairview Street Ste 104 Chandler AZ 85224
Registration No :	Y009667
Permit Type :	Pharmacy
Sub Type :	Limited Service
Date Issued :	12/01/2023
Expiration Date :	10/31/2027
Status :	OPEN
Discipline :	No

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Produce Pharmacy, LLC dba Esatto Queen Creek

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): In process

Physical Address: 21321 E. Ocotillo Rd. Ste B-104

City: Queen Creek State: AZ Zip: 85142

Mailing Address (if different from physical address): same as above

City: State: Zip:

Telephone: 480-534-1797 Website: myesatto.com

Licensing Company Email: licensing@esattopharma.com

Section 2: Personal Information

First: Brett Middle: Last: Bannister

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Scottsdale State: AZ Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
University of Southern California			8/13 to 6/15
Address	**City**	**State**	**Zip**
3551 Trousdale Parkway	Los Angeles	CA	90089
Diploma/Degree obtained, if any			
Masters in Business Administration			

School Name			From - To (MM/YY – MM/YY)
University of Southern California			8/01 to 5/05
Address	**City**	**State**	**Zip**
3551 Trousdale Parkway	Los Angeles	CA	90089
Diploma/Degree obtained, if any			
BS in Business Administration			

School Name			From - To (MM/YY – MM/YY)
Chaparral High School			8/97 to 5/01
Address	**City**	**State**	**Zip**
6935 E. Gold Dust Ave	Paradise Valley	AZ	85253
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
7/18 to current	[redacted]	Scottsdale	AZ	[redacted]
7/16 to 6/18		San Diego	CA	
4/16 to 6/16		San Diego	CA	
6/14-3/18		San Diego	CA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Produce Pharmacy, LLC			11/22 to Current
Business Address	**City**	**State**	**Zip**
7600 N 16th St Ste 100	Phoenix	AZ	85020
Phone	**Title**		
602-430-2738	Manager		
Description of Duties			
LLC Manager and CEO of Organization			

Business Name			From - To (MM/YY – MM/YY)
Fairview Produce Pharmacy, LLC			08/23 to current
Business Address	**City**	**State**	**Zip**
2555 W. Fairview St. Suite 104	Chandler	AZ	85224
Phone	**Title**		
480-387-5200	Manager		
Description of Duties			
LLC Manager and CEO of Organization			

Business Name			From - To (MM/YY – MM/YY)
IGS Hospitality, LLC			11/24 to Current
Business Address	**City**	**State**	**Zip**
2201 E Camelback Rd	Phoenix	AZ	85016
Phone	**Title**		
602-478-6037	Shareholder		
Description of Duties			
Shareholder in restaurant group			

Business Name			From - To (MM/YY – MM/YY)
Carlisle Interconnect Technologies			11/19 - 3/23
Business Address	**City**	**State**	**Zip**
100 Tensolite Drive	St. Augustine	FL	32092
Phone	**Title**		
800-458-9960	Business Unit General Manager		
Description of Duties			
Oversaw activities of medical device contract manufacturing organization. Ran business the Providien sold to Carlisle.			

Business Name			From - To (MM/YY – MM/YY)
Providen, LLC			9/10 to 11/19
Business Address	**City**	**State**	**Zip**
7333 E Doubletree Rd #D-220	Scottsdale	AZ	85258
Phone	**Title**		
480-344-5000	VP, Corporate Business Development		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Black Hills RE, LLC			12/24 to current
Business Address	**City**	**State**	**Zip**
6501 E Monterosa St	Scottsdale	AZ	85251
Phone	**Title**		
6024302738	Manager		
Description of Duties			
Manager of real estate holding group			

Business Name			From - To (MM/YY – MM/YY)
Clementine Pharmacy Capital, LLC			8/22 to current
Business Address	**City**	**State**	**Zip**
6501 E Monterosa St	Scottsdale	AZ	85251
Phone	**Title**		
6024302738	Manager		
Description of Duties			
Manager of LLC			

Business Name			From - To (MM/YY – MM/YY)
Skagway Holdings, LLC			7/23 to current
Business Address	**City**	**State**	**Zip**
6501 E Monterosa St	Scottsdale	AZ	85251
Phone	**Title**		
6024302738	Manager		
Description of Duties			
Manager of LLC			

Business Name			From - To (MM/YY – MM/YY)
Clementine Capital, LLC			11/22 to current
Business Address	**City**	**State**	**Zip**
7600 N 16th St Ste 100	Phoenix	AZ	85020
Phone	**Title**		
6024302738	Manager		
Description of Duties			
Manager of LLC			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✔	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2023		AZ	Phoenix	Maricopa
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		Arizona State Board of Pharmacy		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

I voluntarily appeared before the Arizona State Board of Pharmacy in 2023 to discuss our request to leverage shared inventory amongst our retail locations. The request was not approved and we have operated in line with AZBOP guidance accordingly.

Brett M Bannister

Original Signature (electronic, copies or stamps not accepted)

5/21/26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brett Bannister

Print Name (First, Last)

Brett M Bannister — 6/11/26

Original Signature (electronic, copies or stamps not accepted) — Date

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Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Brett Bannister, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Brett M Bannister — 6/11/26

Original Signature — **Date**

Subscribed and Sworn to before me this 11TH day of June.

Danielle M Evans

Notary Public Signature

Notary Public State of Arizona
Maricopa County
Danielle M Evans
My Commission Expires (Seal) 12/30/2028
Commission Number 678270

4LL

4

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☑ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH 04777	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA # [redacted] ☑ Non-sterile Compounding ☑ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: FarmaKeio AR

Physical Address: 1270 Don's Lane

City: Conway State: AR Zip: 72032

Mailing Address (if different from physical address): 920 S. Kimball Ave Suite 100

City: Southlake State: TX Zip: 76092

Telephone: 888-501-0233 Toll Free # (NAC 639.708, NRS 639.23286): 888-501-0233

Fax: 501-499-6712 Contact Email: Regulatory@EVEXIAS.com

Website: www.farmakeio.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Nathan Grifford

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24692

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Nathan Grifford	NV Pharmacist Registration #: 24692
Name: Justin K. Graves	NV Pharmacist Registration #: 20536
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	✓	
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?	✓	
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	✓	

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Texas

Parent Company (if any): Evexias Life Sciences Intermediate, LLC

Corporation/Organization Name: FarmaKeio AR LLC

Mailing Address: 920 S. Kimball Ave, Suite 100

City: Southlake State: TX Zip: 76092

Telephone: 888-501-0233 Email: Regulatory@EVEXIAS.com

Contact Person Name: Justin K. Graves

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ■ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Executive Vice President (title) for FarmaKeio (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Justin K. Graves

Print Name of Authorized Person

DocuSigned by:
Justin K. Graves
5DA89A691CAF492...

Original signature of Authorized Person (copies or stamps not accepted)

4/24/2026 | 8:35 AM PDT

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Justin K. Graves, Executive Vice President

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

DocuSigned by:
Justin K. Graves
5DA86A6616AE492...

Original signature of Authorized Person (copies or stamps not accepted)

4/24/2026 | 8:35 AM PDT

Date

Board Use Only	Date Received: 5/15/26	Amount: $500-CK 6690000 ✓

EVEXIAS
LIFE SCIENCES

Disciplinary and Legal Actions

Please see below descriptions of all past and pending disciplinary actions, administrative citations, and/or lawsuits involving the entity, commonly owned entities, or officers/directors, to our knowledge as of the date of this writing.

North American Custom Laboratories, LLC d/b/a FarmaKeio

1. [FDA 483s, Warning Letter, & Recall] In March of 2022, North American Custom Laboratories, LLC d/b/a FarmaKeio was issued a Form FDA 483, and FDA published an alert on its website, advising the public to not use sterile drug products produced by FarmaKeio. FarmaKeio initiated a voluntary recall of all sterile drug products immediately thereafter, and FDA updated its alert to inform the public of the voluntary recall. On November 18, 2022, FarmaKeio received a Warning Letter from FDA regarding corrective actions related to the recall. On September 5, 2025, FarmaKeio received another Form FDA 483. On November 17, 2025, following oral communications with FDA in which FDA indicated that FarmaKeio has adequately addressed all outstanding issues, FarmaKeio submitted a letter to FDA requesting official close-out of the March 2022 Form FDA 483, November 2022 Warning Letter, and September 2025 Form FDA 483. In or about January 2026, FarmaKeio received confirmation from FDA that the 2022 and 2025 FDA inspections are closed. Additionally, FDA closed out the 2022 Warning Letter.
2. [CA BOP Accusation, Settlement, & License Withdrawal] On October 29, 2024, FarmaKeio was served with an Accusation by the Office of the Attorney General of California and the California Board of Pharmacy, alleging that FarmaKeio: (i) did not fully comply with the Board's request for records during its investigation; (ii) shipped prescriptions to California that were obtained from an outsourcing facility not licensed in California; (iii) compounded and furnished adulterated drug preparations; and (iv) compounded drug preparations using a non-compliant bulk drug substance. After entering into a Stipulated Settlement and Disciplinary Order with the state on August 14, 2025, FarmaKeio ceased shipping products into California on October 13, 2025, and submitted an application to surrender its Nonresident Pharmacy Permit No. NRP2285 on October 17, 2025. The California Board of Pharmacy accepted FarmaKeio's surrender on December 29, 2025.
3. [WV BOP Investigation of Complaint; Pending] On August 19, 2025, FarmaKeio received a letter from the West Virginia Board of Pharmacy, indicating the Board would conduct an investigation into a complaint filed by Eli Lilly & Co. against FarmaKeio regarding the alleged sale of misbranded and adulterated oral compounded tirzepatide. FarmaKeio responded to the Board's letter on September 12, 2025, disputing Eli Lilly's allegations. As of the date of this writing, we have received no further correspondence from the state on this matter.

4. [Defendant in Personal Injury Lawsuit; Dismissed] FarmaKeio was a defendant in *West v. FarmaKeio Superior Compound Pharmacy et al.*, Case No. 24C308 (Feb. 6, 2024), which involved personal injury claims. This case was dismissed on July 28, 2025.
5. [Defendant in Personal Injury Lawsuit; Dismissed] FarmaKeio was a defendant in *West v. FarmaKeio Superior Compound Pharmacy et al.*, Case No. 3:24-cv-00279 (July 28, 2025), which involved personal injury claims. This case was dismissed on July 28, 2025.
6. [Plaintiff in APA Violation Lawsuit; Dismissed] FarmaKeio was a plaintiff in *Evexias Medical Centers, PLLC et al. v. U.S. Food and Drug Administration et al.*, Case No. 4:24-cv-00293 (Mar. 29, 2024), which alleged FDA violations of the Administrative Procedures Act related to drug substances on the 503A Bulks List. This case was dismissed on August 18, 2025.
7. [Plaintiff in APA Violation Lawsuit; Pending] FarmaKeio is a plaintiff in *Outsourcing Facilities Association et al. v. U.S. Food and Drug Administration et al.*, Case No. 4:24-cv-00953 (Oct. 7, 2024), which alleges FDA violations of the Administrative Procedures Act related to compounded tirzepatide. This case remains pending.
8. [Plaintiff in APA Violation Lawsuit; Pending] FarmaKeio is a plaintiff in *Outsourcing Facilities Association et al. v. U.S. Food and Drug Administration et al.*, Case No. 4:25-cv-00174 (Feb. 24, 2025), which alleges FDA violations of the Administrative Procedures Act related to compounded semaglutide. This case remains pending.
9. [Defendant in Trade Practices Lawsuit; Pending] FarmaKeio is a defendant in *Eli Lilly and Co. v. North American Custom Laboratories, LLC*, Case No. 3:25-cv-02876 (Oct. 22, 2025), which involves various unfair trade practice claims under state law. This case remains pending.

Southwest Home Solutions, LLC d/b/a FarmaKeio NM

1. [Defendant in Trademark Lawsuit; Settled] Southwest Home Solutions, LLC dba FarmaKeio NM, a compounding pharmacy that will be owned by the same owners as FarmaKeio as of the closing date, was a defendant in *Southwest Airlines Co. v. Southwest Home Solutions, LLC*, No. 2025-WL-2643434 (Sept. 10, 2025), which involved trademark disputes over internet website domain names. This case was settled on September 10, 2025.

North American Custom Laboratories, LLC d/b/a FarmaKeio & FarmaKeio Outsourcing

10. [Defendant in Assault & IIED Lawsuit; Pending] FarmaKeio and FarmaKeio Outsourcing, LLC are defendants in *Arta Shaun Noorian v. Daniel Dustin Deneui, et al.*, Case No. 236-360445-24 (Dec. 18, 2024), which involves allegations of assault and intentional infliction of emotional distress. This case remains pending.
11. [Defendant in Intentional Misconduct Lawsuit; Pending] FarmaKeio and FarmaKeio Outsourcing, LLC are defendants in *Arta Noorian v. Daniel DeNeui, et al.*, A-25-917380-

C (Apr. 22, 2025), which involves allegations of intentional misconduct. This case remains pending.

12. [Defendant in Compounding Lawsuit; Closed] FarmaKeio and FarmaKeio Outsourcing, LLC were a defendant in *BioTE Medical, LLC v. Kent Jacobsen et al.*, Case No. 4:2018cv00866 and 4:2018cv00865 (Dec. 13, 2018), and a series of related lawsuits, which primarily involved allegations regarding the unlawful manufacture and sale of unapproved new drugs and the false and misleading advertising and promotion of such drugs. This case was closed on February 17, 2022.

FarmaKeio Outsourcing

2. [FDA 483s, Warning Letter, & Recall; Pending] On October 30, 2019, FarmaKeio Outsourcing, LLC ("**FarmaKeio Outsourcing**"), an outsourcing facility that will be owned by the same owners as FarmaKeio as of the closing date, received a Form FDA 483. On July 29, 2021, FDA issued a Warning Letter to FarmaKeio Outsourcing. On July 29, 2024, FarmaKeio submitted a letter to FDA requesting official close-out of the October 2019 Form FDA 483 and July 2021 Warning Letter. FDA responded that a re-inspection would be necessary prior to close-out, and on September 5, 2025, FarmaKeio Outsourcing received a Form FDA 483 following the inspection. On October 16, 2025, upon FDA's recommendation, FarmaKeio Outsourcing decided to conduct a voluntary recall of all strengths of the Testosterone/Triamcinolone Acetonide Pellets and Testosterone Pellets within expiry that were (a) produced on or before April 30, 2025, and (b) did not contain documentation of being processed through the validated metal detector system approved for use on April 9, 2025. As of the date of this writing, FarmaKeio Outsourcing has not received any further correspondence from FDA on these matters.
3. [OH BOP Allegations; Settled] Effective October 1, 2024, FarmaKeio Outsourcing entered into a settlement agreement with the Ohio Board of Pharmacy, in which FarmaKeio Outsourcing acknowledged it neither admits nor denies allegations regarding sales of non-narcotic prescription drugs to a facility operating without an Ohio-issued license.
4. [MA BOP Allegations; Pending] On December 10, 2024, FarmaKeio Outsourcing received a letter from the Massachusetts Board of Pharmacy, alleging that FarmaKeio Outsourcing failed to timely notify the Board of the Ohio matter described above. FarmaKeio Outsourcing disputed the allegation in a letter dated December 27, 2024, and the Board acknowledged receipt a few days later. On April 14, 2026, FarmaKeio Outsourcing received a settlement offer from the Massachusetts Board of Pharmacy and FarmaKeio Outsourcing is evaluating next steps.
5. [CA BOP Licensure Denials & Disciplinary Action; Unresolved] In May 2022, FarmaKeio Outsourcing applied for and was denied an outsourcing facility license by the California Board of Pharmacy. On June 14, 2024, FarmaKeio Outsourcing received a Letter of Admonishment from the Board regarding the alleged distribution of compounded drug

products into California without a non-resident outsourcing facility license. FarmaKeio Outsourcing disputed this allegation, but the Board affirmed their decision in a final order dated October 16, 2024. In April 2025, FarmaKeio Outsourcing again applied for and was denied an outsourcing facility license by the Board.

6. [Plaintiff in Defamation Lawsuit; Dismissed] FarmaKeio Outsourcing was a plaintiff in *FarmaKeio Outsourcing, LLC v. Coalition for Responsible Compounding, LLC*, No. N24C-05-327 (June 1, 2024), which involved allegations of defamation and disparagement. This case was dismissed on October 8, 2025.
7. [Plaintiff in APA Violations Lawsuit; Pending] FarmaKeio Outsourcing is a plaintiff in *FarmaKeio Outsourcing, LLC v. U.S. Food and Drug Administration et al.*, No. 4:24-cv-01040 (Oct. 25, 2024), which alleges FDA violations of the Administrative Procedures Act related to the clinical need for sodium thiosulfate. This case remains pending.

FarmaKeio AR

8. [Arkansas State Board of Pharmacy Warning Letter] FarmaKeio AR was inspected by the Arkansas Board of Pharmacy on December 16 and 17, 2024. The Board requested written follow up and FarmaKeio AR responded on January 10, 2025. On January 24, 2025 the Board issued a Warning Letter acknowledging receipt of FarmaKeio AR's responses to the Inspection but noting that "[the Board] cannot fully evaluate the adequacy of the following corrective actions and preventative actions described in [FarmaKeio AR's Inspection Form Response] because [FarmaKeio AR] did not include sufficient information or supporting documentation." On February 7, 2025 FarmaKeio AR responded to the Warning Letter and there was no further substantive contact from the Board. Importantly, an Arkansas Warning Letter is not discipline.

Pharma Source Direct, Inc. ("PSD")

9. MS BOP Licensure Denial; Resolved in 2023 In 2023, Pharma Source Direct, Inc. ("PSD") was denied a Wholesale Distributor License by the Mississippi Board of Pharmacy because PSD drop-shipped goods from an upstream trading partner that was not licensed in Mississippi. PSD submitted the Wholesaler Distributor license application at the direction of the Mississippi Board of Pharmacy. PSD subsequently ceased its drop-shipping operations from this upstream trading partner, and the Board approved PSD's Wholesale Distributor License (No. 18920).
10. [CO BOP License Surrender and Reapplication; Completed in 2025] The following is not a result of any disciplinary action, but rather, an updated designation required by the Colorado Board of Pharmacy. On August 28, 2025, the Colorado Board of Pharmacy conducted a Wholesale Drug Outlet inspection of PSD's facility and advised PSD to apply for a Manufacturer license. Upon receipt of its application, the Board advised PSD that two registrations cannot be held by the same location. Accordingly, PSD relinquished its

Wholesale Drug Outlet license on September 29, 2025, and received its Manufacturer License on September 29, 2025, to avoid any gap in licensure.

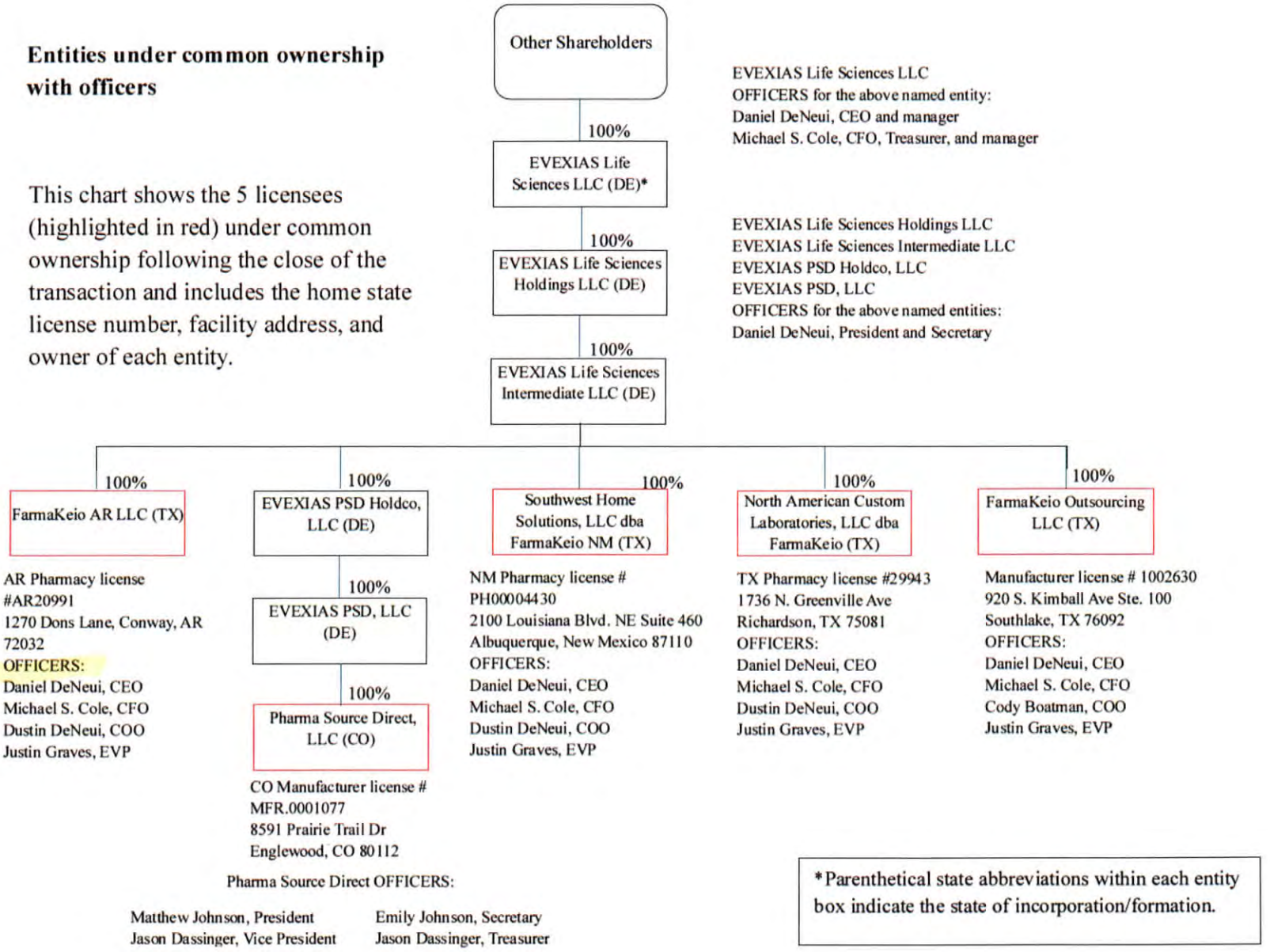
Individual Owners and/or Officers

1. [Defendant in ERISA Lawsuit; Dismissed] Daniel D. DeNeui was a defendant in *Bates v. Mid-West National Life Insurance Company of Tennessee, et al.*, Case No. 3:04cv143 (Jan. 26, 2004), which involved allegations related to insurance claims. This case was dismissed with prejudice on November 23, 2004.
2. [FDA warning letters from Matthew Johnson's prior employment] Matthew Johnson is the president of Pharma Source Direct. During Matthew Johnson's prior employment at B&B Pharmaceuticals, Inc. (FEI 3000719772, 8591 Prairie Trail Drive Ste # C600, Englewood, CO 80112), B&B Pharmaceuticals, Inc. received an FDA 483 on October 30, 2018,[1] and an FDA Warning Letter dated June 4, 2019,[2] with all violations in the Warning Letter addressed as of February 6, 2020.[3] During Matthew Johnson's prior employment at B&B Pharmaceuticals, Inc., B&B Pharmaceuticals, Inc. experienced an FDA recall on April 16, 2020.[4]

[1] https://www.accessdata.fda.gov/scripts/483inspsearch/index.cfm?action=search.search; FEI number 3000719772.
[2] https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/b-b-pharmaceuticals-inc-570613-06042019.
[3] https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/b-b-pharmaceuticals-inc-570613-02062020.
[4] https://www.accessdata.fda.gov/scripts/ires/?Product=180875.

Entities under common ownership with officers

This chart shows the 5 licensees (highlighted in red) under common ownership following the close of the transaction and includes the home state license number, facility address, and owner of each entity.



*Parenthetical state abbreviations within each entity box indicate the state of incorporation/formation.

CONFIDENTIAL

EVEXIAS LIFE SCIENCES, LLC
CAPITALIZATION TABLE

DeNeui Living Trust (Daniel DeNeui)	17.7192%	Evexias Holding Co LLC (Daniel DeNeui)	11.2375%
The MSC Legacy Trust (Michael Cole)	3.6915%	Sutherland Solutions, LLC[1]	6.8046%
The JBC Legacy Trust (Janet Cole)	3.6915%	JL Graves Holdings, LLC (Graves Family Revocable Living Trust)	0.2433%
Graves Family Revocable Living Trust (Justin Graves)	1.5213%	JWRB Holdings LLC (Cody Boatman)	0.2433%
The Boatman Family Trust (Cody Boatman)	1.5213%	Harris Portal Solutions LLC (Robert Harris)	0.2433%
The Adeleine Maple and Stone Trust (Robert Harris)	1.5213%	Jowell Investments, LLC (Paul B. Jowell)	1.1319%
PB Jowell Family, LP (Paul B. Jowell)	0.7607%	Nilus LLC (Dustin DeNeui)	1.3752%
North American Custom Laboratories Holdco Inc.[2]	35.4088%	J & T Health Services LLC (Jonathan Jeffrey DeNeui)	1.1319%
Pharma Source Holdings, Inc.	1.00000%	Lisa Jewell, Limited Liability Company (Lisa Mikals)	1.1319%
Institute for Functional and Integrative Medical Education LLC (Terri DeNeui)	8.4892%	JJP Investments, LLC (John Peet)	1.1319%
Southwest Home Solutions Holdco Inc.	0.0001%	TOTAL	100.0000%

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for FarmaKeio AR LLC (file number 805109806), a Domestic Limited Liability Company (LLC), was filed in this office on June 20, 2023.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 02, 2026.

Jane Nelson
Secretary of State

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler FarmaKeio AR

Pharmacy/Wholesaler License # (if applicable) PH04777

Physical Address 1270 Dons Lane

City Conway State AR Zip 72032

Mailing Address (if different from physical address) 920 S. Kimball Ave, Suite 100

City Southlake State TX Zip 76092

Telephone 888-501-0233 Website FarmaKeio.com

Licensing Company Email Regulatory@EVEXIAS.com

Section 2: Personal Information

First Nathan Middle Lyle Last Grifford

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Conway State AR Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Arkansas for Medical Sciences		08/07-05/11	
Address	**City**	**State**	**Zip**
4301 W Markham Street	Little Rock	AR	72205
Diploma/Degree obtained, if any			
Doctorate of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
University of Central Arkansas		08/98-12/03	
Address	**City**	**State**	**Zip**
201 Donaghey Ave	Conway	AR	72034
Diploma/Degree obtained, if any			
Bachelors in Biology			

School Name		From - To (MM/YY – MM/YY)	
Benton High School		08/95-05/98	
Address	**City**	**State**	**Zip**
211 North Border St	Benton	AR	72015
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/24-Current	[redacted]	Conway	AR	[redacted]
10/17-05/24		Conway	AR	
09/12-10/17		Conway	AR	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
FARMAKEIO AR			10/23-Current
Business Address	**City**	**State**	**Zip**
1270 Dons Ln	Conway	AR	72032
Phone	**Title**		**Number of Employed Hours**
501-504-7112	Pharmacist in Charge		5120

Description of Duties

Oversight of materials and supplies being received and approved for use in compounded medications. Oversight of all compounding activities within the non-sterile lab. Counseling of patients and final approval of all medications dispensed.

Business Name			From - To (MM/YY – MM/YY)
CARTI Cancer Center			10/21-10/23
Business Address	**City**	**State**	**Zip**
2605 College Ave	Conway	AR	72034
Phone	**Title**		**Number of Employed Hours**
855-552-2784	Pharmacist in Charge		3840

Description of Duties

Oversight of all chemo medications compounded/dispensed in a classified cleanroom for the infusion suite. Oversight of millions of dollars worth of specialty pharmacy inventory. Counsel patients on potential chemo reactions.

Business Name			From - To (MM/YY – MM/YY)
SCA Pharma			09/15-10/21
Business Address	**City**	**State**	**Zip**
8821 Knoedl Ct	Little Rock	AR	72205
Phone	**Title**		**Number of Employed Hours**
877-550-5059	Lead Pharmacist		11520

Description of Duties

Supervised cleanroom technicians in the compounding of Category 2 and 3 products in an ISO 7 Cleanroom Suite. Reviewed batch records for completion. Performed investigations of deviations. Managed 7 pharmacists and 19 techs.

Business Name			From - To (MM/YY – MM/YY)
WestRock Compounding Pharmacy			04/15-09/15
Business Address	**City**	**State**	**Zip**
11711 Hermitage Rd	Little Rock	AR	72211
Phone	**Title**		**Number of Employed Hours**
N/A	Pharmacist in Charge		800

Description of Duties

Oversight of all medications compounded and dispensed from the pharmacy. Oversight of chemical inventory. Assisted in the sale of the pharmacy to another pharmacy chain.

Business Name			From - To (MM/YY – MM/YY)
US Compounding Pharmacy			05/11-03/15
Business Address	**City**	**State**	**Zip**
1270 Dons Ln	Conway	AR	72032
Phone	**Title**		**Number of Employed Hours**
N/A	Director of Non-Sterile Department		7360

Description of Duties

Oversight of all medications compounded and dispensed from the pharmacy. Oversight of inventory, training of personnel, and investigations linked to complaints. Supervised three pharmacists and 12 technicians.

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Nathan Grifford, **certify that as the designated representative for**

FARMAKEIO AR,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. NLG I am at least 21 years of age;
3. NLG I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. NLG I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. NLG I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. NLG I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. NLG I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Nathan Grifford

Print Name (First, Last)

Nathan Grifford

Original Signature (electronic, copies or stamps not accepted)

24 APR 2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nathan Grifford

Print Name (First, Last)

Nathan Grifford

Original Signature (electronic, copies or stamps not accepted)

24 APR 2026

Date

Please have this section completed in the presence of a Notary Public.

State of Arkansas, ss. County of Faulkner

I, Nathan Grifford, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Nathan Grifford

Original Signature

24 APR 2026

Date

Subscribed and Sworn to before me this 24th day of April.

Savannah Gail Nichols

Notary Public Signature

SAVANNAH GAIL NICHOLS
PULASKI COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires March 13, 2034
Commission No. 00000519

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: FarmaKeio AR LLC

NV Pharmacy or Outsourcing facility license # (if applicable): PH04777

Physical Address: 1270 Don's Lane

City: Conway State: AR Zip: 72032

Mailing Address (if different from physical address): 920 S. Kimball Ave, Suite 100

City: Southlake State: TX Zip: 76092

Telephone: 888-501-0233 Toll Free # (NAC 639.708, NRS 639.23286): 888-501-0233

Fax: 501-499-6712 Contact Email: regulatory@EVEXIAS.com

Website: www.farmakeio.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Nathan Grifford

Supervising/Managing Pharmacist NV Pharmacist Registration #: 72032

Name of Designated Person(s) as defined by revised USP-797 guidelines: Nathan Grifford

Email of Designated Person(s): Nathan.Grifford@Farmakeio.com

Telephone of Designated Person(s): 888-501-0233

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ☐ Category 2 ■ Category 3

If you marked "**Category 3**", you must also complete **section 4**.

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ☐ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ☐ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? March 24, 2026

6. What is the frequency of the recertification for the ISO classified areas? Every six months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? _____

10. Will you be performing sterile hazardous drug compounding? ☐ Yes ☒ No

If you marked "**Yes**", you must also complete **section 3**.

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

GLYCINE/SERMORELIN ACETATE Injection

NAD+ Injection

PYRIDOXINE HYDROCHLORIDE/SEMAGLUTIDE injection

PYRIDOXINE HYDROCHLORIDE/TIRZEPATIDE injection

SERMORELIN ACETATE injection

12. What laboratory performs your sterility or endotoxin testing?

Name: ARL Oklahoma

Address: 840 Research Pkwy, Suite 546

City: Oklahoma City State: OK Zip: 73104

Telephone: (405) 271-1144

13. What is your procedure for visual inspection of compounded sterile products?

At the completion of compounding, before releasing and dispensing, the CSP must be visually inspected to determine whether the physical appearance of the CSP is as expected (e.g., free of inappropriate visible particulates or other foreign matter, discoloration, or other defects). The CSP label must be visually inspected to confirm that the CSP and its labeling match the prescription or medication order. The inspection also must include a visual inspection of container closure integrity (e.g., checking for leakage, cracks in the container, or improper seals). Any CSP found to be of unacceptable quality (e.g., observed defect) must be promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before appropriate disposal. When a CSP will not be released or dispensed on the day of preparation, a visual inspection must be conducted immediately before it is released or dispensed to make sure that the CSP does not exhibit any defects such as precipitation, cloudiness, or leakage, which could develop during storage. Any CSP found to be of unacceptable quality (e.g., observed defects) must be promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before appropriate disposal. Defects that indicate sterility or stability problems must be investigated to determine the cause according to the facility's SOPs.

14. How often do you perform glove fingertip and medial fill testing?

Personnel must successfully complete an initial garbing competency evaluation no fewer than 3 separate times.
The 3 successful completions must be in succession.
The garbing competency eval consists of a visual observation and gloved fingertip and thumb sampling (GFT) of both hands.
Aseptic manipulation competency must occur initially and at least every 3 months thereafter.

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

All personnel who compound or have direct oversight of compounding personnel must be initially trained and qualified by demonstrating knowledge and competency in compounding CSPs according to the requirements of USP 797 before being allowed to perform their job functions independently.

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
1. Cleaning/Disinfection Agents Used:
Cleaner (Germicidal): Sterile TB1 3300 (1 minute dwell), Disinfectant: Sterile 70% Isopropyl Alcohol (IPA), Sporicidal Agent: Sterile Peridox RTU (3-minute dwell). All cleaning performed top to bottom, clean to dirty, using sterile, lint-free wipes, and fully documented.

2. Primary Engineering Controls (PECs):
a) Cleaned and disinfected with Sterile 70% IPA before each shift, before each batch, and between APIs/batches. After daily compounding: cleaned with Sterile TB1 3300 followed by Sterile 70% IPA.
b) Weekly: Cleaned with Sterile Peridox RTU followed by Sterile 70% IPA.
c) Monthly: Full clean (all internal surfaces) using Sterile Peridox RTU followed by Sterile 70% IPA.

3. Secondary Engineering Controls (Buffer and Ante Rooms):
a) Daily: Floors, counters, work surfaces cleaned with Sterile TB1 3300, then disinfected with Sterile 70% IPA.
b) Weekly: Floors, counters, all surfaces and shelving cleaned with Sterile Peridox RTU followed by Sterile 70% IPA.
c) Monthly: Floors, counters, all surfaces, walls, ceilings, and storage bins cleaned with Sterile Peridox RTU, followed by Sterile 70% IPA.

17. Who performs the sterile compounding process at your facility?

See attached list of employees and their roles.

18. Who is responsible and accountable for the sterile compounding process at your facility?

The PIC and designated person.

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

Validated cooler packaging and ice.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility?		
2. Are you complying with all USP 800 guidelines?	Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	Yes	No
4. Is your BSC or CACI vented 100% to the outside?	Yes	No
5. Do you have a negative pressure buffer room at your facility?	Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

GLYCINE/SERMORELIN ACETATE Injection

NAD+ Injection

PYRIDOXINE HYDROCHLORIDE/SEMAGLUTIDE injection

PYRIDOXINE HYDROCHLORIDE/TIRZEPATIDE injection

SERMORELIN ACETATE injection

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

For personnel compounding Category 3 CSPs, the aseptic manipulation competency must occur initially and at least every 3 months thereafter.

All personnel who compound or have direct oversight of compounding personnel must be initially trained and qualified by demonstrating knowledge and competency in compounding CSPs according to the requirements of USP 797 before being allowed to perform their job functions independently.

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? Yes No

4. What is the frequency for completing volumetric active air sampling?

Within 30 days prior to the commencement of any Category 3 compounding and at least monthly thereafter regardless of the frequency of compounding Category 3 CSPs. Air sampling sites must be selected in all classified areas.

5. What is the frequency for completing surface sampling? Surface sampling of all classified areas, and pass-through chambers connecting to classified areas, must be completed prior to assigning a BUD longer than the limits established in Table 13, and at least weekly on a regularly scheduled basis regardless of the frequency of compounding Cat 3 CSPs. Surface cleaning must be conducted within the PEC used to prepare Cat 3 CSPs, at the end of each batch before cleaning and disinfection occurs, unless a self-enclosed robotic device is used. When a self-enclosed robotic device is used as the PEC, surface sampling must be conducted at least daily at the end of compounding operations, before cleaning and disinfection occurs.		
6. What is the frequency for using sporicidal agents? We follow the guidance of Table 10 in USP 797. Weekly and monthly sporicidal application based on surface/location type.		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	[Yes]	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	[Yes]	No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Justin K. Graves

Name of Person who Completed the Form

Executive Vice President

Title

Signature (copies or stamps not accepted)

04-23-2026

Date

Board Use Only	Date Received: 5/5/26 Date Approved: _____ Approved By: _____

ATTACHMENT A

Arkansas State Board of Pharmacy

322 South Main Street, Suite 600 Little Rock, AR 72201
P: 501.682.0190 F: 501.682.0195
asbp@arkansas.gov • www.pharmacyboard.arkansas.gov
John Clay Kirtley, Pharm.D., Executive Director

December 20, 2024

Nathan Lyle Grifford (PD11675)
C/O Farmakeio AR (AR20991)
1270 Don's Lane
Conway, AR 72032

RE: Facility Inspection Conducted December 16, 2024 and December 17, 2024 (ON-SITE)

Dr. Grifford:

The following requirements and/or recommendations are as a result of the unannounced initial dynamic sterile compounding inspection occurring on the date(s) stated above. An inspection of the non-sterile compounding operations will occur at a later date. The Items within the attached inspection report that were not reviewed will be absent a designation in the "Observation" column. I appreciate the assistance and cooperation provided by you and/or your staff during the review:

Leadership SHALL:

- Ensure the yellow highlighted finding(s) from the attached inspection document is(are) addressed.

In addition, leadership SHOULD:

- NA

Your response to each finding must be forwarded to this office within fourteen (14) days. The responses to the above findings should include an itemized list of each finding with the corrective/proposed-corrective action, responsible individual, and completion/projected-completion date(s) to my attention at ASBP@arkansas.gov.

If we may be of assistance at any time, do not hesitate to contact our office.

Respectfully,

Kevin Robertson

Kevin Robertson, Pharm.D.
Inspector/Investigator

Arkansas State Board of Pharmacy

322 South Main Street, Suite 600 Little Rock, AR 72201
P: 501.682.0190 F: 501.682.0195
asbp@arkansas.gov • www.pharmacyboard.arkansas.gov
John Clay Kirtley, Pharm.D., Executive Director

2026 - 2027 RETAIL PHARMACY LICENSE

Farmakeio AR

located at:

1270 Dons Lane, Conway, AR 72032

License #: AR20991 Expires: 12/31/2027
Original License Date: 12/22/2023

This is to certify that the Pharmacy named above is licensed under the provisions of the Arkansas Pharmacy Practice Act, other Arkansas statutes, and Arkansas Pharmacy Regulations.

Pharmacist in Charge: Nathan Lyle Grifford, PD11675

License #: AR20991 Facility ID: 109715

Mailing Address: Farmakeio AR
1270 Dons Lane
Conway, AR 72032

Reason Mailed:

☑ Change of Ownership

The address above is the mailing address where all correspondence from the board will be sent, including renewal information. All changes to contact information can be made online at www.pharmacyboard.arkansas.gov under "License Maintenance and Online Renewals." Use the license number and facility ID above to log in. In-state pharmacies can also update employees online.

Arkansas State Board of Pharmacy
322 South Main Street, Suite 600 Little Rock, AR 72201
P: 501.682.0190 F: 501.682.0195
asbp@arkansas.gov • www.pharmacyboard.arkansas.gov
John Clay Kirtley, Pharm.D., Executive Director

Queried On May 02, 2026 3:20 pm

License Verification

General Information

Name: Farmakeio AR

Address Information

Mailing Address

Address: 920 S. Kimball Ave.
Street 2: Ste. 100
City/State/Zip: Southlake, TX 76092

Physical Address

Address: 1270 Dons Lane
Street 2:
City/State/Zip: Conway, AR 72032
Phone: (501)504-7112
Fax: (501)499-6712

License Information

License Type: Retail Pharmacy License
License Number: AR20991
Issue Date: 12/22/2023
Expiration Date: 12/31/2027
Current Status: Active
Current Standing: Good Standing

Disciplinary Action: No

The Arkansas State Board of Pharmacy is responsible for maintaining all of the information on our website , including licensure information, disciplinary actions, and restrictions. The information provided in this license verification should be considered a primary source verification and contains the same information that would be provided through other means: i.e. telephone, email, or mail and is true, accurate, and complete to the best of our knowledge. Information on this license verification is up-to-date as of the query date printed above.

Pharmacist in Charge

Nathan Lyle Grifford, PD11675

The Arkansas State Board of Pharmacy is responsible for maintaining all of the information on our website , including licensure information, disciplinary actions, and restrictions. The information provided in this license verification should be considered a primary source verification and contains the same information that would be provided through other means: i.e. telephone, email, or mail and is true, accurate, and complete to the best of our knowledge. Information on this license verification is up-to-date as of the query date printed above.

Arkansas.gov

ARKANSAS STATE BOARD OF PHARMACY



Click on licensee name for license details.

Search Again?

Name:	Farmakeio AR
License Type:	Retail Pharmacy License
License Number:	AR20991
Issue Date:	12/22/2023
Expiration Date:	12/31/2027
Current Status:	Active
Current Standing:	Good Standing
Disciplinary Action:	No
Address:	1270 Dons Lane Conway, AR 72032
Phone:	(501)504-7112
Fax:	(501)499-6712

Print Licensee Report

Arkansas State Board of Pharmacy
322 South Main Street, Suite 600
Little Rock, AR 72201
Phone: 501-682-0190 | Fax: 501-682-0195
Contact Us | Google Map

Accessibility | Privacy | Security | Acceptable Use

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site FarmaKeio AR

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) PH04777

Physical Address 1270 Don's Lane

City Conway State AR Zip 72032

Mailing Address (if different from physical address) 920 S. Kimball Ave, Suite 100

City Southlake State TX Zip 76092

Telephone 888-501-0233 Website FarmaKeio.com

Licensing Company Email Regulatory@EVEXIAS.com

Section 2: Personal Information

First Justin Middle Keith Last Graves

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Southlake State TX Zip [redacted]

Telephone [redacted] Ema[redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Criswell College		08/2001 - 05/2004	
Address	City	State	Zip
4010 Gaston Ave	Dallas	TX	75246
Diploma/Degree obtained, if any			
Master of Arts in Christian Leadership (2004)			

School Name		From - To (MM/YY – MM/YY)	
University of Texas at Austin		08/1996 - 05/1999	
Address	City	State	Zip
101 East 21st Street	Austin	TX	78712
Diploma/Degree obtained, if any			
Bachelor of Science, Pharmacy (1999)			

School Name		From - To (MM/YY – MM/YY)	
Texas State University		08/1994 - 05/1996	
Address	City	State	Zip
601 University Dr.	San Marcos	TX	78666
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
North Garland High School		08/1989 - 05/1993	
Address	City	State	Zip
2109 W. Buckingham Rd.	Garland	TX	75042
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/2018 - present	[redacted]	Rockwall	TX	[redacted]
2016 - 03/2018		Rockwall	TX	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
North American Custom Laboratories d/b/a FarmaKeio			08/05/2014 - present	
Business Address		**City**	**State**	**Zip**
1736 N. Greenville Ave		Richardson	TX	75081
Phone	**Title**			
888-501-0233	Executive Vice President			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
FarmaKeio Outsourcing, LLC			01/03/2018 - present	
Business Address		**City**	**State**	**Zip**
920 S. Kimball Ave, Suite 100		Southlake	TX	76092
Phone	**Title**			
888-501-0233	Executive Vice President			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
FarmaKeio AR, LLC			06/20/2023 - present	
Business Address		**City**	**State**	**Zip**
1270 Dons Lane		Conway	AR	72032
Phone	**Title**			
888-501-0233	Executive Vice President			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Southwest Home Solutions, LLC d/b/a FarmaKeio NM			10/18/2021 - present	
Business Address		**City**	**State**	**Zip**
2100 Louisiana Blvd, NE Suite 460		Albuquerque	NM	87110
Phone	**Title**			
888-501-0233	Executive Vice President			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Touchstone IV Inc. d/b/a Touchstone Infusion			12/16/2019 - present	
Business Address		**City**	**State**	**Zip**
9101 Lakeview Parkway, Suite 500		Rowlett	TX	75088
Phone	**Title**			
844-999-9676	Chief Executive/Owner			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
KROGER SPECIALTY INFUSION [Now BioPlus Specialty]			07/01/2015 - 12/01/2016
Business Address	**City**	**State**	**Zip**
1736 N. Greenville Ave	Richardson	TX	75081
Phone	**Title**		
888-292-0744	Vice President and General Manager		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.	✓	
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).	✓	
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See attached discipline summary for "yes" answers to 4, 5, 6, 8, & 9

Original Signature (electronic, copies or stamps not accepted)

04-21-2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Justin, Graves

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04-21-2026

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Tarrant

I, Justin Graves, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04-21-2026

Date

Subscribed and Sworn to before me this 21 day of April 2026

Notary Public Signature

(Seal)

VERONICA LEE CARTER
Notary ID #529976
My Commission Expires
July 16, 2028

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site FarmaKeio AR

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) PH04777

Physical Address 1270 Don's Lane

City Conway State AR Zip 72032

Mailing Address (if different from physical address) 920 S. Kimball Ave, Suite 100

City Southlake State TX Zip 76092

Telephone 888-501-0233 Website FarmaKeio.com

Licensing Company Email Regulatory@EVEXIAS.com

Section 2: Personal Information

First Daniel Middle Dustin Last DeNeui

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Southlake State TX Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Clemson University		1990	
Address	**City**	**State**	**Zip**
1 N Main St	Greenville	SC	29601
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Bob Jones University		1988 - 1990	
Address	**City**	**State**	**Zip**
1700 Wade Hampton Blvd	Greenville	SC	29614
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Silver State High School		1984 - 1988	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2011 - present	[redacted]	Colleyville	TX	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
North American Custom Laboratories d/b/a FarmaKeio			08/05/2014 - present
Business Address	**City**	**State**	**Zip**
1736 N. Greenville Ave	Richardson	TX	75081
Phone	**Title**		
888-501-0233	CEO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
FarmaKeio Outsourcing, LLC			01/03/2018 - present
Business Address	**City**	**State**	**Zip**
920 S. Kimball Ave, Suite 100	Southlake	TX	76092
Phone	**Title**		
888-501-0233	CEO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
FarmaKeio AR, LLC			06/20/2023 - present
Business Address	**City**	**State**	**Zip**
1270 Dons Lane	Conway	AR	72032
Phone	**Title**		
888-501-0233	CEO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Southwest Home Solutions, LLC d/b/a FarmaKeio NM			10/18/2021 - present
Business Address	**City**	**State**	**Zip**
2100 Louisiana Blvd, NE Suite 460	Albuquerque	NM	87110
Phone	**Title**		
888-501-0233	CEO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.	✓	
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).	✓	
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See attached discipline summary for "yes" answers to 4, 5, 6, 8, & 9

Original Signature (electronic, copies or stamps not accepted)

04/20/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel, DeNeui

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/20/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Tarrant

I, Dan DeNeui, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/20/2026

Date

Subscribed and Sworn to before me this 20 day of April 2026

Notary Public Signature

VERONICA LEE CARTER
Notary ID #529976
My Commission Expires
July 16, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site FarmaKeio AR

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) PH04777

Physical Address 1270 Don's Lane

City Conway State AR Zip 72032

Mailing Address (if different from physical address) 920 S. Kimball Ave, Suite 100

City Southlake State TX Zip 76092

Telephone 888-501-0233 Website FarmaKeio.com

Licensing Company Email Regulatory@EVEXIAS.com

Section 2: Personal Information

First Michael Middle Sutherland Last Cole

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Southlake State TX Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Texas at Austin		06/1976 - 12/1977	
Address	**City**	**State**	**Zip**
101 East 21st St.	Austin	TX	78712
Diploma/Degree obtained, if any			
Master of Business Administration, Finance			

School Name		From - To (MM/YY – MM/YY)	
University of Texas at Austin		09/1972 - 05/1976	
Address	**City**	**State**	**Zip**
101 East 21st St.	Austin	TX	78712
Diploma/Degree obtained, if any			
Bachelor of Business Administration, Finance			

School Name		From - To (MM/YY – MM/YY)	
Robert E. Lee High School [now Margaret Long Wisdom High School]		09/1969 - 05/1972	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/1996-present	[redacted]	Southlake	TX	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
North American Custom Laboratories d/b/a FarmaKeio			08/05/2014 - present
Business Address	**City**	**State**	**Zip**
1736 N. Greenville Ave	Richardson	TX	75081
Phone	**Title**		
888-501-0233	CFO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
FarmaKeio Outsourcing, LLC			01/03/2018 - present
Business Address	**City**	**State**	**Zip**
920 S. Kimball Ave, Suite 100	Southlake	TX	76092
Phone	**Title**		
888-501-0233	CFO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
FarmaKeio AR, LLC			06/20/2023 - present
Business Address	**City**	**State**	**Zip**
1270 Dons Lane	Conway	AR	72032
Phone	**Title**		
888-501-0233	CFO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Southwest Home Solutions, LLC d/b/a FarmaKeio NM			10/18/2021 - present
Business Address	**City**	**State**	**Zip**
2100 Louisiana Blvd, NE Suite 460	Albuquerque	NM	87110
Phone	**Title**		
888-501-0233	CFO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.	✓	
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).	✓	
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael, Cole

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/20/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Tarrant

I, Michael Cole, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/20/2026

Date

Subscribed and Sworn to before me this 20 day of April 2026

Veronica Lee Carter

Notary Public Signature

VERONICA LEE CARTER
Notary Seal
Notary ID #529976
My Commission Expires
July 16, 2028

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site FarmaKeio AR

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) PH04777

Physical Address 1270 Don's Lane

City Conway State AR Zip 72032

Mailing Address (if different from physical address) 920 S. Kimball Ave, Suite 100

City Southlake State TX Zip 76092

Telephone 888-501-0233 Website FarmaKeio.com

Licensing Company Email Regulatory@EVEXIAS.com

Section 2: Personal Information

First Dustin Middle Cole Last DeNeui

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Southlake State TX Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Texas at Arlington		08/2010 - 12/2014	
Address	**City**	**State**	**Zip**
701 S Nedderman Dr	Arlington	TX	76019
Diploma/Degree obtained, if any			
Bachelor of Business Administration, Management			

School Name		From - To (MM/YY – MM/YY)	
Valor Christian High School		2007 - 2010	
Address	**City**	**State**	**Zip**
3775 Grace Boulevard	Highlands Ranch	CO	80126
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]	City	State	[redacted]
06/2024 - present		Colleyville	TX	
From - To (MM/YY – MM/YY)		City	State	
		Argyle	TX	
From - To (MM/YY – MM/YY)		City	State	
		Euless	TX	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
North American Custom Laboratories d/b/a FarmaKeio			08/05/2014 - present
Business Address	**City**	**State**	**Zip**
1736 N. Greenville Ave	Richardson	TX	75081
Phone	**Title**		
888-501-0233	COO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
FarmaKeio Outsourcing, LLC			01/03/2018 - present
Business Address	**City**	**State**	**Zip**
920 S. Kimball Ave, Suite 100	Southlake	TX	76092
Phone	**Title**		
888-501-0233	COO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
FarmaKeio AR, LLC			06/20/2023 - present
Business Address	**City**	**State**	**Zip**
1270 Dons Lane	Conway	AR	72032
Phone	**Title**		
888-501-0233	COO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Southwest Home Solutions, LLC d/b/a FarmaKeio NM			10/18/2021 - present
Business Address	**City**	**State**	**Zip**
2100 Louisiana Blvd, NE Suite 460	Albuquerque	NM	87110
Phone	**Title**		
888-501-0233	COO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Evexias Health Solutions			08/2025 - present
Business Address	**City**	**State**	**Zip**
700 N. Carroll Ave	Southlake	TX	76092
Phone	**Title**		
	Director of Operations		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
BioTE Medical			01/2012 - 05/2016
Business Address	City	State	Zip
1875 W. Walnut Hill Lane	Irving	TX	75038
Phone	Title		
	Director of Logistics		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.	✓	
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).	✓	
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See attached discipline summary for "yes" answers to 4, 5, 6, 8, & 9

Original Signature (electronic, copies or stamps not accepted)

4/21/26
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dustin, DeNeui

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/21/26

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Dallas

I, Dustin DeNeui, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/22/26

Date

Subscribed and Sworn to before me this 22nd day of April.

Notary Public Signature

AZRA CERIMAGIC
Notary Public, State of Texas
Comm. Expires 11-09-2029
Notary ID 135[illegible]

(Seal)

4MM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

4

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
■ Out-of-Nevada	■ Ownership Change*	☐ Hospital (# beds _____)	■ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: [redacted]
	☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)	☐ Other:	■ Non-sterile Compounding
			■ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
			☐ Hospital
	* Current license #: PH 03942		☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: North American Custom Laboratories, LLC d/b/a FarmaKeio

Physical Address: 1736 N Greenville Ave

City: Richardson State: TX Zip: 75081

Mailing Address (if different from physical address): 920 S. Kimball Ave Suite 100

City: Southlake State: TX Zip: 76092

Telephone: 888-501-0233 Toll Free # (NAC 639.708, NRS 639.23286): 888-501-0233

Fax: 214-432-8922 Contact Email: Regulatory@EVEXIAS.com

Website: www.farmakeio.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Seo Hyun (Katy) Jang

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24757

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Seo Hyun (Katy) Jang	NV Pharmacist Registration #: 24757
Name: Justin K. Graves	NV Pharmacist Registration #: 20536
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	✓	
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?	✓	
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	✓	

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Texas

Parent Company (if any): Evexias Life Sciences Intermediate, LLC

Corporation/Organization Name: North American Custom Laboratories, LLC d/b/a FarmaKeio

Mailing Address: 920 S. Kimball Ave, Suite 100

City: Southlake State: TX Zip: 76092

Telephone: 888-501-0233 Email: Regulatory@EVEXIAS.com

Contact Person Name: Justin K. Graves

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ■ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Executive Vice President (title) for FarmaKeio (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Justin K. Graves

Print Name of Authorized Person

DocuSigned by:
Justin K. Graves
5DA864681AAF403...

Original signature of Authorized Person (copies or stamps not accepted)

3/30/2026 | 10:37 AM EDT

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Justin K. Graves, Executive Vice President

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

DocuSigned by:
Justin K. Graves

Original signature of Authorized Person (copies or stamps not accepted)

3/30/2026 | 10:37 AM EDT

Date

Board Use Only	Date Received: 5/5/26	Amount: $500 - ck 669005 ✓

EVEXIAS
LIFE SCIENCES

Disciplinary and Legal Actions

Please see below descriptions of all past and pending disciplinary actions, administrative citations, and/or lawsuits involving the entity, commonly owned entities, or officers/directors, to our knowledge as of the date of this writing.

North American Custom Laboratories, LLC d/b/a FarmaKeio

1. [FDA 483s, Warning Letter, & Recall] In March of 2022, North American Custom Laboratories, LLC d/b/a FarmaKeio was issued a Form FDA 483, and FDA published an alert on its website, advising the public to not use sterile drug products produced by FarmaKeio. FarmaKeio initiated a voluntary recall of all sterile drug products immediately thereafter, and FDA updated its alert to inform the public of the voluntary recall. On November 18, 2022, FarmaKeio received a Warning Letter from FDA regarding corrective actions related to the recall. On September 5, 2025, FarmaKeio received another Form FDA 483. On November 17, 2025, following oral communications with FDA in which FDA indicated that FarmaKeio has adequately addressed all outstanding issues, FarmaKeio submitted a letter to FDA requesting official close-out of the March 2022 Form FDA 483, November 2022 Warning Letter, and September 2025 Form FDA 483. In or about January 2026, FarmaKeio received confirmation from FDA that the 2022 and 2025 FDA inspections are closed. Additionally, FDA closed out the 2022 Warning Letter.
2. [CA BOP Accusation, Settlement, & License Withdrawal] On October 29, 2024, FarmaKeio was served with an Accusation by the Office of the Attorney General of California and the California Board of Pharmacy, alleging that FarmaKeio: (i) did not fully comply with the Board's request for records during its investigation; (ii) shipped prescriptions to California that were obtained from an outsourcing facility not licensed in California; (iii) compounded and furnished adulterated drug preparations; and (iv) compounded drug preparations using a non-compliant bulk drug substance. After entering into a Stipulated Settlement and Disciplinary Order with the state on August 14, 2025, FarmaKeio ceased shipping products into California on October 13, 2025, and submitted an application to surrender its Nonresident Pharmacy Permit No. NRP2285 on October 17, 2025. The California Board of Pharmacy accepted FarmaKeio's surrender on December 29, 2025.
3. [WV BOP Investigation of Complaint; Pending] On August 19, 2025, FarmaKeio received a letter from the West Virginia Board of Pharmacy, indicating the Board would conduct an investigation into a complaint filed by Eli Lilly & Co. against FarmaKeio regarding the alleged sale of misbranded and adulterated oral compounded tirzepatide. FarmaKeio responded to the Board's letter on September 12, 2025, disputing Eli Lilly's allegations. As of the date of this writing, we have received no further correspondence from the state on this matter.

4. [Defendant in Personal Injury Lawsuit; Dismissed] FarmaKeio was a defendant in *West v. FarmaKeio Superior Compound Pharmacy et al.*, Case No. 24C308 (Feb. 6, 2024), which involved personal injury claims. This case was dismissed on July 28, 2025.
5. [Defendant in Personal Injury Lawsuit; Dismissed] FarmaKeio was a defendant in *West v. FarmaKeio Superior Compound Pharmacy et al.*, Case No. 3:24-cv-00279 (July 28, 2025), which involved personal injury claims. This case was dismissed on July 28, 2025.
6. [Plaintiff in APA Violation Lawsuit; Dismissed] FarmaKeio was a plaintiff in *Evexias Medical Centers, PLLC et al. v. U.S. Food and Drug Administration et al.*, Case No. 4:24-cv-00293 (Mar. 29, 2024), which alleged FDA violations of the Administrative Procedures Act related to drug substances on the 503A Bulks List. This case was dismissed on August 18, 2025.
7. [Plaintiff in APA Violation Lawsuit; Pending] FarmaKeio is a plaintiff in *Outsourcing Facilities Association et al. v. U.S. Food and Drug Administration et al.*, Case No. 4:24-cv-00953 (Oct. 7, 2024), which alleges FDA violations of the Administrative Procedures Act related to compounded tirzepatide. This case remains pending.
8. [Plaintiff in APA Violation Lawsuit; Pending] FarmaKeio is a plaintiff in *Outsourcing Facilities Association et al. v. U.S. Food and Drug Administration et al.*, Case No. 4:25-cv-00174 (Feb. 24, 2025), which alleges FDA violations of the Administrative Procedures Act related to compounded semaglutide. This case remains pending.
9. [Defendant in Trade Practices Lawsuit; Pending] FarmaKeio is a defendant in *Eli Lilly and Co. v. North American Custom Laboratories, LLC*, Case No. 3:25-cv-02876 (Oct. 22, 2025), which involves various unfair trade practice claims under state law. This case remains pending.

Southwest Home Solutions, LLC d/b/a FarmaKeio NM

1. [Defendant in Trademark Lawsuit; Settled] Southwest Home Solutions, LLC dba FarmaKeio NM, a compounding pharmacy that will be owned by the same owners as FarmaKeio as of the closing date, was a defendant in *Southwest Airlines Co. v. Southwest Home Solutions, LLC*, No. 2025-WL-2643434 (Sept. 10, 2025), which involved trademark disputes over internet website domain names. This case was settled on September 10, 2025.

North American Custom Laboratories, LLC d/b/a FarmaKeio & FarmaKeio Outsourcing

10. [Defendant in Assault & IIED Lawsuit; Pending] FarmaKeio and FarmaKeio Outsourcing, LLC are defendants in *Arta Shaun Noorian v. Daniel Dustin Deneui, et al.*, Case No. 236-360445-24 (Dec. 18, 2024), which involves allegations of assault and intentional infliction of emotional distress. This case remains pending.
11. [Defendant in Intentional Misconduct Lawsuit; Pending] FarmaKeio and FarmaKeio Outsourcing, LLC are defendants in *Arta Noorian v. Daniel DeNeui, et al.*, A-25-917380-

C (Apr. 22, 2025), which involves allegations of intentional misconduct. This case remains pending.

12. [Defendant in Compounding Lawsuit; Closed] FarmaKeio and FarmaKeio Outsourcing, LLC were a defendant in *BioTE Medical, LLC v. Kent Jacobsen et al.*, Case No. 4:2018cv00866 and 4:2018cv00865 (Dec. 13, 2018), and a series of related lawsuits, which primarily involved allegations regarding the unlawful manufacture and sale of unapproved new drugs and the false and misleading advertising and promotion of such drugs. This case was closed on February 17, 2022.

FarmaKeio Outsourcing

2. [FDA 483s, Warning Letter, & Recall; Pending] On October 30, 2019, FarmaKeio Outsourcing, LLC ("**FarmaKeio Outsourcing**"), an outsourcing facility that will be owned by the same owners as FarmaKeio as of the closing date, received a Form FDA 483. On July 29, 2021, FDA issued a Warning Letter to FarmaKeio Outsourcing. On July 29, 2024, FarmaKeio submitted a letter to FDA requesting official close-out of the October 2019 Form FDA 483 and July 2021 Warning Letter. FDA responded that a re-inspection would be necessary prior to close-out, and on September 5, 2025, FarmaKeio Outsourcing received a Form FDA 483 following the inspection. On October 16, 2025, upon FDA's recommendation, FarmaKeio Outsourcing decided to conduct a voluntary recall of all strengths of the Testosterone/Triamcinolone Acetonide Pellets and Testosterone Pellets within expiry that were (a) produced on or before April 30, 2025, and (b) did not contain documentation of being processed through the validated metal detector system approved for use on April 9, 2025. As of the date of this writing, FarmaKeio Outsourcing has not received any further correspondence from FDA on these matters.
3. [OH BOP Allegations; Settled] Effective October 1, 2024, FarmaKeio Outsourcing entered into a settlement agreement with the Ohio Board of Pharmacy, in which FarmaKeio Outsourcing acknowledged it neither admits nor denies allegations regarding sales of non-narcotic prescription drugs to a facility operating without an Ohio-issued license.
4. [MA BOP Allegations; Pending] On December 10, 2024, FarmaKeio Outsourcing received a letter from the Massachusetts Board of Pharmacy, alleging that FarmaKeio Outsourcing failed to timely notify the Board of the Ohio matter described above. FarmaKeio Outsourcing disputed the allegation in a letter dated December 27, 2024, and the Board acknowledged receipt a few days later. On April 14, 2026, FarmaKeio Outsourcing received a settlement offer from the Massachusetts Board of Pharmacy and FarmaKeio Outsourcing is evaluating next steps.
5. [CA BOP Licensure Denials & Disciplinary Action; Unresolved] In May 2022, FarmaKeio Outsourcing applied for and was denied an outsourcing facility license by the California Board of Pharmacy. On June 14, 2024, FarmaKeio Outsourcing received a Letter of Admonishment from the Board regarding the alleged distribution of compounded drug

products into California without a non-resident outsourcing facility license. FarmaKeio Outsourcing disputed this allegation, but the Board affirmed their decision in a final order dated October 16, 2024. In April 2025, FarmaKeio Outsourcing again applied for and was denied an outsourcing facility license by the Board.

6. [Plaintiff in Defamation Lawsuit; Dismissed] FarmaKeio Outsourcing was a plaintiff in *FarmaKeio Outsourcing, LLC v. Coalition for Responsible Compounding, LLC*, No. N24C-05-327 (June 1, 2024), which involved allegations of defamation and disparagement. This case was dismissed on October 8, 2025.
7. [Plaintiff in APA Violations Lawsuit; Pending] FarmaKeio Outsourcing is a plaintiff in *FarmaKeio Outsourcing, LLC v. U.S. Food and Drug Administration et al.*, No. 4:24-cv-01040 (Oct. 25, 2024), which alleges FDA violations of the Administrative Procedures Act related to the clinical need for sodium thiosulfate. This case remains pending.

FarmaKeio AR

8. [Arkansas State Board of Pharmacy Warning Letter] FarmaKeio AR was inspected by the Arkansas Board of Pharmacy on December 16 and 17, 2024. The Board requested written follow up and FarmaKeio AR responded on January 10, 2025. On January 24, 2025 the Board issued a Warning Letter acknowledging receipt of FarmaKeio AR's responses to the Inspection but noting that "[the Board] cannot fully evaluate the adequacy of the following corrective actions and preventative actions described in [FarmaKeio AR's Inspection Form Response] because [FarmaKeio AR] did not include sufficient information or supporting documentation." On February 7, 2025 FarmaKeio AR responded to the Warning Letter and there was no further substantive contact from the Board. Importantly, an Arkansas Warning Letter is not discipline.

Pharma Source Direct, Inc. ("PSD")

9. MS BOP Licensure Denial; Resolved in 2023 In 2023, Pharma Source Direct, Inc. ("PSD") was denied a Wholesale Distributor License by the Mississippi Board of Pharmacy because PSD drop-shipped goods from an upstream trading partner that was not licensed in Mississippi. PSD submitted the Wholesaler Distributor license application at the direction of the Mississippi Board of Pharmacy. PSD subsequently ceased its drop-shipping operations from this upstream trading partner, and the Board approved PSD's Wholesale Distributor License (No. 18920).
10. [CO BOP License Surrender and Reapplication; Completed in 2025] The following is not a result of any disciplinary action, but rather, an updated designation required by the Colorado Board of Pharmacy. On August 28, 2025, the Colorado Board of Pharmacy conducted a Wholesale Drug Outlet inspection of PSD's facility and advised PSD to apply for a Manufacturer license. Upon receipt of its application, the Board advised PSD that two registrations cannot be held by the same location. Accordingly, PSD relinquished its

Wholesale Drug Outlet license on September 29, 2025, and received its Manufacturer License on September 29, 2025, to avoid any gap in licensure.

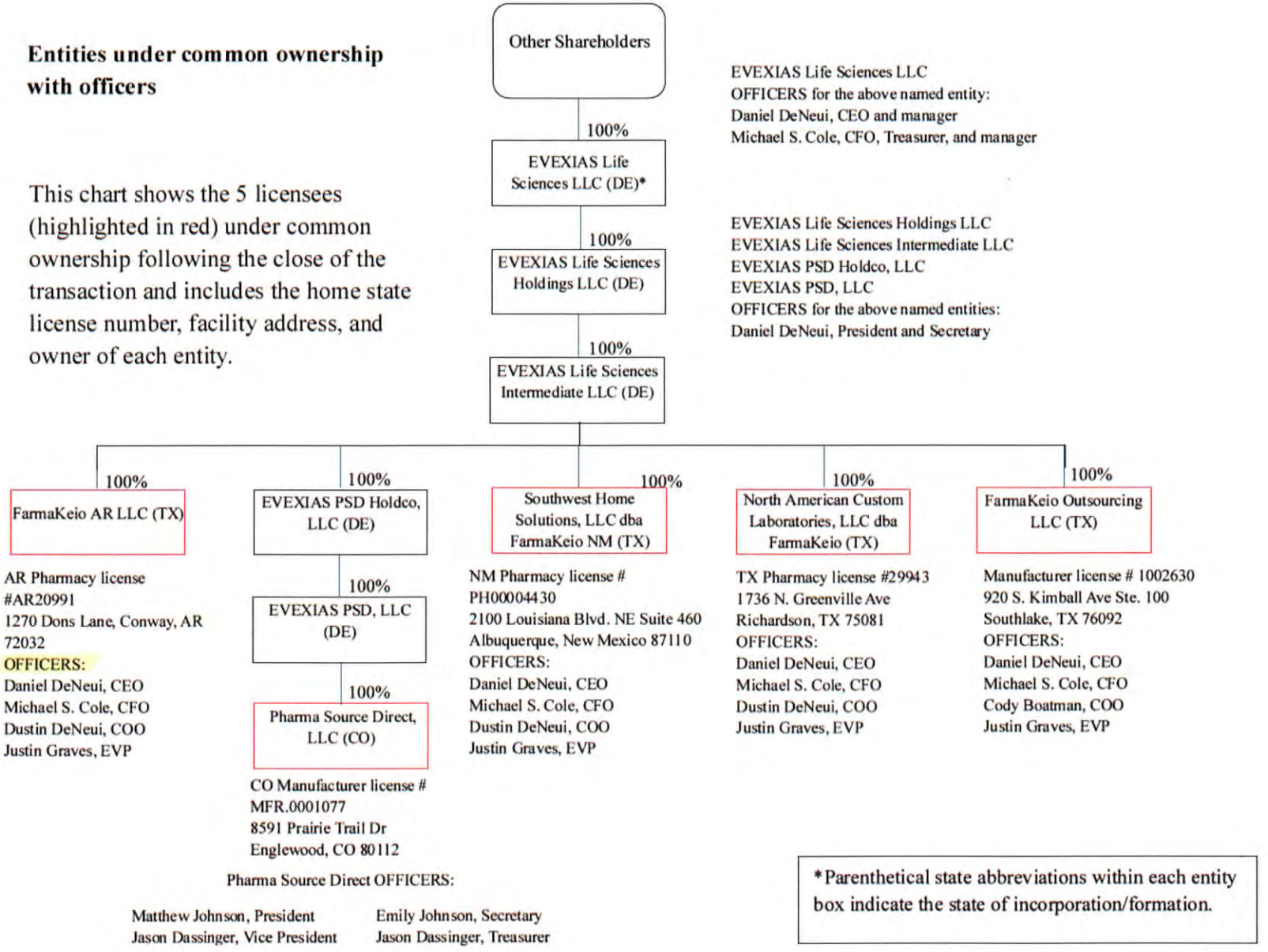
Individual Owners and/or Officers

1. [Defendant in ERISA Lawsuit; Dismissed] Daniel D. DeNeui was a defendant in *Bates v. Mid-West National Life Insurance Company of Tennessee, et al.*, Case No. 3:04cv143 (Jan. 26, 2004), which involved allegations related to insurance claims. This case was dismissed with prejudice on November 23, 2004.
2. [FDA warning letters from Matthew Johnson's prior employment] Matthew Johnson is the president of Pharma Source Direct. During Matthew Johnson's prior employment at B&B Pharmaceuticals, Inc. (FEI 3000719772, 8591 Prairie Trail Drive Ste # C600, Englewood, CO 80112), B&B Pharmaceuticals, Inc. received an FDA 483 on October 30, 2018,[1] and an FDA Warning Letter dated June 4, 2019,[2] with all violations in the Warning Letter addressed as of February 6, 2020.[3] During Matthew Johnson's prior employment at B&B Pharmaceuticals, Inc., B&B Pharmaceuticals, Inc. experienced an FDA recall on April 16, 2020.[4]

[1] https://www.accessdata.fda.gov/scripts/483inspsearch/index.cfm?action=search.search; FEI number 3000719772.
[2] https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/b-b-pharmaceuticals-inc-570613-06042019.
[3] https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/b-b-pharmaceuticals-inc-570613-02062020.
[4] https://www.accessdata.fda.gov/scripts/ires/?Product=180875.

Entities under common ownership with officers

This chart shows the 5 licensees (highlighted in red) under common ownership following the close of the transaction and includes the home state license number, facility address, and owner of each entity.



*Parenthetical state abbreviations within each entity box indicate the state of incorporation/formation.

CONFIDENTIAL

EVEXIAS LIFE SCIENCES, LLC
CAPITALIZATION TABLE

DeNeui Living Trust (Daniel DeNeui)	17.7192%	Evexias Holding Co LLC (Daniel DeNeui)	11.2375%
The MSC Legacy Trust (Michael Cole)	3.6915%	Sutherland Solutions, LLC[1]	6.8046%
The JBC Legacy Trust (Janet Cole)	3.6915%	JL Graves Holdings, LLC (Graves Family Revocable Living Trust)	0.2433%
Graves Family Revocable Living Trust (Justin Graves)	1.5213%	JWRB Holdings LLC (Cody Boatman)	0.2433%
The Boatman Family Trust (Cody Boatman)	1.5213%	Harris Portal Solutions LLC (Robert Harris)	0.2433%
The Adeleine Maple and Stone Trust (Robert Harris)	1.5213%	Jowell Investments, LLC (Paul B. Jowell)	1.1319%
PB Jowell Family, LP (Paul B. Jowell)	0.7607%	Nilus LLC (Dustin DeNeui)	1.3752%
North American Custom Laboratories Holdco Inc.[2]	35.4088%	J & T Health Services LLC (Jonathan Jeffrey DeNeui)	1.1319%
Pharma Source Holdings, Inc.	1.00000%	Lisa Jewell, Limited Liability Company (Lisa Mikals)	1.1319%
Institute for Functional and Integrative Medical Education LLC (Terri DeNeui)	8.4892%	JJP Investments, LLC (John Peet)	1.1319%
Southwest Home Solutions Holdco Inc.	0.0001%	TOTAL	100.0000%

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for North American Custom Laboratories, LLC (file number 802039313), a Domestic Limited Liability Company (LLC), was filed in this office on August 05, 2014.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 02, 2026.

Jane Nelson
Secretary of State

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: North American Custom Laboratories, LLC d/b/a FarmaKeio

Pharmacy/Wholesaler License # (if applicable): PH03942

Physical Address: 1736 N. Greenville Ave

City: Richardson State: TX Zip: 75081

Mailing Address (if different from physical address): 920 S. Kimball Ave, Suite 100

City: Southlake State: TX Zip: 76092

Telephone: 888-501-0233 Website: FarmaKeio.com

Licensing Company Email: Regulatory@EVEXIAS.com

Section 2: Personal Information

First: Seo Hyun Middle: Last: Jang

Alias(es, nicknames, name changes, etc.): Katy

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Southlake State: TX Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☐ Yes ☒ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Harding University College of Pharmacy		08/11-05/15	
Address	**City**	**State**	**Zip**
915 E Market Ave	Searcy	AR	72149
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
University of Texas at Arlington		08/06-05/09	
Address	**City**	**State**	**Zip**
701 S Nedderman Dr	Arlington	TX	76019
Diploma/Degree obtained, if any			
BS, Biology			

School Name		From - To (MM/YY – MM/YY)	
Texas Christian University		08/04-05/26	
Address	**City**	**State**	**Zip**
2800 S University Dr.	Fort Worth	TX	76109
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Heritage Hall		08/02-05/04	
Address	**City**	**State**	**Zip**
1800 NW 122nd ST	Oklahoma City	OK	73120
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	
03/21- Present	[redacted]	Lewisville	TX	[redacted]
03/19-03/21		Carrollton	TX	
03/17-03/19		Lewisville	TX	

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Farmakeio Compounding Pharmacy			11/19 - Present	
Business Address		**City**	**State**	**Zip**
1736 N Greenville Ave		Richardson	TX	75081
Phone	**Title**		**Number of Employed Hours**	
888-501-0233	Lead Pharmacist		7488	
Description of Duties				
Responsible for overseeing prescription data entry, reviewing orders for accuracy and compliance, supporting workflow and staff training, processing refill requests, and resolving provider or patient issues. Also provide customer service support for prescription inquiries, order status, account maintenance, and daily operational assistance.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Seo Hyun Jang, **certify that as the designated representative for**

North American Custom Laboratories, LLC d/b/a FarmaKeio,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. SJ I am at least 21 years of age;
3. SJ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. SJ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SJ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SJ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. SJ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

SEO HYUN JANG

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/27/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SEO HYUN JANG

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/27/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Dallas

I, Seo Hyun Jang, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/27/2026

Date

Subscribed and Sworn to before me this 27th day of April.

Notary Public Signature

AZRA CERIMAGIC
Notary Public, State of Texas
Comm. Expires 11-09-2029
Notary ID 135539220

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: North American Custom Laboratories, LLC d/b/a FarmaKeio

NV Pharmacy or Outsourcing facility license # (if applicable): PH03942

Physical Address: 1736 N. Greenville Ave

City: Richardson State: TX Zip: 75081

Mailing Address (if different from physical address): 920 S. Kimball Ave, Suite 100

City: Southlake State: TX Zip: 76092

Telephone: 888-501-0233 Toll Free # (NAC 639.708, NRS 639.23286): 888-501-0233

Fax: 214-432-8922 Contact Email: Regulatory@EVEXIAS.com

Website: www.farmakeio.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Seo Hyun (Katy) Jang

Supervising/Managing Pharmacist NV Pharmacist Registration #: 24757

Name of Designated Person(s) as defined by revised USP-797 guidelines: Abraham M. Bekele

Email of Designated Person(s): Abraham.Bekele@farmakeio.com

Telephone of Designated Person(s): 888-501-0233

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ☐ Category 2 ■ Category 3

If you marked "**Category 3**", you must also complete **section 4**.

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ☐ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ☐ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? Dec. 18, 2025

6. What is the frequency of the recertification for the ISO classified areas? Every six months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? _____

10. Will you be performing sterile hazardous drug compounding? ☐ Yes ☒ No

If you marked "**Yes**", you must also complete **section 3**.

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

CYANOCOBALAMIN injection

GLYCINE/SERMORELIN ACETATE injection

NAD+ injection

PT-141 (BREMELANOTIDE ACETATE) injection

PYRIDOXINE HYDROCHLORIDE/PT-141 (BREMELANOTIDE ACETATE)
PYRIDOXINE HYDROCHLORIDE/SEMAGLUTIDE injection

PYRIDOXINE HYDROCHLORIDE/TIRZEPATIDE injection

SERMORELIN ACETATE injection

12. What laboratory performs your sterility or endotoxin testing?

Name: ARL Oklahoma

Address: 840 Research Pkwy, Suite 546

City: Oklahoma City State: OK Zip: 73104

Telephone: (405) 271-1144

13. What is your procedure for visual inspection of compounded sterile products?

At the completion of compounding, before releasing and dispensing, the CSP must be visually inspected to determine whether the physical appearance of the CSP is as expected (e.g., free of inappropriate visible particulates or other foreign matter, discoloration, or other defects). The CSP label must be visually inspected to confirm that the CSP and its labeling match the prescription or medication order. The inspection also must include a visual inspection of container closure integrity (e.g., checking for leakage, cracks in the container, or improper seals). Any CSP found to be of unacceptable quality (e.g., observed defect) must be promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before appropriate disposal. When a CSP will not be released or dispensed on the day of preparation, a visual inspection must be conducted immediately before it is released or dispensed to make sure that the CSP does not exhibit any defects such as precipitation, cloudiness, or leakage, which could develop during storage. Any CSP found to be of unacceptable quality (e.g., observed defects) must be promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before appropriate disposal. Defects that indicate sterility or stability problems must be investigated to determine the cause according to the facility's SOPs.

14. How often do you perform glove fingertip and medial fill testing?

Personnel must successfully complete an initial garbing competency evaluation no fewer than 3 separate times.
The 3 successful completions must be in succession.
The garbing competency eval consists of a visual observation and gloved fingertip and thumb sampling (GFT) of both hands.
Aseptic manipulation competency must occur initially and at least every 3 months thereafter.

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

All personnel who compound or have direct oversight of compounding personnel must be initially trained and qualified by demonstrating knowledge and competency in compounding CSPs according to the requirements of USP 797 before being allowed to perform their job functions independently.

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

1. Cleaning/Disinfection Agents Used:
Cleaner (Germicidal): Sterile TB1 3300 (1 minute dwell), Disinfectant: Sterile 70% Isopropyl Alcohol (IPA), Sporicidal Agent: Sterile Peridox RTU (3-minute dwell). All cleaning performed top to bottom, clean to dirty, using sterile, lint-free wipes, and fully documented.

2. Primary Engineering Controls (PECs):
a) Cleaned and disinfected with Sterile 70% IPA before each shift, before each batch, and between APIs/batches. After daily compounding: cleaned with Sterile TB1 3300 followed by Sterile 70% IPA.
b) Weekly: Cleaned with Sterile Peridox RTU followed by Sterile 70% IPA.
c) Monthly: Full clean (all internal surfaces) using Sterile Peridox RTU followed by Sterile 70% IPA.

3. Secondary Engineering Controls (Buffer and Ante Rooms):
a) Daily: Floors, counters, work surfaces cleaned with Sterile TB1 3300, then disinfected with Sterile 70% IPA.
b) Weekly: Floors, counters, all surfaces and shelving cleaned with Sterile Peridox RTU followed by Sterile 70% IPA.
c) Monthly: Floors, counters, all surfaces, walls, ceilings, and storage bins cleaned with Sterile Peridox RTU, followed by Sterile 70% IPA.

17. Who performs the sterile compounding process at your facility?

See attached list of employees and their roles.

18. Who is responsible and accountable for the sterile compounding process at your facility?

the PIC and designated person.

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

Validated cooler packaging and ice.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility?		
2. Are you complying with all USP 800 guidelines?	Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	Yes	No
4. Is your BSC or CACI vented 100% to the outside?	Yes	No
5. Do you have a negative pressure buffer room at your facility?	Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

CYANOCOBALAMIN injection

GLYCINE/SERMORELIN ACETATE injection

NAD+ injection

PT-141 (BREMELANOTIDE ACETATE) injection

PYRIDOXINE HYDROCHLORIDE/PT-141 (BREMELANOTIDE ACETATE)
PYRIDOXINE HYDROCHLORIDE/SEMAGLUTIDE injection

PYRIDOXINE HYDROCHLORIDE/TIRZEPATIDE injection

SERMORELIN ACETATE injection

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

For personnel compounding Category 3 CSPs, the aseptic manipulation competency must occur initially and at least every 3 months thereafter.

All personnel who compound or have direct oversight of compounding personnel must be initially trained and qualified by demonstrating knowledge and competency in compounding CSPs according to the requirements of USP 797 before being allowed to perform their job functions independently.

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? [Yes] No

4. What is the frequency for completing volumetric active air sampling?

Within 30 days prior to the commencement of any Category 3 compounding and at least monthly thereafter regardless of the frequency of compounding Category 3 CSPs. Air sampling sites must be selected in all classified areas.

5. What is the frequency for completing surface sampling? Surface sampling of all classified areas, and pass-through chambers connecting to classified areas, must be completed prior to assigning a BUD longer than the limits established in Table 13, and at least weekly on a regularly scheduled basis regardless of the frequency of compounding Cat 3 CSPs. Surface cleaning must be conducted within the PEC used to prepare Cat 3 CSPs, at the end of each batch before cleaning and disinfection occurs, unless a self-enclosed robotic device is used. When a self-enclosed robotic device is used as the PEC, surface sampling must be conducted at least daily at the end of compounding operations, before cleaning and disinfection occurs.
6. What is the frequency for using sporicidal agents? We follow the guidance of Table 10 in USP 797. Weekly and monthly sporicidal application based on surface/location type.

7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	[Yes]	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	[Yes]	No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Justin K. Graves

Name of Person who Completed the Form

Executive Vice President

Title

Signature (copies or stamps not accepted)

04-23-2026

Date

Board Use Only	Date Received: 5/5/26 Date Approved: _____ Approved By: _____

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *FARMAKEIO* **License Number**: *29943*

Class of License: *AS*

Inspection Information

Type: *Compliance* **Purpose**: *Routine*

Date: *03/06/2025* **Arrival Time**: *1:30 PM* **Departure Time**: *5:00 PM*

Action Taken: *Inspection*

General Comments:

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*
01. Required licenses posted	*Satisfactory*
09. Active licenses/certifications	*Satisfactory*
62. No aiding and abetting	*Satisfactory*
65. Proper registration procedures	*Satisfactory*
79. Identification badges	*Satisfactory*

Inventory Records

15. Change of PIC inventory	*Not Applicable*
17. Meets inventory requirements	*Satisfactory*

Comment

Advised to include opening of business or close of business on inventory date and ensure that the inventory is notarized within 3 days.

59. Proper drug destruction	*Satisfactory*
68. Change of ownership controlled substance inventory	*Not Applicable*
69. Annual controlled substance inventory	*Satisfactory*

Comment

Annual controlled substance inventory completed on: 6/13/24 time not noted

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?)	*Satisfactory*
34. Notifications	*Satisfactory*
76. PIC (Does the pharmacy have a pharmacist-in-charge?)	*Satisfactory*

Environment/Equipment/Security

03. Orderly/Clean	*Satisfactory*
04. Balance inspection	*Satisfactory*

Comment

Number of balances: 12 registered and verified

05. Equipment Inspection	*Satisfactory*
07. Security	*Satisfactory*
08. Environment	*Satisfactory*
48. Drugs (procurement, temperature, security, out-of-date, samples)	*Satisfactory*
90. TSBP complaint notification	*Satisfactory*

Controlled Substances

10. Prescriptions separated	*Satisfactory*
24. Theft/Loss	*Satisfactory*

Comment

No theft or loss has occurred.

26. Controlled substance prescription compliance ***Unsatisfactory***

291.34(b)(2)(B)(ii).
Prescriptions. Written prescription drug orders. Prescription drug orders written by practitioners in another state. A pharmacist may dispense prescription drug orders for controlled substances in Schedule III, IV, or V issued by a physician, dentist, veterinarian, or podiatrist in another state provided:

- the prescription drug order is issued by a person practicing in another state and licensed by another state as a physician, dentist, veterinarian, or podiatrist, who has a current federal DEA registration number, and who may legally prescribe Schedule III, IV, or V controlled substances in such other state;
- the prescription drug order is not dispensed or refilled more than six months from the initial date of issuance and may not be refilled more than five times; and
- if there are no refill instructions on the original prescription drug order (which shall be interpreted as no refills authorized) or if all refills authorized on the original prescription drug order have been dispensed, a new prescription drug order is obtained from the prescribing practitioner prior to dispensing any additional quantities of controlled substances

26. Controlled substance prescription compliance *(continued)*	***Unsatisfactory***

Warning Notice **Due Date for Completed Correction:** *04/05/2025*

Failure to comply regarding dispensing prescriptions from out-of-state APNs and PAs. Cease this practice and correct/resolve deficiency by date noted.

30. Controlled substance invoices dated/initialed by pharmacist	*Satisfactory*
35. Controlled substance invoices separated	*Satisfactory*
46. Drug distribution	*Not Applicable*
53. Possession of controlled substances	*Satisfactory*
Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?)	*Satisfactory*

Labeling/Prepackaging

32. Prescription label (Is prescription label complete?)	*Satisfactory*
45. Proper dispensing/labeling	*Satisfactory*
54. Proper prepackaging procedures	*Not Applicable*

Library

06. Required Library	*Satisfactory*

Training

60. Documentation of required training	*Satisfactory*
61. Supervision of supportive personnel	*Satisfactory*

Patient/Computer/Dispensing Records

18. Records available	*Satisfactory*
22. Data processing system compliance	*Satisfactory*
25. Prescriptions (complete, retrievable, auto-refills, accelerated refills)	*Satisfactory*
37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?)	*Satisfactory*
56. Prescription transfers	*Satisfactory*
67. Written drug information provided	*Satisfactory*
80. Patient counseling	*Not Applicable*
82. Patient Medication Records	*Satisfactory*
84. Drug regimen review	*Satisfactory*
86. Absence of pharmacist records	*Not Applicable*

Policies & Procedures/SOPs

70. Required policies & procedures/SOPs	*Satisfactory*
92. Automated dispensing policy & procedures/SOPs	*Satisfactory*

Non-Sterile Compounding

03. Orderly/Clean/Hand Hygiene	*Satisfactory*
04. Balance inspection (for non-sterile compounding)	*Satisfactory*
05. Equipment Inspection	*Satisfactory*
06. Non-sterile Library	*Satisfactory*
32. Non-sterile compound label (Is label complete?)	*Satisfactory*
38. Area/Environment for non-sterile compounding	*Satisfactory*
43. Records for non-sterile compounding	*Satisfactory*
60. Documentation of non-sterile required training	*Satisfactory*
70. Required policies & procedures/SOPs	*Satisfactory*
87. Quality Control/Assurance	*Satisfactory*

Compounded Dosage Forms

Allergen extracts	*No*
Parenteral solutions	*Yes*
Parenteral suspensions	*No*
Preservative-free parenterals	*No*
Ophthalmic preparations	*No*
Oral or nasal inhalation preparations (not topical spray)	*No*
Bath or soaks for live organs/tissues	*No*
Irrigations for wounds or body cavities	*No*
Any other sterile preparations (implants, pellets, etc) [list]	*No*
Investigational drugs	*No*
Blood products or other biological materials (wound care, autologous, eye drops, etc)	*No*
Any compounds using federally controlled substances Schedule I-V (list and percentage)	*No*
Does the pharmacy use lyophilizer?	*No*

Environment (Sterile)

S109. Is the cleanroom clean and free of objects that shed particles?	*Satisfactory*
S110. Is the cleanroom used only for sterile preparations?	*Satisfactory*
S119. Does the cleanroom contain only appropriate supplies?	*Satisfactory*
S101. Does the ante-area provide at least ISO Class 8 air quality under dynamic conditions?	*Satisfactory*
S115. Does the ante-area contain a hands-free sink with hot and cold running water?	*Satisfactory*
S102. Does the buffer area provide at least ISO Class 7 air quality under dynamic conditions?	*Satisfactory*
S106. Is the buffer area free from sources of water (e.g., sink, floor drains)?	*Satisfactory*
S108. Is there hands-free access to the buffer area?	*Satisfactory*
S113. Are floors, walls, ceilings & fixtures smooth, impervious and free from cracks & crevices?	*Satisfactory*
S112. Does the floor covering enable regular disinfection?	*Satisfactory*
S118. Are supplies stored above the floor to permit adequate floor cleaning?	*Satisfactory*
S127. Does the clean room have a pressure gauge or velocity meter to monitor pressure differential between buffer area and ante-area and between the ante-area and the general environment? Is the pressure differential at least 0.02" wc?	*Satisfactory*
S116. Are temperature and humidity monitored, documented and within the required range?	*Satisfactory*
S167. Is there a thermometer available for the cleanroom and refrigerator(s)?	*Satisfactory*

Primary Engineering Control (PECs) Device

S126. Is the laminar air flow hood located in a buffer area that has a minimum differential positive pressure of 0.02" wc?	*Satisfactory*
S121. Is the PEC able to maintain at least ISO Class 5 conditions while compounding sterile preparations?	*Satisfactory*
S246. Are hazardous drugs prepared in a Class II/III vertical flow BSC or CACI located in an ISO Class 7 area physically separated from other areas?	*Not Applicable*
S247. Does the area where the BSC or CACI is located have not less than 0.01" wc negative pressure adjacent to the positive pressure ISO Class 7 area?	*Not Applicable*
S105. Does the CAI or CACI provide unidirectional airflow?	*Not Applicable*
S104. If the CAI or CACI is used for high-risk sterile compounding, is it placed in an ISO Class 8 area?	*Not Applicable*
S122. If the CAI is not required to be placed in an ISO Class 7 area, does the pharmacy maintain documentation from the manufacturer?	*Not Applicable*
S124. Is the PEC certified by an independent contractor every 6 months and when relocated?	*Satisfactory*
S125. Are prefilters inspected periodically and replaced as needed?	*Satisfactory*
S128. Are differential pressures monitored and documented at least every work shift (at a minimum daily) or by a continuous recording device?	*Satisfactory*

Equipment and Supplies

S174. Does the pharmacy have disposable needles, syringes, and other required or applicable supplies?	*Satisfactory*
S177. Does the pharmacy have lint-free towels or wipes?	*Satisfactory*
S180. Does the pharmacy have masks, caps, gowns with tight cuffs, shoes covers, and beard covers (if applicable)?	*Satisfactory*
S176. Does the pharmacy have handwashing agents with bactericidal action?	*Satisfactory*
S175. Does the pharmacy have disinfectant cleaning solutions and dedicated cleaning supplies?	*Satisfactory*
S179. Does the pharmacy have hazardous spill kits, if applicable?	*Satisfactory*
S171. Does the pharmacy have appropriate containers for needles and syringes?	*Satisfactory*
S170. Does the pharmacy have sterile isopropyl alcohol, sterile gloves, and waterless alcohol-based surgical hand scrub?	*Satisfactory*
S178. Does the pharmacy have appropriate filters and filtration equipment?	*Satisfactory*
S181. If an automated compounding device is used, does the pharmacy calibrate & verify the device for accuracy, and document at least daily?	*Satisfactory*
S172. Does the pharmacy have packaging or delivery containers to maintain proper storage conditions for sterile preparations?	*Satisfactory*

High Risk CSPs

S103. If high-risk CSPs are compounded, does the buffer area provide physical separation from other compounding areas?	*Satisfactory*
S231. Is sterility testing performed if CSPs are prepared in groups > 25, or	*Satisfactory*
S232. If MDVs are prepared for multiple patients or when exposed > 12 hours at 2-8 degrees C before sterilized, or	*Not Applicable*
S233. If exposed > 6 hours at warmer than 8 degrees C before sterilized?	*Not Applicable*
S237. Are all non-sterile measuring, mixing, and purifying devices rinsed thoroughly with pyrogen-free or depyrogenated sterile water, and then thoroughly drained or dried immediately before use for high-risk sterile compounding?	*Satisfactory*
S238. Are all high-risk sterile solutions subjected to terminal sterilization prefiltered using no larger than a 1.2-micron filter to remove particulate matter? Is sterilization by filtration performed with a sterile 0.2 – 0.22 micrometer pore size filter within an ISO Class 5 environment or better?	*Satisfactory*
S165. Are filter integrity tests being performed and documented (e.g., bubble point test)?	*Satisfactory*
S239. Are pre-sterilization procedures (weighing and mixing) completed in an ISO Class 8 environment or better?	*Satisfactory*

Sterile Library

S154. Does the pharmacy have a reference on injectable drugs?	*Satisfactory*
S155. Does the pharmacy have a specialty reference?	*Satisfactory*
S156. Does the pharmacy have all of the required (USP chapters 71, 85, 795, 797, 1163) and applicable USP chapters?	*Satisfactory*

Hazardous CSPs

S242. Do personnel wear protective apparel at all times when hazardous drugs are handled?	*Not Applicable*
S243. Do personnel use appropriate safety and containment techniques when preparing hazardous CSPs?	*Not Applicable*
S244. Do personnel dispose of hazardous waste in compliance with local, state, and federal regulations?	*Not Applicable*
S245. Do personnel affix a proper label, including proper precautions inside and outside of the packaging?	*Not Applicable*
S248. Does the pharmacy have a pressure indicator that can be readily monitored for correct room pressurization?	*Not Applicable*
S249. Does the pharmacy meet the requirements for low volume preparation of hazardous drugs by using a device that provides two-tiers of containment (e.g., closed-system vial transfer device within a BSC)?	*Not Applicable*
S250. Are hazardous drugs stored separately from other inventory in a manner to prevent contamination and personnel exposure?	*Not Applicable*
Does the pharmacy have a plan to comply with USP <800> by the implementation date?	*Not Applicable*
Are hazardous drugs stored separately in compliance with USP <800> (negative pressure at least -0.01" wc to adjacent areas and with at least 12 ACPH)?	*Not Applicable*
Is hazardous drug waste quarantined in a designated area?	*Not Applicable*
Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)?	*Not Applicable*

Personnel Cleansing, Garbing, Hand Hygiene

S202. Does hand sanitizing and gowning occur in the ante-area (outside of the buffer area)?	*Satisfactory*
S180. Do compounding personnel don clean non-shedding gowns with sleeves that fit snugly around the wrists and enclose at the neck? Is the order of garbing appropriate (dirtiest to cleanest)?	*Satisfactory*
S194. Before entering the buffer area, do compounding personnel remove cosmetics?	*Satisfactory*
S195. Before entering the buffer area, do compounding personnel remove all hand, wrist, and other body jewelry/piercings?	*Satisfactory*
S196. Are natural nails kept neat and trim and no wearing of artificial nails or extenders?	*Satisfactory*
S200. Do compounding personnel remove debris from underneath fingernails using a nail cleaner under running warm water?	*Satisfactory*

S192. Are personnel with an apparent illness or open lesions compounding sterile preparations?	*Satisfactory*
S241. When compounding personnel temporarily exit the ISO Class 7 environment, are re-donning procedures properly followed?	*Satisfactory*
S201. Do compounding personnel engage in proper hand hygiene?	*Satisfactory*
S203. Do compounding personnel completely dry hands and forearms using lint-free disposable towels or hand dryer?	*Satisfactory*
S204. Is antiseptic hand cleansing performed using waterless alcohol-based surgical scrub once inside the buffer area and prior to donning sterile gloves?	*Satisfactory*
S206. Is sterile isopropyl alcohol applied to gloves throughout the day and when non-sterile surfaces are touched?	*Satisfactory*

Cleaning/Disinfection Procedures

S182. Does the pharmacy have written procedures on the cleaning and disinfecting of the direct and contiguous compounding areas (e.g., beginning of shift, every 30 minutes, before each batch, spills)?	*Satisfactory*
S230. Is cleaning performed by trained personnel using approved agents (described in written SOPs)?	*Satisfactory*
S228. Are supplies & equipment that are removed from shipping cartons wiped with a disinfecting agent (e.g., sterile IPA)?	*Satisfactory*
S226. Are work surfaces and floors in the ante-area and buffer area cleaned and disinfected daily with dedicated supplies?	*Satisfactory*
S227. Are walls, ceilings and shelving in the ante-area and buffer area cleaned and disinfected at least monthly?	*Satisfactory*
S229. Does the pharmacy maintain documentation of cleaning procedures (i.e., date/time of cleaning, type of cleaning, name of individual who performed the cleaning)?	*Satisfactory*

Environmental Sampling

S270. Is surface sampling conducted in all ISO classified areas on a periodic basis?	*Satisfactory*
S272. Is viable air sampling performed?	*Satisfactory*
S273. Is viable air sampling documented by properly trained individuals for all risk levels every 6 months?	*Satisfactory*
S271. Are environmental sampling results evaluated and addressed (i.e., action levels followed)?	*Satisfactory*

Records of CSPs

S252. Does the pharmacy maintain records relating to CSPs for a minimum of 2 years?	*Satisfactory*
S253. Do compounding records include the date and time of preparation of a CSP?	*Satisfactory*
S254. Do compounding records include the complete formula of a CSP?	*Satisfactory*

S257. Do compounding records include the quantities of materials used in a CSP? *Satisfactory*

S255. Do compounding records include the signature or initials of who prepared a CSP? *Satisfactory*

S256. Do compounding records include the signature or initials of who conducted the final check of a CSP? *Satisfactory*

S258. Do compounding records include the container used and the number of units prepared for a CSP? *Satisfactory*

S259. Do compounding records include the criteria used to determine the beyond-use date of a CSP? *Satisfactory*

S260. Do compounding records include the documentation of performance of quality control procedures? *Satisfactory*

S261. Are master worksheets and preparation worksheets for batch compounding complete? *Satisfactory*

S262. Are master worksheets developed and approved by a pharmacist? *Satisfactory*

General Operational Requirements

S166. Is a pharmacist available at all times (24/7)? *Satisfactory*

S187. Are written SOPs developed and implemented for all significant procedures in the compounding area to include at a minimum: the facility, equipment, personnel, preparation evaluation, quality assurance, preparation recall, packaging, and storage of CSPs? *Satisfactory*

S188. Does the pharmacy have all required written policies (e.g., pharmaceutical care services, sampling plan, recalls)? *Satisfactory*

S158. If the pharmacy compounds commercially available products, does the pharmacy document the need by verifying and monitoring a drug shortage list (including if the preparation is quarantined/not available once removed from the shortage list)? Or, *Satisfactory*

291.133(d)(1)(C).

Operational Standards. General Requirements. Commercially available products may be compounded for dispensing to individual patients or for office use provided the following conditions are met:

(i) the commercial product is not reasonably available from normal distribution channels in a timely manner to meet individual patient's needs;

(ii) the pharmacy maintains documentation that the product is not reasonably available due to a drug shortage or unavailability from the manufacturer; and

(iii) the prescribing practitioner has requested that the drug be compounded as described in subparagraph (D) of this paragraph.

Comment

Discussed information regarding the documentation of the shortage of commercially available products prior to compounding

S158. Does the pharmacy document the need for compounding commercially available products by individual patient needs determined by the prescribing practitioner (i.e, hypersensitivity to inactive ingredients or alternate dosage form)? *Satisfactory*

291.133(d)(1)(D).

Operational Standards. General Requirements. A pharmacy may not compound preparations that are essentially

S158. Does the pharmacy document the need for compounding commercially available products by individual patient needs determined by the prescribing practitioner (i.e, hypersensitivity to inactive ingredients or alternate dosage form)? *(continued)* *Satisfactory*

copies of commercially available products (e.g., the preparation is dispensed in a strength that is only slightly different from a commercially available product) unless the prescribing practitioner specifically orders the strength or dosage form and specifies why the individual patient needs the particular strength or dosage form of the preparation or why the preparation for office use is needed in the particular strength or dosage form of the preparation. The prescribing practitioner shall provide documentation of a patient specific medical need and the preparation produces a clinically significant therapeutic response (e.g., the physician requests an alternate preparation due to hypersensitivity to excipients or preservative in the FDA-approved product, or the physician requests an effective alternate dosage form) or if the drug product is not commercially available. The unavailability of such drug product must be documented prior to compounding. The methodology for documenting unavailability includes maintaining a copy of the wholesaler's notification showing back-ordered, discontinued, or out-of-stock items. This documentation must be available in hard-copy or electronic format for inspection by the board.

Comment

Discussed the documentation of medical necessity by patient for the compounding of commercially available products

S275. If the pharmacy dispenses prescriptions to patients in other states, does the pharmacy have proper licensure in those states? *Satisfactory*

Office Use Compounding & Distribution of CSPs

S163. Does the pharmacy have a written agreement with the prescriber that meets all requirements to distribute compounded sterile preparations to practitioners for office use? *Not Applicable*

S162. If the pharmacy is distributing CSPs to another pharmacy, does the pharmacy meet the requirements for such distribution? *Not Applicable*

Is the pharmacy registered with the FDA as an Outsourcing Facility (503B)? *No*

Quality Control & Verification of Compounding Accuracy

S207. Does a pharmacist review all compounding records for accuracy and perform the final check of a CSP? *Satisfactory*

S185. Are periodic in-process checks for CSPs defined in written procedures and conducted as defined? *Satisfactory*

S191. Are all drug components USP/NF grade substances manufactured in an FDA-registered facility? If USP/NF grade substances are not available, are the drug components of chemical grade in CP, AR, ACS, or Food Chemical Codex categories? *Satisfactory*

S191. Is a Certificate of Analysis available for all components of the preparation if materials are not purchased through an FDA-registered facility? *Satisfactory*

S191. Are any CSPs prepared by the pharmacy listed on the federal FDA list of drug products that are withdrawn or removed from the market for safety reasons? *Satisfactory*

Veterinary Compounding

Are APIs or other components labeled for veterinary use segregated or marked to prevent use for human compounding? *Not Applicable*

Does the pharmacy meet the same standards for animal compounding as human compounding?	*Not Applicable*
Is the pharmacist knowledgeable or does the pharmacy have up-to-date references regarding species limits that can result in toxicity when compounding with particular drugs/excipients?	*Not Applicable*
Does the pharmacy document if the animal is a pet or used for food?	*Not Applicable*
Is the pharmacist familiar with, or does the pharmacy have the most up-to date references regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals?	*Not Applicable*
Does the pharmacy have a list of drugs and components that have been designated by state or federal authorities as prohibited ingredients in CSPs for food-producing animals?	*Not Applicable*
Is the pharmacist familiar with, or does the pharmacy have the most up-to-date reference regarding regulations for drug use in performance animals?	*Not Applicable*

Label

S209. Is the CSP properly labeled to include the generic name(s), and	*Satisfactory*
S210. For outpatient prescriptions, does the label include a statement that the CSP has been compounded by the pharmacy?	*Satisfactory*
S211. Does the label include a beyond-use date?	*Satisfactory*
S213. If the CSP is compounded as a batch, does the label contain a unique lot number assigned to the batch, and	*Satisfactory*
S214. Quantity, and	*Satisfactory*
S215. Appropriate ancillary instructions, such as storage or cautionary statements, and	*Satisfactory*
S216. Any device-specific instructions, if appropriate?	*Satisfactory*
S220. Are CSPs assigned a beyond-use date based on the specified labeling for the drug, appropriate literature sources, or direct testing?	*Satisfactory*

Training & Competency Testing

S129. Has each pharmacist completed the required education and training prior to engaging in sterile compounding?	*Satisfactory*
S130. Has each pharmacy technician completed the required education and training prior to engaging in sterile compounding?	*Satisfactory*
S142. Does the pharmacy maintain documentation to demonstrate that all compounding personnel have successfully passed initial competency evaluation/testing (e.g., media-fill testing, gloved fingertip/thumb testing)? Does the pharmacy have an on-the-job training program?	*Satisfactory*
S144. Does the pharmacy maintain documentation of on-going training and testing for all compounding personnel (e.g., observation of aseptic technique, media-fill testing, gloved fingertip/thumb testing, continuing education)?	*Satisfactory*

Comment

S144. Does the pharmacy maintain documentation of on-going training and testing for all compounding personnel (e.g., observation of aseptic technique, media-fill testing, gloved fingertip/thumb testing, continuing education)? *(continued)* *Satisfactory*

Advised to maintain documentation of training for each person who supervises or compounds sterile preparations. Ensure this includes aseptic technique and hand hygiene evaluations, media fill testing, and gloved fingertip testing every six months.

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- **Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and**
- **Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).**



BEKELE, ABRAHAM PIC 64700



Terri Burrows

TEXAS STATE BOARD OF PHARMACY
1801 Congress Avenue, Suite 13.100
Austin, TX 78701-1319
(512) 305-8000

License Number: 29943

(Date PDF Version Generated: 5/2/2025)

HELPFUL PHARMACY INFORMATION

- Pharmacies are required to notify TSBP within 10 days of a discontinuance of service, change of location or closure. See the TSBP website here Pharmacy - Renew & Update (texas.gov) for changes.
- Renewals open about 60 days prior to your expiration date, renewal information can be found here Renew | Pharmacy (texas.gov).
- Change of Employment or Change of PIC information can be found here Update | Employment (texas.gov).
- Change of Ownership – Call (512) 305-8021 or see Apply | Change of Ownership (texas.gov).
- For questions or assistance regarding rules, contact TSBP Rules Queue line at (512) 305-8070 see www.pharmacy.texas.gov.
- Non-Resident Pharmacy questions call (512) 305-9127 or email NonResPhcy@pharmacy.texas.gov.

An up-to-date License Verification is always available on the Board's website: http://www.pharmacy.texas.gov/

CERTIFICATE
TEXAS
BOARD OF PHARMACY

This certifies that the pharmacy named below is hereby licensed to operate as a Class **AS** pharmacy.

License No. **29943** Expiration Date: **04/30/2027**

Balances: **12**

FARMAKEIO
1736 N GREENVILLE AVE
RICHARDSON, TX 75081

Daniel R. Carroll, Pharm.D.,
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Skip to main content

Texas Pharmacy License # 29943

FARMAKEIO

License Information

License Status Active
License # 29943
Expiration Date 04/30/2027
Date License Issued 04/16/2015

Address

1736 N GREENVILLE AVE
RICHARDSON, TX 75081
County DALLAS
Phone (214) 390-9990

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Sterile Compounding
Type of Ownership LLC
Type of Pharmacy Community Independent
# of Hospital beds

Employment Information

Pharmacist in Charge
BEKELE, ABRAHAM MEKONNEN

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	No
Translating services (Listed Below If Available)	

Spanish
Vietnamese

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and/or Inspection Reports

- 783534 29943 FARMAKEIO 2022-03 03-2027.pdf
- 783534 29943 FARMAKEIO 2022-07 07-2027.pdf
- 783534 29943 FARMAKEIO 2024-01 01-2029 02.pdf
- 783534 29943 FARMAKEIO 2024-01 01-2029.pdf
- 783534 29943 FARMAKEIO 2025-03 03-2030.pdf

Services Provided

1652

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Nuclear	No
Out-Patient Prescriptions	No
Ship Prescription Out of State	No
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	No
Compounding Sterile-Risk Level Med	No
Compounding Sterile-Risk Level High	Yes
Compounding Non-Sterile	Yes
24 Hour Service	No
Closed Door	Yes
Compounding, Office Use	No
Home Delivery	No
Infusion	No
Pharmacist Administered Immunizations	No
Veterinary Prescriptions	No
In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	No

Texas Pharmacist Employment Information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
ANAPARTI, SUNEETHA	60710	07/06/2017	10/31/2027	Staff	Active
APIAGYEI, MARY	74455	08/01/2024	09/30/2026	Staff	Active
BEKELE, ABRAHAM MEKONNEN	64700	06/20/2019	06/30/2027	PIC	Active
DANG, TIET ISABELL	52807	03/08/2013	07/31/2026	Staff	Active
GRAVES, JUSTIN KEITH	38797	09/14/1999	07/31/2027	Staff	Active
JANG, SEO HYUN	57192	08/13/2015	11/30/2027	Staff	Active

1653

JUDE-IBE, CHIOMA QUEEN NNEOMA	74214	07/04/2024	09/30/2026	Staff	Active
NGO, BAO TRAN T	67502	09/03/2020	08/31/2026	Staff	Active
PATEL, BIJAL	44271	07/10/2006	11/30/2026	Staff	Active
PON, JUSTIN TAI	54608	05/01/2014	03/31/2028	Staff	Active

Page 1 of 1 20 View 1 - 10 of 10

Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
ARZAPALA, MARIA DEL CARMEN	379648	11/05/2024	08/31/2027	Staff	Active
AYUB, AYESHA	357557	07/14/2023	01/31/2027	Staff	Active
BROWN, JUSTIN DEVON	312932	10/12/2020	11/30/2026	Staff	Active
CHURANADU, NIMMY-MARY TOM	329134	10/10/2021	10/31/2027	Staff	Active
CLARK, MONIQUE	278624	01/08/2018	01/31/2028	Staff	Active
CLAY, EMILY	373191	07/02/2024	03/31/2027	Staff	Active
COKER, JENNY	299744	08/27/2019	03/31/2027	Staff	Active
DAVIDSON, MATTHEW RAINI	279017	01/18/2018	06/30/2026	Staff	Active
DOUTHIT, AMANDA LYNN	147060	10/22/2007	06/30/2027	Staff	Active
EDWARDS, CARISSA JANELL	250853	12/11/2015	07/31/2026	Staff	Active
GONZALES, CINDY MARIE	101746	08/03/2004	01/31/2028	Staff	Active
GONZALEZ, CRYSTAL	184305	02/08/2011	05/31/2027	Staff	Active
GRANT, EVAN LUCAS	353747	04/14/2023	11/30/2027	Staff	Active
HAMMER, DENISE	354382	05/02/2023	04/30/2027	Staff	Active
HARRIS, NOAH	372295	06/13/2024	11/30/2027	Staff	Active
HARRIS, ROBERT ALAN	131853	11/21/2005	02/29/2028	Staff	Active
HUDGINS, JEREMY	273539	08/24/2017	06/30/2026	Staff	Active
LOPEZ, JESENIA MANUELA	312341	09/29/2020	08/31/2026	Staff	Active
MARRUFO, DANIEL	329122	10/08/2021	07/31/2027	Staff	Active
MATTHEW, JESSICA KRISTINE	366124	01/22/2024	01/31/2028	Staff	Active

Page 1 of 2 20 View 1 - 20 of 33

Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

1654

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
NORTH AMERICAN CUSTOM LABORATORIES, LL	OWNER	,			
COLE, MICHAEL SUTHERLAND	OFFICER	,			
BOATMAN, CODY JORDON	OFFICER	,			
HARRIS, ROBERT ALAN	OFFICER	,			
DENEUI, DANIEL DUSTIN	OFFICER	,			
GRAVES, JUSTIN KEITH	OFFICER	,			

Page 1 of 1 20 View 1 - 6 of 6

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

1655

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: North American Custom Laboratories, LLC d/b/a FarmaKeio

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH03942

Physical Address: 1736 N. Greenville Ave

City: Richardson State: TX Zip: 75081

Mailing Address (if different from physical address): 920 S. Kimball Ave, Suite 100

City: Southlake State: TX Zip: 76092

Telephone: 888-501-0233 Website: FarmaKeio.com

Licensing Company Email: Regulatory@EVEXIAS.com

Section 2: Personal Information

First: Justin Middle: Keith Last: Graves

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Southlake State: TX Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Criswell College		08/2001 - 05/2004	
Address	City	State	Zip
4010 Gaston Ave	Dallas	TX	75246
Diploma/Degree obtained, if any			
Master of Arts in Christian Leadership (2004)			

School Name		From - To (MM/YY – MM/YY)	
University of Texas at Austin		08/1996 - 05/1999	
Address	City	State	Zip
101 East 21st Street	Austin	TX	78712
Diploma/Degree obtained, if any			
Bachelor of Science, Pharmacy (1999)			

School Name		From - To (MM/YY – MM/YY)	
Texas State University		08/1994 - 05/1996	
Address	City	State	Zip
601 University Dr.	San Marcos	TX	78666
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
North Garland High School		08/1989 - 05/1993	
Address	City	State	Zip
2109 W. Buckingham Rd.	Garland	TX	75042
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/2018 - present	[redacted]	Rockwell	TX	[redacted]
2016 - 03/2018	[redacted]	Rockwell	TX	[redacted]

Business Name			From - To (MM/YY – MM/YY)
KROGER SPECIALTY INFUSION [Now BioPlus Specialty]			07/01/2015 - 12/01/2016
Business Address	**City**	**State**	**Zip**
1736 N. Greenville Ave	Richardson	TX	75081
Phone	**Title**		
888-292-0744	Vice President and General Manager		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.	✓	
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).	✓	
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See attached discipline summary for "yes" answers to 4, 5, 6, 8, & 9

Original Signature (electronic, copies or stamps not accepted)

04-21-2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Justin, Graves

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04-21-2026

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Tarrant

I, Justin Graves, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04-21-2026

Date

Subscribed and Sworn to before me this 21 day of April 2026.

Veronica Lee Carter

Notary Public Signature

VERONICA LEE CARTER
Notary ID #529976
My Commission Expires
July 16, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: North American Custom Laboratories, LLC d/b/a FarmaKeio

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH03942

Physical Address: 1736 N. Greenville Ave.

City: Richardson State: TX Zip: 75081

Mailing Address (if different from physical address): 920 S. Kimball Ave, Suite 100

City: Southlake State: TX Zip: 76092

Telephone: 888-501-0233 Website: FarmaKeio.com

Licensing Company Email: Regulatory@EVEXIAS.com

Section 2: Personal Information

First: Daniel Middle: Dustin Last: DeNeui

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Southlake State: TX Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Clemson University		1990	
Address	**City**	**State**	**Zip**
1 N Main St	Greenville	SC	29601
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Bob Jones University		1988 - 1990	
Address	**City**	**State**	**Zip**
1700 Wade Hampton Blvd	Greenville	SC	29614
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Silver State High School		1984 - 1988	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]	City	State	[redacted]
05/2011 - present		Colleyville	TX	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
North American Custom Laboratories d/b/a FarmaKeio			08/05/2014 - present
Business Address	**City**	**State**	**Zip**
1736 N. Greenville Ave	Richardson	TX	75081
Phone	**Title**		
888-501-0233	CEO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
FarmaKeio Outsourcing, LLC			01/03/2018 - present
Business Address	**City**	**State**	**Zip**
920 S. Kimball Ave, Suite 100	Southlake	TX	76092
Phone	**Title**		
888-501-0233	CEO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
FarmaKeio AR, LLC			06/20/2023 - present
Business Address	**City**	**State**	**Zip**
1270 Dons Lane	Conway	AR	72032
Phone	**Title**		
888-501-0233	CEO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Southwest Home Solutions, LLC d/b/a FarmaKeio NM			10/18/2021 - present
Business Address	**City**	**State**	**Zip**
2100 Louisiana Blvd, NE Suite 460	Albuquerque	NM	87110
Phone	**Title**		
888-501-0233	CEO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.	✓	
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).	✓	
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See attached discipline summary for "yes" answers to 4, 5, 6, 8, & 9

Original Signature (electronic, copies or stamps not accepted)

04/20/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel, DeNeui

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/20/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Tarrant

I, Dan DeNeui, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/20/2026

Date

Subscribed and Sworn to before me this 20 day of April 2026

Notary Public Signature

VERONICA LEE CARTER
Notary ID #529976
My Commission Expires
July 16, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: North American Custom Laboratories, LLC d/b/a FarmaKeio

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH03942

Physical Address: 1736 N. Greenville Ave.

City: Richardson State: TX Zip: 75081

Mailing Address (if different from physical address): 920 S. Kimball Ave, Suite 100

City: Southlake State: TX Zip: 76092

Telephone: 888-501-0233 Website: FarmaKeio.com

Licensing Company Email: Regulatory@EVEXIAS.com

Section 2: Personal Information

First: Michael Middle: Sutherland Last: Cole

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: 920 S. Kimball Ave, Suite 100

City: Southlake State: TX Zip: 76092

Telephone: [redacted] Email: Regulatory@EVEXIAS.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Texas at Austin		06/1976 - 12/1977	
Address	City	State	Zip
101 East 21st St.	Austin	TX	78712
Diploma/Degree obtained, if any			
Master of Business Administration, Finance			

School Name		From - To (MM/YY – MM/YY)	
University of Texas at Austin		09/1972 - 05/1976	
Address	City	State	Zip
101 East 21st St.	Austin	TX	78712
Diploma/Degree obtained, if any			
Bachelor of Business Administration, Finance			

School Name		From - To (MM/YY – MM/YY)	
Robert E. Lee High School [now Margaret Long Wisdom High School]		09/1969 - 05/1972	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/1996-present	[redacted]	Southlake	TX	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
North American Custom Laboratories d/b/a FarmaKeio			08/05/2014 - present	
Business Address	**City**	**State**	**Zip**	
1736 N. Greenville Ave	Richardson	TX	75081	
Phone	**Title**			
888-501-0233	CFO			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
FarmaKeio Outsourcing, LLC			01/03/2018 - present	
Business Address	**City**	**State**	**Zip**	
920 S. Kimball Ave, Suite 100	Southlake	TX	76092	
Phone	**Title**			
888-501-0233	CFO			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
FarmaKeio AR, LLC			06/20/2023 - present	
Business Address	**City**	**State**	**Zip**	
1270 Dons Lane	Conway	AR	72032	
Phone	**Title**			
888-501-0233	CFO			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Southwest Home Solutions, LLC d/b/a FarmaKeio NM			10/18/2021 - present	
Business Address	**City**	**State**	**Zip**	
2100 Louisiana Blvd, NE Suite 460	Albuquerque	NM	87110	
Phone	**Title**			
888-501-0233	CFO			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**	
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.	✓	
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).	✓	
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See attached discipline summary for "yes" answers to 4, 5, 6, 8, & 9

Original Signature (electronic, copies or stamps not accepted)

4/20/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael, Cole

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/20/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Tarrant

I, Michael Cole, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/20/2026

Date

Subscribed and Sworn to before me this 20 day of April 2026

Veronica Lee Carter

Notary Public Signature

VERONICA LEE CARTER
Notary ID #529976
My Commission Expires
July 16, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: North American Custom Laboratories, LLC d/b/a FarmaKeio

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH03942

Physical Address: 1736 N. Greenville Ave.

City: Richardson State: TX Zip: 75081

Mailing Address (if different from physical address): 920 S. Kimball Ave, Suite 100

City: Southlake State: TX Zip: 76092

Telephone: 888-501-0233 Website: FarmaKeio.com

Licensing Company Email: Regulatory@EVEXIAS.com

Section 2: Personal Information

First: Dustin Middle: Cole Last: DeNeui

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Southlake State: TX Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Texas at Arlington		08/2010 - 12/2014	
Address	City	State	Zip
701 S Nedderman Dr	Arlington	TX	76019
Diploma/Degree obtained, if any			
Bachelor of Business Administration, Management			

School Name		From - To (MM/YY – MM/YY)	
Valor Christian High School		2007 - 2010	
Address	City	State	Zip
3775 Grace Boulevard	Highlands Ranch	CO	80126
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]	City	State	[redacted]
06/2024 - present		Colleyville	TX	
From - To (MM/YY – MM/YY)		City	State	
		Argyle	TX	
From - To (MM/YY – MM/YY)		City	State	
		Euless	TX	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
North American Custom Laboratories d/b/a FarmaKeio			08/05/2014 - present
Business Address	**City**	**State**	**Zip**
1736 N. Greenville Ave	Richardson	TX	75081
Phone	**Title**		
888-501-0233	COO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
FarmaKeio Outsourcing, LLC			01/03/2018 - present
Business Address	**City**	**State**	**Zip**
920 S. Kimball Ave, Suite 100	Southlake	TX	76092
Phone	**Title**		
888-501-0233	COO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
FarmaKeio AR, LLC			06/20/2023 - present
Business Address	**City**	**State**	**Zip**
1270 Dons Lane	Conway	AR	72032
Phone	**Title**		
888-501-0233	COO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Southwest Home Solutions, LLC d/b/a FarmaKeio NM			10/18/2021 - present
Business Address	**City**	**State**	**Zip**
2100 Louisiana Blvd, NE Suite 460	Albuquerque	NM	87110
Phone	**Title**		
888-501-0233	COO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Evexias Health Solutions			08/2025 - present
Business Address	**City**	**State**	**Zip**
700 N. Carroll Ave	Southlake	TX	76092
Phone	**Title**		
	Director of Operations		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
BioTE Medical			01/2012 - 05/2016	
Business Address		City	State	Zip
1875 W. Walnut Hill Lane		Irving	TX	75038
Phone	Title			
	Director of Logistics			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.	✓	
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).	✓	
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See attached discipline summary for "yes" answers to 4, 5, 6, 8, & 9

Original Signature (electronic, copies or stamps not accepted)

4/21/26
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dustin, DeNeui

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/21/26

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Dallas

I, Dustin DeNeui, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/22/26

Date

Subscribed and Sworn to before me this 22nd day of April.

Notary Public Signature

AZRA CERIMAGIC
Notary Public, State of Texas
Comm. Expires 11-09-2029
Notary ID 135539220

(Seal)

4NN

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☑ Out-of-Nevada	☑ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH_____	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: [redacted] ☑ Non-sterile Compounding ☑ Sterile Compounding ☑ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Pharmara Labs LLC dba Formulation Compounding Center

Physical Address: 1511 Justin Road, Suite 106A

City: Lewisville State: TX Zip: 75077

Mailing Address (if different from physical address): same as above

City: _____ State: _____ Zip: _____

Telephone: 469-946-6690 Toll Free # (NAC 639.708, NRS 639.23286): 844-946-6690

Fax: 469-946-6691 Contact Email: compliance.formulation@gmail.com

Website: https://formulationrx.com/

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Nicholas Pender

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23868

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Nicholas Pender	NV Pharmacist Registration #: 23868
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Texas

Parent Company (if any): Tabraiz Khan (sole parent owner)

Corporation/Organization Name: Pharmara Labs LLC

Mailing Address: 1511 Justin Road, Suite 106A

City: Lewisville State: TX Zip: 75077

Telephone: 469-946-6690 Email: compliance.formulation@gmail.com

Contact Person Name: Tabraiz Khan

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for Pharmara Labs LLC dba Formulation Compounding Center (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Tabraiz Khan

Print Name of Authorized Person

Tabraiz Khan

Original signature of Authorized Person (copies or stamps not accepted)

3/10/26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tabraiz Khan

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Tabraiz Khan

Original signature of Authorized Person (copies or stamps not accepted)

3/10/26

Date

Board Use Only	Date Received: 4/20/26	Amount: $500 CK 2816 ✓

Officer list with duties

Tabraiz M. Khan, PharmD.
[redacted]

EMPLOYMENT

Pharmacy Owner, Formulation Compounding Center **May 2022 – *Current***

- Oversee the management, operation, financial administration and sales growth of a compounding only pharmacy

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Pharmara Labs, LLC (file number 803446434), a Domestic Limited Liability Company (LLC), was filed in this office on October 16, 2019.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 07, 2026.

Jane Nelson
Secretary of State

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Pharmara Labs LLC dba Formulation Compounding Center

Pharmacy/Wholesaler License # (if applicable) pending licensure

Physical Address 1511 Justin Road, Suite 106A

City Lewisville State TX Zip 75077

Mailing Address (if different from physical address) same as above

City _____ State _____ Zip _____

Telephone 469-946-6690 Website https://formulationrx.com/

Licensing Company Email compliance.formulation@gmail.com

Section 2: Personal Information

First Nicholas Middle Cephus Last Pender

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Lewisville State TX Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Howard University College of Pharmacy			08/2014 to 05/2018
Address	**City**	**State**	**Zip**
2300 4th Street NW	Washington	DC	20059
Diploma/Degree obtained, if any			
PharmD			

School Name			From - To (MM/YY – MM/YY)
University of North Caroliina at Pembroke			09/2009 to 05/2012
Address	**City**	**State**	**Zip**
1 University Drive	Pembroke	NC	28372
Diploma/Degree obtained, if any			
BA, Biology			

School Name			From - To (MM/YY – MM/YY)
Fort Valley State University			08/2007 to 09/2009
Address	**City**	**State**	**Zip**
1005 State University Dr	Fort Valley	GA	31030
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
North Lenoir High School			05/2006 to 06/2007
Address	**City**	**State**	**Zip**
2400 Institute Road	LaGrange	NC	28551
Diploma/Degree obtained, if any			
High School Diploma			

School Name			From - To (MM/YY – MM/YY
Kinston High School			08/2003 to 05/2006
Address	**City**	**State**	**Zip**
2601 N Queen Street	Kinston	NC	28501
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2020 - Current	[redacted]	Killeen	TX	[redacted]
10/2019-12/2020		Killeen	TX	
05/2017 to 10/2019		Largo	MD	
05/2016 to 05/2017		Bowie	MD	
07/2014 to 05/2016		Hyattsville	MD	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Pharmara Labs LLC dba Formulation Compounding Center			07/2024 to present	
Business Address		City	State	Zip
1511 Justin Road, Suite 106A		Lewisville	TX	75077
Phone	Title		Number of Employed Hours	
469-946-6690	Pharmacist		>1400	
Description of Duties	Direct compounding operations in compliance with federal and state regulations. Manage pharmacy staffing, inventory, and quality assurance systems. Supervise a team of 13 employees and maintain oversight of daily aseptic production. Title Implement policies and procedures aligned with USP <797> and <800> to ensure patient safety.			

Business Name			From - To (MM/YY – MM/YY)	
Baylor Scott and White Home Infusion Pharmacy			10/02/2024 to present	
Business Address		City	State	Zip
5701 Airport Road		Temple	TX	76502
Phone	Title		Number of Employed Hours	
254-215-9385	Pharmacist		<500	
Description of Duties	Educate patients on V and enteral pump usage, including line management. Manage pharmacy billing processes and optimize inventory levels. Description of Duties Provide linical dosing adjustments, including aminoglycosides and other IV therapies.			

Business Name			From - To (MM/YY – MM/YY)	
Quva Pharma			09/2021 to 12/2023	
Business Address		City	State	Zip
5920 General Bruce Dr		Temple	TX	76502
Phone	Title		Number of Employed Hours	
254-519-8265	Production Supervisor		>3000	
Description of Duties	Supervise a team of 13 employees and maintain oversight of daily aseptic production. • Coordinate equipment prep and ensure accuracy of component weighing for compounding. • Act as liaison to management, consulting on process improvements and compliance with cGMP and DEA standards.			

Business Name			From - To (MM/YY – MM/YY)	
Advent Health Central Texas			10/2019 to present	
Business Address		City	State	Zip
2201 S Clear Creek Road		Killeen	TX	76549
Phone	Title		Number of Employed Hours	
254-526-7523	Pharmacist		<3000	
Description of Duties	Optimize medication therapy, including anticoagulants and glycopeptides. • Lead initiatives for glycemic control and narcotic variance resolutions. • Review and verify sterile compounds for inpatient and outpatient use. • Facilitate transition-of-care services through discharge counseling and medication education.			

Business Name			From - To (MM/YY – MM/YY)	
Washington Adventist Hospital			07/2018 to 11/2019	
Business Address		City	State	Zip
7600 Carroll Ave		Takoma Park	MD	20912
Phone	Title		Number of Employed Hours	
240-637-4000	Pharmacist/Pharmacist Intern		<1200	
Description of Duties	Conducted clinical interventions and evaluated medication profiles for safety and efficacy. • Maintained compliance with USP <800> in chemotherapeutic compounding. • Monitored cumulative chemotherapeutic dosing to mitigate toxicity risks.			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicholas Pender

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02-27-2026

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Bell

I, Nicholas Pender, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

02-27-2026

Date

Subscribed and Sworn to before me this 27th day of February 26'.

Notary Public Signature

ASHLEY WALL
Notary Public, State of Texas
Comm. Expires 11-06-2029
Notary ID 135537671

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Pharmara Labs LLC dba Formulation Compounding Center

NV Pharmacy or Outsourcing facility license # (if applicable): N/A

Physical Address: 1511 Justin Road, Suite 106A

City: Lewisville State: TX Zip: 75077

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 469-946-6690 Toll Free # (NAC 639.708, NRS 639.23286): 844-946-6690

Fax: 469-946-6691 Contact Email: compliance.formulation@gmail.com

Website: https://formulationrx.com/

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Nicholas Pender

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23868

Name of Designated Person(s) as defined by revised USP-797 guidelines: Nicholas Pender

Email of Designated Person(s): compliance.formulation@gmail.com

Telephone of Designated Person(s): 469-946-6690

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

   ☒ Category 1 ☒ Category 2 ☐ Category 3

If you marked "**Category 3**", you must also complete **section 4.**

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ☒ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ☒ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ☒ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? December 2024

6. What is the frequency of the recertification for the ISO classified areas? Every 6 months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ☒ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ☒ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Monthly

10. Will you be performing sterile hazardous drug compounding? ☒ Yes No

If you marked "**Yes**", you must also complete **section 3.**

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

LipoA, LipoB, LipoC, BiMix, TriMix, QuadMix, Methylcobalamin, Super LipoB, NAD+

12. What laboratory performs your sterility or endotoxin testing?

Name: ARL Bio Pharma

Address: 840 Research Pkwy #546

City: Oklahoma City State: OK Zip: 73104

Telephone: 405-271-1144

13. What is your procedure for visual inspection of compounded sterile products?
Each product is examined under appropriate lighting against both white and black backgrounds to check for visible particulates, discoloration, cloudiness, container defects, correct volume, and accurate labeling. Any CSPs that fail inspection are immediately quarantined, documented, and investigated.

14. How often do you perform glove fingertip and medial fill testing?
Initially before compounding begins and at least every six months

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:
Our initial training program for sterile compounding personnel includes comprehensive instruction on aseptic technique, USP <797> standards, garbing, hand hygiene, cleaning and disinfection, and proper use of equipment within ISO-classified environments. Personnel must successfully complete didactic training, pass written competency assessments, and demonstrate proficiency through media fill and glove fingertip testing before engaging in compounding. Ongoing training is conducted at least annually and includes reassessment of aseptic technique, updates on regulatory changes, refresher courses, and requalification through media fill and glove fingertip testing every six months. All training and competency assessments are documented to ensure continued compliance and quality assurance.

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
Our cleaning procedure for primary engineering controls (PECs) such as laminar airflow workbenches and secondary engineering controls (SECs) including buffer and ante areas follows USP <797> guidelines. PECs are cleaned and disinfected at the beginning of each shift, before each batch, every 30 minutes during continuous compounding, after spills, and at the end of compounding activities. SECs, including floors, walls, and ceilings, are cleaned on a daily, monthly, or as-needed basis, depending on the surface and classification.

We use a germicidal detergent (e.g., Quat-based cleaner) for routine cleaning, followed by 70% isopropyl alcohol (IPA) for disinfection. A EPA-registered sporicidal agent (e.g., hydrogen peroxide/peracetic acid blend or bleach-based product) is applied at least monthly. For hazardous drug areas, a deactivation and decontamination agent (e.g., sodium hypochlorite) is used first, followed by cleaning and disinfection.

17. Who performs the sterile compounding process at your facility?
Sterile compounding technicians that are certified in sterile compounding and asceptic technique

18. Who is responsible and accountable for the sterile compounding process at your facility?
All sterile staff which includes pharmacy technicians and pharmacists. We also have a dedicated compliance officer overseeing all complians and regulatory processes.

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
We use large ice bricks and kangaroo insulated bubble mailers for cold ship items utilizing next day courier service

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? Biologic Safety Cabinets		
2. Are you complying with all USP 800 guidelines?	X Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	X Yes	No
4. Is your BSC or CACI vented 100% to the outside?	X Yes	No
5. Do you have a negative pressure buffer room at your facility?	X Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	X Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	X Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	X No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

Guidance to avoid direct contact with the medication, wear disposable gloves when handling if appropriate, and store the medication out of reach of children and pets. Patients are also advised not to crush, split, or open capsules or tablets unless directed. For disposal, patients are instructed to return unused or e xpired hazardous medications to the pharmacy or follow local hazardous waste disposal guidelines, never dispose of them in household trash or wastewater. A medication guide or drug-specific handout is also included when required, and all hazardous containers are labeled with appropriate cautionary statements.

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Before new employees are permitted to compound sterile hazardous drugs, they undergo a structured initial training program aligned with USP <797> and USP <800> requirements. This includes didactic education on hazardous drug risks, personal protective equipment (PPE) use, proper garbing, engineering controls (e.g., C-PEC and C-SEC), and safe handling practices such as spill response and decontamination procedures. Hands-on training is provided in a simulated environment to ensure proper technique, including donning PPE, aseptic technique within a C-PEC. Employees must demonstrate proficiency through observation, written testing, and successful completion of media fill and glove fingertip testing specific to hazardous drug compounding before engaging in any live compounding activities.

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds: N/A

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel? N/A

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? N/A Yes No

4. What is the frequency for completing volumetric active air sampling? N/A

5. What is the frequency for completing surface sampling? N/A		
6. What is the frequency for using sporicidal agents? N/A		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component? N/A	Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method? N/A	Yes	No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicholas Pender

Name of Person who Completed the Form

Pharmacist in Charge

Title

Signature (copies or stamps not accepted)

02-27-2024

Date

Board Use Only	Date Received: 4/20/26 Date Approved: _____ Approved By: _____

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *FORMULATION COMPOUNDING CENTER* License Number: *34262*

Class of License: *AS*

Inspection Information

Type: *Compliance* Purpose: *Licensee Request*

Date: *02/03/2026* Arrival Time: *9:30 AM* Departure Time: *1:45 PM*

Action Taken: *Inspection*

General Comments: *No CIIs are ordered, stocked, or dispensed*
Not engaged in compounding veterinary sterile preparations
No office use compounding or distribution of sterile preparations to other pharmacies

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*
01. Required licenses posted	*Satisfactory*

Comment

Advised to publicly display pharmacy license and/or PIC's wall certificate or renewal.

09. Active licenses/certifications	*Satisfactory*
62. No aiding and abetting	*Satisfactory*
65. Proper registration procedures	*Satisfactory*
79. Identification badges	*Satisfactory*

Inventory Records

15. Change of PIC inventory	*Not Applicable*
17. Meets inventory requirements	*Satisfactory*

Comment

Advised to include opening of business or close of business on inventory date .

59. Proper drug destruction	*Satisfactory*
68. Change of ownership controlled substance inventory	*Not Applicable*
69. Annual controlled substance inventory	*Satisfactory*

Comment

Annual controlled substance inventory completed on: 5/16/25 (no time indicated)

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?) *Satisfactory*

34. Notifications *Satisfactory*

76. PIC (Does the pharmacy have a pharmacist-in-charge?) *Satisfactory*

Environment/Equipment/Security

03. Orderly/Clean *Satisfactory*

04. Balance inspection *Satisfactory*

Comment

Number of balances: 4 registered (3 in use, verified for accuracy)

05. Equipment Inspection *Satisfactory*

07. Security *Satisfactory*

08. Environment *Satisfactory*

48. Drugs (procurement, temperature, security, out-of-date, samples) *Satisfactory*

90. TSBP complaint notification *Satisfactory*

Controlled Substances

10. Prescriptions separated *Satisfactory*

24. Theft/Loss *Satisfactory*

Comment

No theft or loss has occurred.

26. Controlled substance prescription compliance ***Unsatisfactory***

291.34(b)(2)(B)(ii).

Prescriptions. Written prescription drug orders. Prescription drug orders written by practitioners in another state. A pharmacist may dispense prescription drug orders for controlled substances in Schedule III, IV, or V issued by a physician, dentist, veterinarian, or podiatrist in another state provided:

- the prescription drug order is issued by a person practicing in another state and licensed by another state as a physician, dentist, veterinarian, or podiatrist, who has a current federal DEA registration number, and who may legally prescribe Schedule III, IV, or V controlled substances in such other state;
- the prescription drug order is not dispensed or refilled more than six months from the initial date of issuance and may not be refilled more than five times; and
- if there are no refill instructions on the original prescription drug order (which shall be interpreted as no

26. Controlled substance prescription compliance *(continued)* **Unsatisfactory**

refills authorized) or if all refills authorized on the original prescription drug order have been dispensed, a new prescription drug order is obtained from the prescribing practitioner prior to dispensing any additional quantities of controlled substances

Warning Notice — Due Date for Completed Correction: *03/05/2026*

Failure to comply regarding dispensing prescriptions for controlled substances from out-of-state APNs and PAs. Cease this practice and correct/resolve deficiency by date noted.

30. Controlled substance invoices dated/initialed by pharmacist — *Satisfactory*

35. Controlled substance invoices separated — *Satisfactory*

46. Drug distribution — *Satisfactory*

53. Possession of controlled substances — *Satisfactory*

Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?) — *Satisfactory*

Labeling/Prepackaging

32. Prescription label (Is prescription label complete?) — *Satisfactory*

45. Proper dispensing/labeling — *Satisfactory*

54. Proper prepackaging procedures — *Not Applicable*

Library

06. Required Library — *Satisfactory*

Training

60. Documentation of required training — *Satisfactory*

61. Supervision of supportive personnel — *Satisfactory*

Patient/Computer/Dispensing Records

18. Records available — *Satisfactory*

Comment

Centralized dispensing process in place with commonly owned Texas pharmacy.

22. Data processing system compliance — *Satisfactory*

25. Prescriptions (complete, retrievable, auto-refills, accelerated refills) — *Satisfactory*

37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?) — *Satisfactory*

56. Prescription transfers — *Satisfactory*

67. Written drug information provided	*Satisfactory*
80. Patient counseling	*Satisfactory*
82. Patient Medication Records	*Satisfactory*

Comment

Advised to make a reasonable effort to complete patient medication record with all required information including allergies.

84. Drug regimen review	*Satisfactory*
86. Absence of pharmacist records	*Not Applicable*

Policies & Procedures/SOPs

70. Required policies & procedures/SOPs	*Satisfactory*
92. Automated dispensing policy & procedures/SOPs	*Not Applicable*

Non-Sterile Compounding

03. Orderly/Clean/Hand Hygiene	*Satisfactory*
04. Balance inspection (for non-sterile compounding)	*Satisfactory*
05. Equipment Inspection	*Satisfactory*

Comment

Number of enclosure containment devices: 4 in use and certified

06. Non-sterile Library	*Satisfactory*
32. Non-sterile compound label (Is label complete?)	*Satisfactory*
38. Area/Environment for non-sterile compounding	*Satisfactory*
43. Records for non-sterile compounding	*Satisfactory*
60. Documentation of non-sterile required training	*Satisfactory*
70. Required policies & procedures/SOPs	*Satisfactory*
87. Quality Control/Assurance	*Satisfactory*

Compounded Dosage Forms

Allergen extracts	*No*
Parenteral solutions	*Yes*
Parenteral suspensions	*No*
Preservative-free parenterals	*No*

Ophthalmic preparations	*No*
Oral or nasal inhalation preparations (not topical spray)	*No*
Bath or soaks for live organs/tissues	*No*
Irrigations for wounds or body cavities	*No*
Any other sterile preparations (implants, pellets, etc) [list]	*No*
Investigational drugs	*No*
Blood products or other biological materials (wound care, autologous, eye drops, etc)	*No*
Any compounds using federally controlled substances Schedule I-V (list and percentage)	*Yes*

Comment

Testosterone

Does the pharmacy use lyophilizer?	*No*

Environment (Sterile)

S109. Is the cleanroom clean and free of objects that shed particles?	*Satisfactory*
S110. Is the cleanroom used only for sterile preparations?	*Satisfactory*
S119. Does the cleanroom contain only appropriate supplies?	*Satisfactory*
S101. Does the ante-area provide at least ISO Class 8 air quality under dynamic conditions?	*Satisfactory*
S115. Does the ante-area contain a hands-free sink with hot and cold running water?	*Satisfactory*
S102. Does the buffer area provide at least ISO Class 7 air quality under dynamic conditions?	*Satisfactory*
S106. Is the buffer area free from sources of water (e.g., sink, floor drains)?	*Satisfactory*
S108. Is there hands-free access to the buffer area?	*Satisfactory*
S113. Are floors, walls, ceilings & fixtures smooth, impervious and free from cracks & crevices?	*Satisfactory*
S112. Does the floor covering enable regular disinfection?	*Satisfactory*
S118. Are supplies stored above the floor to permit adequate floor cleaning?	*Satisfactory*
S127. Does the clean room have a pressure gauge or velocity meter to monitor pressure differential between buffer area and ante-area and between the ante-area and the general environment? Is the pressure differential at least 0.02" wc?	*Satisfactory*
S116. Are temperature and humidity monitored, documented and within the required range?	*Satisfactory*
S167. Is there a thermometer available for the cleanroom and refrigerator(s)?	*Satisfactory*

Primary Engineering Control (PECs) Device

S126. Is the laminar air flow hood located in a buffer area that has a minimum differential positive pressure of 0.02" wc?	*Satisfactory*

S121. Is the PEC able to maintain at least ISO Class 5 conditions while compounding sterile preparations?	*Satisfactory*
S246. Are hazardous drugs prepared in a Class II/III vertical flow BSC or CACI located in an ISO Class 7 area physically separated from other areas?	*Satisfactory*
S247. Does the area where the BSC or CACI is located have not less than 0.01" wc negative pressure adjacent to the positive pressure ISO Class 7 area?	*Satisfactory*
S105. Does the CAI or CACI provide unidirectional airflow?	*Not Applicable*
S104. If the CAI or CACI is used for high-risk sterile compounding, is it placed in an ISO Class 8 area?	*Not Applicable*
S122. If the CAI is not required to be placed in an ISO Class 7 area, does the pharmacy maintain documentation from the manufacturer?	*Not Applicable*
S124. Is the PEC certified by an independent contractor every 6 months and when relocated?	*Satisfactory*
S125. Are prefilters inspected periodically and replaced as needed?	*Satisfactory*
S128. Are differential pressures monitored and documented at least every work shift (at a minimum daily) or by a continuous recording device?	*Satisfactory*

Equipment and Supplies

S174. Does the pharmacy have disposable needles, syringes, and other required or applicable supplies?	*Satisfactory*
S177. Does the pharmacy have lint-free towels or wipes?	*Satisfactory*
S180. Does the pharmacy have masks, caps, gowns with tight cuffs, shoes covers, and beard covers (if applicable)?	*Satisfactory*
S176. Does the pharmacy have handwashing agents with bactericidal action?	*Satisfactory*
S175. Does the pharmacy have disinfectant cleaning solutions and dedicated cleaning supplies?	*Satisfactory*
S179. Does the pharmacy have hazardous spill kits, if applicable?	*Satisfactory*
S171. Does the pharmacy have appropriate containers for needles and syringes?	*Satisfactory*
S170. Does the pharmacy have sterile isopropyl alcohol, sterile gloves, and waterless alcohol-based surgical hand scrub?	*Satisfactory*
S178. Does the pharmacy have appropriate filters and filtration equipment?	*Satisfactory*
S181. If an automated compounding device is used, does the pharmacy calibrate & verify the device for accuracy, and document at least daily?	*Satisfactory*

Comment

Advised to document the calibration of the repeater pump at least daily.

S172. Does the pharmacy have packaging or delivery containers to maintain proper storage conditions for sterile preparations?	*Satisfactory*

High Risk CSPs

S103. If high-risk CSPs are compounded, does the buffer area provide physical separation from other compounding areas? *Satisfactory*

S231. Is sterility testing performed if CSPs are prepared in groups > 25, or *Satisfactory*

S232. If MDVs are prepared for multiple patients or when exposed > 12 hours at 2-8 degrees C before sterilized, or *Not Applicable*

S233. If exposed > 6 hours at warmer than 8 degrees C before sterilized? *Not Applicable*

S237. Are all non-sterile measuring, mixing, and purifying devices rinsed thoroughly with pyrogen-free or depyrogenated sterile water, and then thoroughly drained or dried immediately before use for high-risk sterile compounding? *Satisfactory*

S238. Are all high-risk sterile solutions subjected to terminal sterilization prefiltered using no larger than a 1.2-micron filter to remove particulate matter? Is sterilization by filtration performed with a sterile 0.2 – 0.22 micrometer pore size filter within an ISO Class 5 environment or better? *Satisfactory*

S165. Are filter integrity tests being performed and documented (e.g., bubble point test)? *Satisfactory*

S239. Are pre-sterilization procedures (weighing and mixing) completed in an ISO Class 8 environment or better? *Satisfactory*

Comment

Advised to ensure that compounding personnel performing weighing and mixing for high risk compounding garb and glove the same as when performing compounding in an ISO 5 environment. See Rule 291.133(d)(13)(C)(vi).

Sterile Library

S154. Does the pharmacy have a reference on injectable drugs? *Satisfactory*

S155. Does the pharmacy have a specialty reference? *Satisfactory*

S156. Does the pharmacy have all of the required (USP chapters 71, 85, 795, 797, 1163) and applicable USP chapters? *Satisfactory*

Hazardous CSPs

S242. Do personnel wear protective apparel at all times when hazardous drugs are handled? *Satisfactory*

S243. Do personnel use appropriate safety and containment techniques when preparing hazardous CSPs? *Satisfactory*

S244. Do personnel dispose of hazardous waste in compliance with local, state, and federal regulations? *Satisfactory*

S245. Do personnel affix a proper label, including proper precautions inside and outside of the packaging? *Satisfactory*

S248. Does the pharmacy have a pressure indicator that can be readily monitored for correct room pressurization? *Satisfactory*

S249. Does the pharmacy meet the requirements for low volume preparation of hazardous drugs by using a device that provides two-tiers of containment (e.g., closed-system vial transfer device within a BSC)?	*Not Applicable*
S250. Are hazardous drugs stored separately from other inventory in a manner to prevent contamination and personnel exposure?	*Satisfactory*
Does the pharmacy have a plan to comply with USP <800> by the implementation date?	*Yes*
Are hazardous drugs stored separately in compliance with USP <800> (negative pressure at least -0.01" wc to adjacent areas and with at least 12 ACPH)?	*Yes*
Is hazardous drug waste quarantined in a designated area?	*Yes*
Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)?	*Yes*

Personnel Cleansing, Garbing, Hand Hygiene

S202. Does hand sanitizing and gowning occur in the ante-area (outside of the buffer area)?	*Satisfactory*
S180. Do compounding personnel don clean non-shedding gowns with sleeves that fit snugly around the wrists and enclose at the neck? Is the order of garbing appropriate (dirtiest to cleanest)?	*Satisfactory*
S194. Before entering the buffer area, do compounding personnel remove cosmetics?	*Satisfactory*
S195. Before entering the buffer area, do compounding personnel remove all hand, wrist, and other body jewelry/piercings?	*Satisfactory*
S196. Are natural nails kept neat and trim and no wearing of artificial nails or extenders?	*Satisfactory*
S200. Do compounding personnel remove debris from underneath fingernails using a nail cleaner under running warm water?	*Satisfactory*
S192. Are personnel with an apparent illness or open lesions compounding sterile preparations?	*Satisfactory*
S241. When compounding personnel temporarily exit the ISO Class 7 environment, are re-donning procedures properly followed?	*Satisfactory*
S201. Do compounding personnel engage in proper hand hygiene?	*Satisfactory*
S203. Do compounding personnel completely dry hands and forearms using lint-free disposable towels or hand dryer?	*Satisfactory*
S204. Is antiseptic hand cleansing performed using waterless alcohol-based surgical scrub once inside the buffer area and prior to donning sterile gloves?	*Satisfactory*

Comment

Advised to remove nonsterile gloves from anteroom.

S206. Is sterile isopropyl alcohol applied to gloves throughout the day and when non-sterile surfaces are touched?	*Satisfactory*

Cleaning/Disinfection Procedures

S182. Does the pharmacy have written procedures on the cleaning and disinfecting of the direct and contiguous compounding areas (e.g., beginning of shift, every 30 minutes, before each batch, spills)? *Satisfactory*

S230. Is cleaning performed by trained personnel using approved agents (described in written SOPs)? *Satisfactory*

S228. Are supplies & equipment that are removed from shipping cartons wiped with a disinfecting agent (e.g., sterile IPA)? *Satisfactory*

S226. Are work surfaces and floors in the ante-area and buffer area cleaned and disinfected daily with dedicated supplies? ***Unsatisfactory***

291.133(d)(6)(F)(v).

Operational Standards. Environment. Compounding facilities shall be physically designed and environmentally controlled to minimize airborne contamination from contacting critical sites. Cleaning and disinfecting the sterile compounding areas. Floors in the buffer area, ante-area, and segregated compounding area shall be cleaned by mopping with a cleaning and disinfecting agent at least once daily when no aseptic operations are in progress. Mopping shall be performed by trained personnel using approved agents and procedures described in the written SOPs. It is incumbent on compounding personnel to ensure that such cleaning is performed properly.

Warning Notice **Due Date for Completed Correction:** *03/05/2026*

Failure to clean at least once daily the floors in the buffer area and ante-area with a cleaning and disinfecting agent when no aseptic operations are in progress. Note that isopropyl alcohol is a disinfecting but not cleaning agent. Correct/resolve deficiency by date noted.

Comment

Advised to remove nonsterile isopropyl alcohol from sterile compounding areas.

S227. Are walls, ceilings and shelving in the ante-area and buffer area cleaned and disinfected at least monthly? *Satisfactory*

S229. Does the pharmacy maintain documentation of cleaning procedures (i.e., date/time of cleaning, type of cleaning, name of individual who performed the cleaning)? *Satisfactory*

Environmental Sampling

S270. Is surface sampling conducted in all ISO classified areas on a periodic basis? *Sotisfactory*

S272. Is viable air sampling performed? *Satisfactory*

S273. Is viable air sampling documented by properly trained individuals for all risk levels every 6 months? *Satisfactory*

S271. Are environmental sampling results evaluated and addressed (i.e., action levels followed)? *Satisfactory*

Records of CSPs

S252. Does the pharmacy maintain records relating to CSPs for a minimum of 2 years? *Satisfactory*

S253. Do compounding records include the date and time of preparation of a CSP? *Satisfactory*

S254. Do compounding records include the complete formula of a CSP? *Satisfactory*

S257. Do compounding records include the quantities of materials used in a CSP? *Satisfactory*

S255. Do compounding records include the signature or initials of who prepared a CSP? *Satisfactory*

S256. Do compounding records include the signature or initials of who conducted the final check of a CSP? *Satisfactory*

S258. Do compounding records include the container used and the number of units prepared for a CSP? *Satisfactory*

S259. Do compounding records include the criteria used to determine the beyond-use date of a CSP? *Satisfactory*

S260. Do compounding records include the documentation of performance of quality control procedures? *Satisfactory*

S261. Are master worksheets and preparation worksheets for batch compounding complete? *Satisfactory*

S262. Are master worksheets developed and approved by a pharmacist? *Satisfactory*

General Operational Requirements

S166. Is a pharmacist available at all times (24/7)? *Satisfactory*

S187. Are written SOPs developed and implemented for all significant procedures in the compounding area to include at a minimum: the facility, equipment, personnel, preparation evaluation, quality assurance, preparation recall, packaging, and storage of CSPs? *Satisfactory*

S188. Does the pharmacy have all required written policies (e.g., pharmaceutical care services, sampling plan, recalls)? *Satisfactory*

Comment

Advised to update written policies as required on the recall of sterile compounded preparations as outlined in 291.133(g).

S158. If the pharmacy compounds commercially available products, does the pharmacy document the need by verifying and monitoring a drug shortage list (including if the preparation is quarantined/not available once removed from the shortage list)? Or, *Not Applicable*

S158. Does the pharmacy document the need for compounding commercially available products by individual patient needs determined by the prescribing practitioner (i.e, hypersensitivity to inactive ingredients or alternate dosage form)? *Not Applicable*

S275. If the pharmacy dispenses prescriptions to patients in other states, does the pharmacy have proper licensure in those states? *Satisfactory*

Comment

Pharmacy holds active licenses in 42 states

Office Use Compounding & Distribution of CSPs

S163. Does the pharmacy have a written agreement with the prescriber that meets all requirements to distribute compounded sterile preparations to practitioners for office use?	*Not Applicable*
S162. If the pharmacy is distributing CSPs to another pharmacy, does the pharmacy meet the requirements for such distribution?	*Not Applicable*
Is the pharmacy registered with the FDA as an Outsourcing Facility (503B)?	*No*

Quality Control & Verification of Compounding Accuracy

S207. Does a pharmacist review all compounding records for accuracy and perform the final check of a CSP?	*Satisfactory*
S185. Are periodic in-process checks for CSPs defined in written procedures and conducted as defined?	*Satisfactory*
S191. Are all drug components USP/NF grade substances manufactured in an FDA-registered facility? If USP/NF grade substances are not available, are the drug components of chemical grade in CP, AR, ACS, or Food Chemical Codex categories?	*Satisfactory*
S191. Is a Certificate of Analysis available for all components of the preparation if materials are not purchased through an FDA-registered facility?	*Satisfactory*
S191. Are any CSPs prepared by the pharmacy listed on the federal FDA list of drug products that are withdrawn or removed from the market for safety reasons?	*Satisfactory*

Veterinary Compounding

Are APIs or other components labeled for veterinary use segregated or marked to prevent use for human compounding?	*Not Applicable*
Does the pharmacy meet the same standards for animal compounding as human compounding?	*Not Applicable*
Is the pharmacist knowledgeable or does the pharmacy have up-to-date references regarding species limits that can result in toxicity when compounding with particular drugs/excipients?	*Not Applicable*
Does the pharmacy document if the animal is a pet or used for food?	*Not Applicable*
Is the pharmacist familiar with, or does the pharmacy have the most up-to date references regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals?	*Not Applicable*
Does the pharmacy have a list of drugs and components that have been designated by state or federal authorities as prohibited ingredients in CSPs for food-producing animals?	*Not Applicable*
Is the pharmacist familiar with, or does the pharmacy have the most up-to-date reference regarding regulations for drug use in performance animals?	*Not Applicable*

Label

S209. Is the CSP properly labeled to include the generic name(s), and	*Satisfactory*
S210. For outpatient prescriptions, does the label include a statement that the CSP has been compounded by the pharmacy?	*Satisfactory*
S211. Does the label include a beyond-use date?	*Satisfactory*

S213. If the CSP is compounded as a batch, does the label contain a unique lot number assigned to the batch, and *Satisfactory*

S214. Quantity, and *Satisfactory*

S215. Appropriate ancillary instructions, such as storage or cautionary statements, and *Satisfactory*

S216. Any device-specific instructions, if appropriate? *Satisfactory*

S220. Are CSPs assigned a beyond-use date based on the specified labeling for the drug, appropriate literature sources, or direct testing? ***Unsatisfactory***

291.133(d)(6)(H).

Operational Standards. Environment. Compounding facilities shall be physically designed and environmentally controlled to minimize airborne contamination from contacting critical sites. Storage requirements and beyond-use dating.

(i) Storage requirements. All drugs shall be stored at the proper temperature and conditions, as defined in the USP/NF and in §291.15 of this title (relating to Storage of Drugs).

(ii) Beyond-use dating.

(I) Beyond-use dates for compounded sterile preparations shall be assigned based on professional experience, which shall include careful interpretation of appropriate information sources for the same or similar formulations.

(II) Beyond-use dates for compounded sterile preparations that are prepared strictly in accordance with manufacturers' product labeling must be those specified in that labeling, or from appropriate literature sources or direct testing.

(III) When assigning a beyond-use date, compounding personnel shall consult and apply drug-specific and general stability documentation and literature where available, and they should consider the nature of the drug and its degradation mechanism, the container in which it is packaged, the expected storage conditions, and the intended duration of therapy.

(IV) The sterility and storage and stability beyond-use date for attached and activated container pairs of drug products for intravascular administration shall be applied as indicated by the manufacturer.

Warning Notice — Due Date for Completed Correction: *03/05/2026*

Failure to ensure compounded sterile preparations are assigned a beyond-used date in accordance with specified manufacturer's product labeling, appropriate literature sources, or direct testing. Correct/resolve deficiency by date noted.

Training & Competency Testing

S129. Has each pharmacist completed the required education and training prior to engaging in sterile compounding? *Satisfactory*

S130. Has each pharmacy technician completed the required education and training prior to engaging in sterile compounding? *Satisfactory*

S142. Does the pharmacy maintain documentation to demonstrate that all compounding personnel have successfully passed initial competency evaluation/testing (e.g., media-fill testing, gloved fingertip/thumb testing)? Does the pharmacy have an on-the-job training program? *Satisfactory*

S144. Does the pharmacy maintain documentation of on-going training and testing for all compounding personnel (e.g., observation of aseptic technique, media-fill testing, gloved fingertip/thumb testing, continuing education)? *Satisfactory*

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and
- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).



KHAN, TABRAIZ PIC



Terri Burrows

Formulation Compounding Center
1511 Just, STE 106A Lewisville, TX 75077
License # 34262

Date: 2/6/2026

Texas State Board of Pharmacy

Re: Corrective Action Response – Inspection Findings

To Whom It May Concern,

This letter serves as the pharmacy's corrective action response to the inspection findings cited under the following rule references. All corrective actions have been implemented or are in process to ensure full compliance.

1) Rule/Law/Code: 291.34(b)(2)(B)(ii)
The pharmacy has immediately ceased dispensing controlled substance prescriptions issued by out-of-state Advanced Practice Nurses (APNs) and Physician Assistants (PAs). Prescriptions for controlled substances are now accepted only from practitioners authorized under Texas law. Prescriber verification procedures have been updated, and staff have been educated on this requirement. Pharmacy software system has been contacted in order to implement hard stops for out of state APNs and Pas for controlled substances.

2) Rule/Law/Code: 291.133(d)(6)(F)(v)
The pharmacy has implemented a revised cleaning procedure requiring daily cleaning of buffer area and ante-area floors using an appropriate cleaning agent, followed by a disinfectant when no aseptic operations are in progress. Isopropyl alcohol is no longer used as the sole cleaning agent. Cleaning logs have been updated, and staff have been trained on the revised process.

3) Rule/Law/Code: 291.133(d)(6)(H)
Procedures have been updated to ensure compounded sterile preparations are assigned Beyond-Use Dates (BUDs) not only according to sterility and endotoxin testing but with validated potency and stability testing as well. Master formulation records have been reviewed and corrected as needed. Pharmacists verify BUD assignment during final product verification, and staff have been re-trained.

The pharmacy is committed to maintaining compliance with all applicable laws and regulations and will continue to monitor processes to ensure ongoing adherence.

Sincerely,

Tabraiz Khan, PharmD
Pharmacist-in-Charge

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 34262

FORMULATION COMPOUNDING CENTER

License Information

License Status Active
License # 34262
Expiration Date 04/30/2028
Date License Issued 04/27/2022

Address

1511 JUSTIN RD STE 106A
LEWISVILLE, TX 75077
County DENTON
Phone (469) 946-6690

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy
Community Sterile Compounding
Type of Ownership LLC
Type of Pharmacy Community Independent
# of Hospital beds

Employment Information

Pharmacist in Charge
KHAN, TABRAIZ

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	No
Translating services (Listed Below If Available)	

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and/or Inspection Reports

- 3238263 34262 FORMULATIONCOMPOUNDINGCENTER 2022-04 04-2027.pdf
- 3238263 34262 FORMULATIONCOMPOUNDINGCENTER 2023-03 03-2028-1.pdf
- 3238263 34262 FORMULATIONCOMPOUNDINGCENTER 2023-03 03-2028-2.pdf
- 3238263 34262 FORMULATIONCOMPOUNDINGCENTER 2023-04 04-2028.pdf
- 3238263 34262 FORMULATIONCOMPOUNDINGCENTER 2024-05 05-2029.pdf

- 3238263 34262 FORMULATIONCOMPOUNDINGCENTER 2024-06 06-2029.pdf
- 3238263 34262 FORMULATIONCOMPOUNDINGCENTER 2026-02 02-2031.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	Yes
Ship Prescription Out of State	Yes
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	Yes
Compounding Sterile-Risk Level Med	Yes
Compounding Sterile-Risk Level High	Yes
Compounding Non-Sterile	Yes
24 Hour Service	No
Closed Door	No
Compounding, Office Use	No
Home Delivery	Yes
Infusion	No
Pharmacist Administered Immunizations	No
Veterinary Prescriptions	No
In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	No

Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
HARRELSON, CHRISTIAN	61939	11/30/2017	06/30/2027	Staff	Active
KAMPHAUS, MATTHEW NATHAN	67712	10/01/2020	04/30/2028	Staff	Active
KHAN, TABRAIZ	54455	02/20/2014	07/31/2028	PIC	Active
PENDER, NICHOLAS CEPHUS	64366	03/21/2019	07/31/2027	Staff	Active
THOMAS, JUSTIN	50436	08/12/2011	10/31/2026	Staff	Active

Page 1 of 1 20 View 1 - 5 of 5

Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
AL ASSAF, DUAA ISAM	394832	09/30/2025	09/30/2027	Staff	Active

ASHFORD, JOSHUA MARK	255719	05/11/2016	07/31/2028	Staff	Active
CLARK, MAKAYLA ANN	280811	03/05/2018	03/31/2028	Staff	Active
CLARK, MAKENZIE	395738	10/17/2025	10/31/2027	Staff	Active
CRAWFORD, CHASITY	337860	03/29/2022	04/30/2028	Staff	Active
EDWARDS, CASHLYN AUGHTRY	395925	10/22/2025	10/31/2027	Staff	Active
GIBBS, GAELYN	236223	10/24/2014	04/30/2028	Staff	Active
GRAHAM, JENNIFER LEE	194471	02/11/2011	09/30/2027	Staff	Active
PARADY, CHELSEA LEE	112351	10/11/2004	05/31/2028	Staff	Active
PARADY, TRINITY ELIZABETH	389950	07/04/2025	07/31/2027	Staff	Active
YAR, FAREEHA	372951	06/28/2024	02/28/2027	Staff	Active

Page 1 of 1 20 View 1 - 11 of 11

Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
PHARMARA LABS LLC	OWNER	,			
KHAN, TABRAIZ	OFFICER	,			

Page 1 of 1 20 View 1 - 2 of 2

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Pharmara Labs LLC dba Formulation Compounding Center

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): pending licensure

Physical Address: 1511 Justin Road, Suite 106A

City: Lewisville State: TX Zip: 75077

Mailing Address (if different from physical address): same as above

City: State: Zip:

Telephone: 469-946-6690 Website: https://formulationrx.com/

Licensing Company Email: compliance.formulation@gmail.com

Section 2: Personal Information

First: Tabraiz Middle: Mohamed Last: Khan

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Lewisville State: TX Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
University of the Sciences in Philadelphia			08/02 - 07/08
Address	**City**	**State**	**Zip**
600 S 43rd St	Philadelphia	PA	19104
Diploma/Degree obtained, if any			
Doctor of Pharmacy (Pharm.D.)			

School Name			From - To (MM/YY – MM/YY)
West Morris Central High School			
Address	**City**	**State**	**Zip**
259 Bartley Rd	Chester	NJ	07930
Diploma/Degree obtained, if any			
High School Diploma			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/16-Current	[redacted]	Allen	TX	[redacted]
05/14-07/16		Irving	TX	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Pharmara Labs LLC dba Formulation Compounding Center			May 2022 to Current	
Business Address		**City**	**State**	**Zip**
1511 Justin Road, Suite 106A		Lewisville	TX	75077
Phone	**Title**			
469-946-6690	Owner/President/PIC			
Description of Duties				
Pharmacist in Charge and owner in charge of day to day pharmacy and business operations				

Business Name			From - To (MM/YY – MM/YY)	
Pharmara Health Inc dba Pharma 1 Low Cost Drug			06/2018 to current	
Business Address		**City**	**State**	**Zip**
4100 Eldorado Parkway, Suite 200		McKinney	TX	75070
Phone	**Title**			
469-301-7621	President			
Description of Duties				
Owner and president in charge of business operations				

Business Name			From - To (MM/YY – MM/YY)	
CVS Health			May 2014 to Dec 2017	
Business Address		**City**	**State**	**Zip**
1235 S Buckner Blvd		Dallas	TX	75217
Phone	**Title**			
214-391-2195	Pharmacist in Charge			
Description of Duties				
Pharmacist in Charge of day to day pharmacy operations				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tabraiz Khan

Print Name (First, Last)

Tabraiz Khan — 06/16/2026

Origin s not accepted) — Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Orange

I, Tabraiz Khan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Tabraiz Khan — 06/16/2026

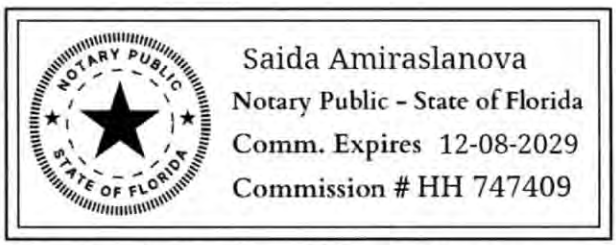
Original — **Date**

Subscribed and Sworn to before me this 16th day of June 2026.

Saida Amiraslanova

Nota .

Saida Amiraslanova, Notary Public



Notarized Online with NotaryLive.com

400

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☐ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☒ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH04767	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Dangerous drugs ☒ Controlled substances DEA #: [redacted] ☒ Non-sterile Compounding ☒ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Hephaestus Pharmaceuticals LLC

Physical Address: 10913 NW 30th Street, Suite 102

City: Doral State: FL Zip: 33172

Mailing Address (if different from physical address): 1111B S Governors Ave STE 25428

City: Dover State: DE Zip: 19904

Telephone: 888-648-1134 Toll Free # (NAC 639.708, NRS 639.23286): 888-648-1134

Fax: 786-373-1531 Contact Email: info@hephaestuspharmacy.com

Website: www.hephaestuspharmacy.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Richard Lavosky III

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23404

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Richard Lavosky	NV Pharmacist Registration #: 23404
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): _____

Corporation/Organization Name: Adonis Health Inc.

Mailing Address: 1111B S Governors Ave STE 25428

City: Dover State: DE Zip: 19904

Telephone: 888-648-1134 Email: compliance@hephaestuspharmacy.com

Contact Person Name: Richard Lavosky III

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President & CEO (title) for Hephaestus Pharmaceuticals LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Nathaniel Armer

Print Name of Authorized Person

N. Arm

Original signature of Authorized Person (copies or stamps not accepted)

4/28/26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nathaniel Armer

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

N. Armer

Original signature of Authorized Person (copies or stamps not accepted)

4/28/26

Date

Board Use Only	Date Received: 5/13/26	Amount: $500.00

Adonis Health Inc.

Director: Darr Kadlubowski

Title: Shareholder

Address: 1111B S Governors Ave STE 25428

Dover, DE 19904

Phone Number:(909) 787-2342

Director: Nathaniel Armer

Title: President & CEO

Address: 1111B S Governors Ave STE 25428

Dover, DE 19904

Phone Number:(909) 787-2342

Adonis Health, Inc DBA HenryMeds.- 100% owns Hephaestus Pharmaceuticals LLC Ownership

- **Nathaniel Armer 58.816%**
- **Darr Kadlubowski 29.408%**
- **Tom's Fund – 11.071%**
- **Dr. Steven Peacock 0.706%**

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEPHAESTUS PHARMACEUTICALS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF APRIL, A.D. 2026.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

7652460 8300

SR# 20261528881

Authentication: 203547453

Date: 04-02-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Hephaestus Pharmaceuticals LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 10913 NW 30th St., STE 102

City: Doral State: FL Zip: 33172

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 1-888-648-1134 Website: https://hephaestuspharmacy.com/

Licensing Company Email:

Section 2: Personal Information

First: Richard Middle: Lawrence Last: Lavosky

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Miami State: FL Zip: [redacted]

Telephon[redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
NSU College of Business			08/19 - 06/22	
Address		City	State	Zip
3301 College Ave.		Davie	FL	33314
Diploma/Degree obtained, if any				
MBA in Management				

School Name			From - To (MM/YY – MM/YY)	
NSU College of Pharmacy			08/18 - 05/22	
Address		City	State	Zip
3200 S University Dr.		Davie	FL	33328
Diploma/Degree obtained, if any				
PharmD				

School Name			From - To (MM/YY – MM/YY)	
University of Tennessee			08/12 - 12/16	
Address		City	State	Zip
813 Andy Holt Tower		Knoxville	TN	37996
Diploma/Degree obtained, if any				
Bachelors in Kinesiology				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/26 - Current	[redacted]	Miami	FL	[redacted]
04/24 - 02/26		Plantation	FL	
08/22 - 04/24		Plantation	FL	
01/22 - 08/22		Miami	FL	
08/18 - 01/22		Davie	FL	
12/16 - 08/18		St. John's	FL	

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Hephaestus Pharmaceuticals LLC			02/25 - Current	
Business Address		**City**	**State**	**Zip**
10913 NW 30th St., STE 102		Doral	FL	33172
Phone	**Title**		**Number of Employed Hours**	
1-888-648-1134	Pharmacist (02/25 - 02/26), PIC (02/26 - current)		2480	
Description of Duties				
Compounding, data entry verification, dispensing, final verification, record keeping				

Business Name			From - To (MM/YY – MM/YY)	
Cre8 Pharmacy			06/22 - 02-25	
Business Address		**City**	**State**	**Zip**
3700 NW 126th Ave		Coral Springs	FL	33065
Phone	**Title**		**Number of Employed Hours**	
888-224-5181	Pharmacist		5400	
Description of Duties				
Compounding, data entry verification, dispensing, final verification, record keeping				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Richard Lavosky **, certify that as the designated representative for**

Hephaestus Pharmaceuticals LLC ,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. RL I am at least 21 years of age;
3. RL I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. RL I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RL I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RL I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. RL I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Richard Lavosky

Print Name (First, Last)

Richard Lavosky

Original Signature (electronic, copies or stamps not accepted)

05/05/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Lavosky

Print Name (First, Last)

Richard Lavosky

Original Signature (electronic, copies or stamps not accepted)

05/05/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Miami Dade

I, Richard Lavosky, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Richard Lavosky

Original Signature

5/5/26

Date

Subscribed and Sworn to before me this 5 day of May 2026.

Notary Public Signature

CARLOS M. GOMEZ
MY COMMISSION #HH504826
EXPIRES: APR 19, 2028
Bonded through 1st State Insurance

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Hephaestus Pharmaceuticals LLC

NV Pharmacy or Outsourcing facility license # (if applicable): PH04767

Physical Address: 10913 NW 30th Street, Ste. 102

City: Doral State: FL Zip: 33172

Mailing Address (if different from physical address): 1111B S Governors Ave STE 25428

City: Dover State: DE Zip: 19904

Telephone: 888-648-1134 Toll Free # (NAC 639.708, NRS 639.23286): 888-648-1134

Fax: 786-373-1531 Contact Email: compliance@hephaestuspharmacy.com

Website: www.hephaestuspharmacy.com

Nevada Business License # (if applicable)

Supervising/Managing Pharmacist Name (NRS 639.220): Richard Lavosky III

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23404

Name of Designated Person(s) as defined by revised USP-797 guidelines: Richard Lavosky III

Email of Designated Person(s): Richard.lavosky@hephaestuspharmacy.com

Telephone of Designated Person(s): 888-648-1134 Ext 101

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

   Category 1 Category 2 ■ Category 3

If you marked "**Category 3**", you must also complete **section 4**.

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ■ Yes No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ■ Aseptic Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes No

5. When was the most recent certification for the ISO classified areas? 02/20/2026

6. What is the frequency of the recertification for the ISO classified areas? Every 6 months

7. Were there any follow-up items required from the most recent certification report? Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? _____

10. Will you be performing sterile hazardous drug compounding? Yes ■ No

If you marked "**Yes**", you must also complete **section 3**.

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Semaglutide Injection

12. What laboratory performs your sterility or endotoxin testing?

Name: ARL Bio Pharma

Address: 840 Research Parkway, Ste. 546

City: Oklahoma State: OK Zip: 73104

Telephone: 800-393-1595

13. What is your procedure for visual inspection of compounded sterile products?

CSPs undergo visual inspection prior to release and dispensing to ensure preparation has no visual defects and its appearance meets expectations as characterized in the manufacturer's labeling, Master Formula Record (MFR). 5.2. CSP labeling is visually inspected and compared to the prescription or medication order to ensure accuracy. Label positioning is checked to ensure important device measurements and manufacturer labeling and product identification is not obstructed. 5.3. CSP container closure systems (i.e., final dispensing container and packaging) are visually inspected to ensure they are free of leaks, cracks, improper seals, and other defects that could affect sterility, stability, or CSP quality. 5.4. CSPs with observed defects are promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before disposal occurs. Appropriate disposal of the rejected CSP according per policy.

14. How often do you perform glove fingertip and medial fill testing?

Per USP <797> Glove fingertip sampling and MediaFills- For personnel compounding Category 3 must occur initially and Every 3 months.

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

Read and understand USP<797> and other applicable standards and relevant literature. Understand and know how to interpret Safety Data Sheets (SDS) and if applicable, Certificates of Analysis. Read and understand procedures related to their compounding duties. Ensure personnel are trained and competent in the following compounding skills: Hand hygiene Garbing Cleaning and disinfecting Calculations, measuring and mixing. Aseptic technique Achieving and/or maintaining sterility and pyrogenicity Use of equipment Documentation of the compounding process (e.g. master formulation and compounding records) Principles of high efficiency, particular air (HEPA)-filtered unidirectional airflow within the ISO-Class 5 Area. Proper use of primary engineering controls Principles of movement of materials and personnel within the compounding area Measuring and mixing. Personnel must complete this training program and demonstrate proficiency before compounding independently.

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Compounding Personnel: Undergo training and demonstrate competency initially, bi-annually or quarterly in skills and competencies related to cleaning and disinfecting. CLEANING & DISINFECTING FREQUENCY: Daily/Weekly/Monthly include the following areas:Inside C-PECs,Pass Through(s),Floors - Using Decon-Spore 200 Plus for DEACTIVATION AND DECONTAMINATION. Decon-Clean -CLEANING AGENT, and CiDehol Sterilre – Isopropyl alcohol 70% -DISINFECTANTS. CLEANING & DISINFECTING FREQUENCY: Monthly include the following areas:PEC, Surfaces underneath C-PEC if applicable, Sinks, Wall, Doors, and Door frames, Ceilings, Storage shelves and bins, and Outside PECs

17. Who performs the sterile compounding process at your facility?

Jorge Pino, Carlos Gomez, Richard Lavosky III

18. Who is responsible and accountable for the sterile compounding process at your facility?

Richard Lavosky III

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

Place CSPs in clear zippered/moisture-resistant bag as applicable; use insulated shipper + appropriate coolant (ice packs) to maintain required conditions.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility?		
2. Are you complying with all USP 800 guidelines?	Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	Yes	No
4. Is your BSC or CACI vented 100% to the outside?	Yes	No
5. Do you have a negative pressure buffer room at your facility?	Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

Semaglutide Injection

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

Per USP <797> Garbing, Glove fingertip sampling, and MediaFills- For personnel compounding Category 3 must occur initially and Every 3 months.

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? ■ Yes No

4. What is the frequency for completing volumetric active air sampling?

at least weekly, no interruption, and inside the PEC DCA after each Cat 3 batch before cleaning/disinfection (as applicable).

5. What is the frequency for completing surface sampling? at least weekly, no interruption, and inside the PEC DCA after each Cat 3 batch	
6. What is the frequency for using sporicidal agents? Weekly - For Floor, Pass Throughs, Inside C-PECs Monthly- For Floor, Pass Throughs, Inside C-PECs, PEC outside work surfaces, Sinks, Wall, Doors, Door frames, Ceilings, Shelves and Bins, Equipment	
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	■ Yes No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	■ Yes No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Lavosky III

Name of Person who Completed the Form

PIC

Title

Richard Lavosky

Signature (copies or stamps not accepted)

4/18/26

Date

Board Use Only	Date Received: 5/13/26 Date Approved: _____ Approved By: _____

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV797 USP Sterile Compounding

Florida HEALTH
www.FloridaHealth.gov

File # 31396
Insp # 210158

NAME	PERMIT NUMBER	DATE OF INSPECTION
Hephaestus Pharmaceuticals LLC		03/12/2026
DOING BUSINESS AS		
STREET ADDRESS 10913 Nw 30th St Ste 102	**TELEPHONE #** 888-648-1134	**EXT**
CITY DORAL	**COUNTY** MIAMI-DADE	**STATE/ZIP** FL/33172-5029

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours 9AM to 5PM
Monday Y	Monday Hours
Tuesday Y	Tuesday Hours
Wednesday Y	Wednesday Hours
Thursday Y	Thursday Hours
Friday Y	Friday Hours
Saturday Y	Saturday Hours Closed - on call
Sunday Y	Sunday Hours Closed - on call

Registered Pharmacist / Intern / Tech

License # PS64719	Licensee Name Richard Lavosky
License Type Registered Pharmacists	
License # RPT42293	Licensee Name Guisselle Cossio
License Type Pharmacy Tech	
License # RPT11596	Licensee Name Carlos Gomez
License Type Pharmacy Tech	
License # RPT71678	Licensee Name Jorge Pino
License Type Pharmacy Tech	
License # RPT124769	Licensee Name Kyle Subica
License Type Pharmacy Tech	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # [redacted]	

License Relations

RX DPT MGR/COR/POR

VAN, NGON-VINCENT CONG	License # 58844

Special Sterile Compounding

HEPHAESTUS PHARMACEUTICALS LLC	License # 35852

INV797 - USP Sterile Compounding
(Revision 1, USP 797 2022. August 2024)
A. INTRODUCTION & SCOPE – ALL CATEGORIES

DESIGNATED PERSON: A designated person(s) is identified who is responsible and accountable for the performance and operation of the facility and personnel involved in the preparation of CSPs. [USP 797 Section 1.1.3] *-DP is Richard Lavosky*	Yes
IMMEDIATE USE COMPOUNDING: When preparing immediate use preparations, written SOPs are in place for all requirements and all criteria are met including 1. aseptic technique, processes, and procedures; and, 2. personnel are trained and demonstrate competency in aseptic processes as they relate to assigned tasks and SOP's, 3. the preparation is performed in accordance with evidence-based information for physical and chemical compatibility of the drugs, 4. the preparation involves not more than 3 different sterile products, 5. Any unused starting component from a single-dose container is discarded, 6. Administration begins within 4 hours following the start of preparation and, 7. Unless directly administered by the preparer or administration is witnessed by the preparer, the CSP is labeled with the names and amounts of all active ingredients, the name or initials of the preparer and the 4 hour period within which administration must begin. [USP 797 Section 1.3] *-SOP 4.1*	Yes
BAG & VIAL SYSTEM: Docking of vial and bag systems for future activation and administration is performed in an ISO 5 environment and BUDs are not longer than those specified in the manufacturer's labeling. [USP 797 Section 1.4]	N/A
REPACKAGING: Repackaging of sterile products or preparations from its original container into another container are prepared according to all applicable USP 797 requirements. [USP 797 Section 1.1.2]	Yes

B. COMPONENT BUDs (Single and Multi-dose Containers) – ALL CATEGORIES

SINGLE DOSE CONTAINERS (SDCs): SDCs are entered or punctured only in an ISO Class 5 or cleaner air and are used up to 12 hours after initial entry or puncture if the labeled storage requirements during that 12-hour period are maintained. [USP 797 Section 15.1]	Yes
AMPULES: Opened SINGLE DOSE AMPULES are used immediately and not stored for any time period. [USP 797 Section 15.1]	Yes
MULTIDOSE CONTAINERS (MDCs): Upon initially entering or puncturing a conventionally manufactured MDC, the MDC is not used for more than 28 days unless otherwise specified by the manufacturer on the labeling. [USP 797 Section 15.2]	Yes
PHARMACY BULK PACKAGES: Conventionally manufactured pharmacy bulk packages are entered or punctured only in an ISO Class 5 PEC and must be used according to the manufacturer's labeling. [USP 797 Section 15.3]	Yes
SINGLE DOSE COMPONENT CSPs & STOCK SOLUTIONS: When single-dose CSPs or CSP stock solutions are used as a component to compound additional CSPs, the original compounded single-dose component CSP or CSP stock solution is entered or punctured in ISO Class 5 or cleaner air and is stored under the conditions upon which its BUD is based (e.g., refrigerator or controlled room temperature). Once punctured, the component CSP is used for sterile compounding for up to 12 hours or its assigned BUD, whichever is shorter, and any remainder is discarded. [USP 797 Section 16.2]	N/A

C. CSP LABELING – ALL CATEGORIES

CSP LABEL REQUIREMENTS: CSP immediate container label prominently and legibly displays 1) assigned internal identification number; 2) active ingredient(s) and their amount(s), or concentration(s); 3) storage conditions if other than controlled room temperature; 4) BUD; 5) dosage form; 6) total amount or volume; 7) statement if CSP is a single dose container (when space permits) or multi-dose container. Labeling of CSP displays 1) route of administration, 2) special handling instructions, 3) warning statements, and the compounding facility name and contact information if the CSP is sent outside of the facility in which it was compounded. [USP 797 Section 13]	Yes
ADDITIONAL REQUIREMENTS FOR A CLASS II OR III FACILITY: 1) Identification of responsible compounding personnel and/or dispensing pharmacist;2) labels for batch-prepared CSPs must also include: Control or lot number, auxiliary labeling (including precautions); and device-specific instructions. Patient specific medications must also include patient's name, location the medication is to be delivered to and directions for use. [USP 797 Section 13] [F.A.C.64B16-28.108(10)]	N/A
LABELING SOP: SOPs describe labeling procedures and are followed to prevent labeling errors and CSP mix-ups. [USP 797 Section 13] *-SOP 4.8*	Yes
LABEL VERIFICATION: CSP labels are verified to ensure that they conform with the prescription or medication order, MFR (if required), and the CR. [USP 797 Section 13]	Yes

D. PERSONNEL PREPARATION & OBSERVATION – ALL CATEGORIES

UNNECESSARY ITEMS: Personnel remove outer garments (e.g., bandanas, coats, hats, jackets, sweaters, vests); cosmetics, and all hand, wrist, and other exposed jewelry, including piercings that may interfere with effectiveness of garbing. Items not necessary for compounding (e.g., food, drinks, mints, gum, earbuds, headphones) are not introduced into the compounding environment. Accommodations are documented. [USP 797 Section 3.1] *-Observed JP's hand hygiene and garbing technique*	Yes
NAILS: Nails are clean and trimmed. Nail products (e.g., polish, artificial nails, and extenders) are not worn. Personnel clean under nails under warm running water with a disposable nail cleaner. Hands and forearms are washed with soap and water for at least 30 seconds prior to entering a compounding area. [USP 797 Section 3.2]	Yes
REQUIRED PPE GARBING ORDER & STORAGE: Personnel garb (don and doff) in an order that reduces risk of contamination per SOP. Required garb, manner of storage, and order or garbing is documented in SOP's. The minimum required PPE when preparing CSPs includes a garment with sleeves that fit around wrists and enclosed neck, shoe covers, head/facial hair cover, face mask, and sterile powder-free gloves. All PPE is low lint for Category 1 & 2 compounding or sterile if Category 3. Gowns and other garb are stored in a manner that minimizes contamination (e.g., away from sinks) and within a classified area or SCA. [USP 797 Section 3.3] *-SOP 3.3*	Yes
INAPPROPRIATE HAND HYGIENE PRACTICES: Brushes and hand dryers are not used, and soap containers are not refilled or topped off. [USP 797 Section 3.2]	Yes
ALCOHOL-BASED HAND RUB: Hands are sanitized with alcohol-based hand rub prior to donning gloves. Handrub is used prior to donning garb when hand hygiene is done outside of a classified area. [USP 797 Section 3.3]	Yes
STERILE GLOVES USED: Sterile gloves are donned in classified room or SCA. Skin is not exposed inside ISO 5 PEC (e.g., gloves are not donned or doffed). [USP 797 Section 3.3] *-Compounders using two pairs of sterile gloves*	Yes
SANITIZATION OF STERILE GLOVES: Sterile 70% IPA is applied to gloves prior to compounding and regularly throughout the compounding process. [USP 797 Section 3.3]	Yes
SANITIZATION OF ITEMS INTRODUCED INTO PEC: Items are wiped with sterile 70% IPA and sterile low-lint wipers just prior to being introduced into the PEC and allowed to dry before use. [USP 797 Section 8.2]	Yes
CRITICAL SITES (e.g., vial stoppers, ampule necks, and intravenous bag septum's) are wiped with sterile 70% IPA in the PEC to provide both chemical and mechanical actions to remove contaminants. The sterile 70% IPA is allowed to dry before personnel enter or puncture stoppers and septum's or break the necks of ampules. [USP 797 Section 8.3]	Yes

MATERIALS AND EQUIPMENT DISINFECTION: Before any item is introduced into the clean side of anteroom(s), placed into pass-through chamber(s), or brought into the SCA, it is wiped with a sporicidal disinfectant, EPA-registered disinfectant, or sterile 70% IPA using low-lint wipers by personnel wearing gloves. Dwell time is followed. [USP 797 Section 8.1 & 9.1] *-SOP 6.1, 6.6*	Yes

E. EQUIPMENT, SUPPLIES, & COMPONENTS – ALL CATEGORIES

DAILY ACD ACCURACY ASSESSMENT: An accuracy assessment is conducted for Automated Compounding Devices (ACDs) or similar equipment before the first use and again each day the equipment is used to compound CSPs. A daily record of accuracy measurements is maintained. Corrective actions are implemented if accuracy measurements are outside of manufacturer's specifications. [USP 797 Section 9.1]	N/A
EQUIPMENT SOPs: Written SOPs for the calibration, maintenance, cleaning, and use of equipment are established and are based on the manufacturer's recommendations. Procedures are followed and records are maintained. [USP 797 Section 9.1] *-SOP 13.1-13.7*	Yes

F. SEGREGATED COMPOUNDING AREA: Category 1

CATEGORY 1 MAXIMUM BUDs & COMPOUNDING AREA REQUIREMENTS: Category 1 CSPs are compounded in an ISO class 5 PEC located within a SCA and are assigned a BUD of 12 hours or less at controlled room temperature or 24 hours or less when refrigerated. [USP 797 Section 1.5, 4.2.1]	N/A
DEDICATED AREA FOR SCA: The SCA is separated from areas not directly related to compounding, and all surfaces (walls, floors, counters, and equipment) are clean, uncluttered, and dedicated to compounding. [USP 797 Section 4.2.1]	N/A
SCA LOCATION: The SCA is located away from unsealed windows, doors that connect to the outdoors, and traffic flow, all of which may adversely affect the air quality in the PEC. SCA is not located where environmental control challenges (e.g., restrooms, warehouses, or food preparation areas) could negatively affect the air quality of the PEC within the SCA. A sink is not located within 1 meter of PEC. [USP 797 Section 4.2.1]	N/A
ITEMS WITHIN SCA: Only furniture, equipment, and other materials necessary for performing compounding activities are located within the SCA. [USP 797 Section 4.2.1]	N/A

G. FACILITIES & SECONDARY ENGINEERING CONTROLS – Categories 2 and 3

STERILE SUITE CONSTRUCTION: The ISO-classified anteroom and buffer room are separated from the surrounding unclassified areas of the facility by fixed walls and doors, and controls are in place. [USP 797 Section 4.2.1] *-Cleanroom suite designed by MECART; cleanroom suite currently consists of 12 classified areas, four areas are decommissioned; planning on nonhazardous sterile compounding only*	Yes
HEPA FILTERED AIR: Air supplied to the cleanroom suite is introduced through HEPA filters located in the ceiling of the buffer room and anteroom. [USP 797 Section 4.2.1]	Yes
AIR RETURNS: Air returns in the cleanroom suite are low on the wall unless a visual smoke study demonstrates an absence of stagnant airflow. [USP 797 Section 4.2.1]	Yes
LINE OF DEMARCATION: The anteroom has a line of demarcation to separate the clean side from the dirty side. [USP 797 Section 4.2.1]	Yes
SURFACES & WALLS: The surfaces of ceilings, walls, floors, doors, door frames, fixtures, shelving, work surfaces, counters, and cabinets in the classified area are smooth, impervious, free from cracks and crevices, and non-shedding. Walls are constructed of/or covered with durable material. [USP 797 Section 4.3.1]	Yes
CEILINGS & FLOORS: Inlaid panels of ceilings are caulked around each panel to seal them to the support frame. Junctures between the ceiling and the walls and between the walls and the floor are sealed to eliminate cracks and crevices where dirt can accumulate. Floors include coving to the sidewall, or the juncture between the floor and the wall are caulked. [USP 797 Section 4.3.1]	Yes
LEDGES & OVERHANGS: Overhangs and ledges are easily cleanable, and the exterior lens surface of ceiling light fixtures are smooth, mounted flush, and sealed. [USP 797 Sections 4.3.1]	Yes
FURNITURE, EQUIPMENT, & MATERIALS: Only furniture, equipment, and other materials necessary for performing compounding activities are permitted in a classified area or SCA. Tacky mats are not placed within ISO-classified areas. Carts used to transport components or equipment into classified areas are constructed from nonporous materials with cleanable casters and wheels. [USP 797 Sections 4.2.1 & 4.5]	Yes
TEMPERATURE & HUMIDITY MONITORING: Temperature and humidity in the cleanroom suite are controlled through a heating, ventilation, and air conditioning (HVAC) system. The temperature and humidity are monitored in each room of the cleanroom suite each day that compounding is performed, either manually or by a continuous recording device. They are documented at least once daily or stored in the continuous recording device and are retrievable and are reviewed as described in the facility's SOP. [USP 797 Section 4.2] *-pharmacy using Setra monitoring system; SOP 2.3*	Yes
PRESSURE DIFFERENTIATION MONITORING & DOCUMENTATION: Facility maintains a minimum differential positive pressure of 0.020-inch water column between the nonhazardous buffer room to anteroom and anteroom to unclassified area. A pressure differential monitoring device is used to continuously monitor the pressure differentials. Quantitative results from the pressure monitoring device are reviewed and documented at least daily on the days when compounding is occurring. [USP 797 Sections 4.2.5] *-SOP 2.3; Setra monitoring system*	Yes
PEC LOCATION: PECs are located in a buffer room in a manner that minimizes conditions that could increase the risk of microbial contamination (strong air currents, personnel traffic, or air streams from HVAC system(s)) and allows for cleaning around the PEC. [USP 797 Sections 4.2.2 & 4.2.3] *-Pharmacy has 2 Germfree LAFWs*	Yes
INTEGRATED VERTICAL LAMINAR FLOW ZONES: IVLFZ is separated from ISO Class 7 area with a physical barrier and there is full coverage of HEPA filters above the work surface. [USP 797 Section 4.2.3]	N/A

H. CERTIFICATION AND RECERTIFICATION – ALL CATEGORIES

PEC & SEC CERTIFICATION: PECs are certified initially and every 6 months to meet ISO Class 5 or better conditions, during dynamic operating conditions. SECs are certified initially and every 6 months to meet ISO Class 7 or 8 or better conditions, during dynamic operating conditions (including presterilization activities if applicable). Anterooms providing access to positive-pressure buffer rooms are at least ISO 8 and at least ISO 7 for anterooms providing access to negative-pressure buffer rooms. ISO Class 7 rooms maintain a minimum of 30 total HEPA-filtered ACPH during dynamic operating conditions, at least 15 ACPH come from the HVAC through HEPA filters located in the ceiling. ISO Class 8 rooms maintain a minimum of 20 total HEPA-filtered ACPH during dynamic operating conditions; 15 ACPH must come from the SEC. The ACPH from HVAC, ACPH contributed from the PEC, and the total ACPH are documented on the certification report. HEPA filter integrity testing for both SECs & PECs is conducted initially and every 6 months as part of total particle testing. Classified areas are recertified when changes occur that could affect airflow or air quality [USP 797 Sections 4.1, 4.2.4, 4.2.6, & 5.0] *-Last certified by Integra CE Services on 11/19/25; passed all tests*	Yes
DOCUMENTATION OF PERSONNEL PRESENT DURING CERTIFICATION: The number of personnel present in each PEC and SEC during total particle counts and dynamic airflow smoke-pattern tests is documented on the certification report. [USP 797 Section 5.0]	Yes

PEC DYNAMIC SMOKE PATTERN TEST: Smoke pattern tests are performed under dynamic conditions initially to demonstrate minimal disruption in airflow and repeated if equipment is placed in a different location. Smoke pattern tests are performed under dynamic conditions every 6 months to demonstrate unidirectional airflow and sweeping action over and away from the preparation(s). [USP 797 Section 5.0] *-Viewed video*	Yes
ROBOTICS / ROBOTIC ENCLOSURES: Robotic enclosures used as a PEC or placed within a PEC have a dynamic airflow smoke pattern test is performed initially and at least every 6 months that confirms 1) the robotic device is properly integrated into the facility, 2) there is no turbulence or refluxing at any critical site(s), 3) room air does not enter the PEC where sterile products and/or preparations may be exposed, and 4) all processes can be performed without introducing contamination to the DCA(s). [USP 797 Section 4.2.3]	N/A
MONITORING DEVICE CERTIFICATION: Temperature and humidity monitoring devices are verified for accuracy at least every 12 months or as required by the manufacturer. [USP 797 Section 4.2] *-Performed by TMI*	Yes
CONTAINMENT DEVICES USED FOR PRESTERILIZATION PROCEDURES: CVEs, BSCs, or CACIs used for presterilization procedures are certified at least once every 6 months. Presterilization procedures do not adversely affect the required air quality of the SEC as demonstrated during certification under dynamic operating conditions. [USP 797 Section 4.2.6] *-Pharmacy has 11 powder hoods; 4 used for presterilization procedures prior to sterile compounding*	Yes
CERTIFICATION REPORT REVIEW BY DESIGNATED PERSON: All certification and recertification records are reviewed by the designated person(s). A corrective action plan is implemented and documented in response to any out-of-range results on certification report and data reviewed to confirm that the actions taken have been effective. [UPS 797 Section 5.0]	Yes

I. RABS

LOCATION: If used to prepare Category 2 or Category 3 CSP's RABS are located in a cleanroom suite with an ISO Class 7 or better buffer room with an ISO Class 8 or better anteroom. [USP 797 Section 4.2.3]	N/A
RECOVERY TIME: When a RABS is used, the recovery time after opening the transfer chamber to achieve ISO Class 5 air is documented and internal procedures are developed to ensure that adequate recovery time is allowed after opening and closing the RABS. [USP 797 Section 4.2.3]	N/A
STERILE GLOVES: are worn over gloves attached to RABS sleeves. [USP 797 Section 3.3]	N/A

J. CATEGORY 2 CSPs WITHOUT STERILITY TESTING

CATEGORY 2 COMPOUNDING ENVIRONMENT: Category 2 CSPs are compounded in an ISO class 5 PEC located within an ISO classified anteroom and buffer room. [USP 797 Sections 4.1 & 14.3]	N/A
CATEGORY 2 BUDs FROM STERILE COMPONENTS WITHOUT STERILITY TESTING: Category 2 CSPs compounded aseptically from all sterile starting components and in the absence of sterility testing do not exceed the following BUDs: 4 days room temperature, 10 days refrigerated, or 45 days frozen. A shorter BUD is assigned when the stability of the CSP or its components is less than the maximum BUDs stated above. [USP 797 Section 14.3]	N/A
CATEGORY 2 BUDs FROM NONSTERILE COMPONENTS WITHOUT STERILITY TESTING: Category 2 CSPs compounded aseptically from one or more nonsterile starting components and in the absence of sterility testing do not exceed the following BUDs: 1 day room temperature, 4 days refrigerated, or 45 days frozen. A shorter BUD is assigned when the stability of the CSP or its components is less than the maximum BUDs stated above. [USP 797 Section 14.3]	N/A

K. CATEGORY 2 EXTENDED BUD REQUIREMENTS

CATEGORY 2 BUDs FOR ASEPTICALLY PROCESSED CSPs WITH STERILITY TESTING: Category 2 CSPs compounded aseptically, and which have passed sterility testing do not exceed the following BUDs: 30 days room temperature, 45 days refrigerated, or 60 days frozen. A shorter BUD is assigned when the stability of the CSP or its components is less than the maximum BUDs stated above. [USP 797 Section 14.3]	N/A
CATEGORY 2 BUDs FOR TERMINALLY STERILIZED CSPs WITHOUT STERILITY TESTING: Category 2 CSPs terminally sterilized and in the absence of sterility testing do not exceed the following BUDs: 14 days room temperature, 28 days refrigerated, or 45 days frozen. A shorter BUD is assigned when the stability of the CSP or its components is less than the maximum BUDs stated above. [USP 797 Section 14.3]	N/A
CATEGORY 2 BUDs FOR TERMINALLY STERILIZED CSPs WITH STERILITY TESTING: Category 2 CSPs terminally sterilized, and which have passed sterility testing do not exceed the following BUDs: 45 days room temperature, 60 days refrigerated, or 90 days frozen. A shorter BUD is assigned when the stability of the CSP or its components is less than the maximum BUDs stated above. [USP 797 Section 14.3]	N/A
ANTIMICROBIAL EFFECTIVENESS TESTING FOR MULTI-DOSE CSPs: Aqueous multiple-dose CSPs (e.g., injectables and ophthalmics) pass USP <51> compliant antimicrobial effectiveness testing once for each unique formulation and each container closure system in which it is packaged. Bracketing studies are allowed. [USP 797 Section 14.5 & 16.1]	N/A
CONTAINER CLOSURE TESTING: Container closure integrity testing is performed once for each unique CSP formulation and container closure system in which it is packaged. For multi-dose (i.e., preserved CSPs), container integrity testing is performed per fill volume for each unique CSP formulation and container closure system. [USP 797 Sections 14.3.3 & 14.5]	N/A
MULTI-DOSE, NON-PRESERVED AQUEOUS CSPs: Multi-dose, non-preserved aqueous CSPs (i.e., topical, or ophthalmic solutions) are assigned are prepared as a Category 2 CSP, for use by a single patient, and labeled to indicate that once opened, the CSP must be discard after 24 hours if stored at controlled room temperature or 72 hours when stored under refrigeration. [USP 797 14.5]	N/A
MULTI-DOSE CSPs USED AS A COMPONENT: Meet the criteria for anti-microbial effectiveness testing (see <51>) if aqueous, are stored under the conditions upon which the BUD is based, Multiple-dose CSP after initially entered or punctured, are not used for longer than the assigned BUD or 28 days, whichever is shorter. [USP 797 Sections 14.5 & 16.1]	N/A
OUTSOURCED STERILITY TESTING: Sterility testing is performed for all Category 2 CSPs assigned a BUD requiring sterility testing according to USP <71> or a validated alternative and noninferior method. Membrane Filtration as described in USP <71> is the preferred method when the formulation allows. [USP 797 Section 12.2]	N/A
INHOUSE STERILITY TESTING: Sterility testing is according to USP <71> or a validated alternative and noninferior method. Membrane filtration is used if appropriate and filters are rinsed according to USP <71>. Direct inoculation is done only when membrane filtration cannot be carried out. Volume inoculated does not exceed 10% of the culture media volume. Growth promotion test has been done on the media with the 5 specified organisms (not more than 100 CFU) according to USP <71>. TSB or SCD is incubated at 20-25C for 14 days; FTM is incubated at 30-35C for 14 days. (2 incubators present).	N/A
METHOD SUITABILITY TEST: A Method Suitability Test (or equivalent validation for alternative testing methods) is performed to validate suitability of the sterility testing method. [USP 797 Section 12.2]	N/A
MAXIMUM BATCH SIZE: The maximum batch size for all CSPs requiring sterility testing is 250 final yield units. [USP 797 Section 12.2]	N/A
INVESTIGATION OF STERILITY TEST FAILURES: Sterility tests resulting in failure undergo prompt investigation into possible causes and requires identification of the microorganism(s) as well as evaluation of sterility testing procedure, compounding facility, process, and/or personnel that may have contributed to the failure. Impact to other CSPs is assessed. Investigation and resulting corrective actions are documented. [USP 797 Section 12.2]	N/A

STERILITY TESTING QUANTITY & VOLUME DETERMINATION: The minimum quantity of each container tested for sterility is per USP <71> Table 2 and the number of containers tested in relation to the batch size is per USP <71> Table 3. For 1-39 CSPs compounded as single batch, sterility testing is performed on a number of containers or units equal to 10% of the number of CSPs prepared rounded to the next whole number. [USP 797 Section 12.2]	N/A
ENDOTOXIN TESTING: Category 2 injectable CSPs compounded from one or more nonsterile component(s) and assigned a BUD that requires sterility testing are tested for bacterial endotoxins. [USP 797 Section 12.3]	N/A
ENDOTOXIN LIMITS: In the absence of a bacterial endotoxin limit in an official USP–NF monograph or other CSP formula or scientifically supported source, the CSP does not exceed the endotoxin limit calculated as described in USP <85> for the appropriate route of administration for humans or largest recommend dose per weight for nonhuman species. [USP 797 Section 12.3]	N/A

L. CATEGORY 3 CSPs, BUDs, & RELATED REQUIREMENTS

CATEGORY 3 REQUIREMENTS: All requirements associated with Category 3 compounding (e.g., garbing, cleaning, environmental monitoring) apply to all personnel entering the buffer room where Category 3 CSPs are compounded and always apply regardless of whether Category 3 CSPs are compounded on a given day. [USP 797 Section 14.4.2] *-Pharmacy planning for Category 3 sterile nonhazardous compounding through filtration with BUD of 90 days under refrigeration*	Yes
STERILE/SINGLE USE GARB: When compounding Category 3 CSPs, skin is not exposed in buffer room (i.e., face and neck are covered) and all low lint outer garb is sterile, including sterile sleeves over RABS gauntlet sleeves. Disposable garb items are not reused. [USP 797 Section 3.3]	Yes
STERILIZED/REUSABLE GARB: Non-disposable garb is not reused without being laundered and resterilized with a validated cycle. Disinfection procedures described in facility SOPs are followed before reusing goggles, respirators, and other equipment. [USP 797 Section 3.3] *-SOP 3.3*	Yes
CATEGORY 3 BUDs FOR ASEPTICALLY PROCESSED CSPs: Category 3 CSPs aseptically processed, sterility tested, and passing all applicable tests (including stability indicating assay, endotoxin, and other dosage form appropriate tests) do not exceed the following BUDs: 60 days room temperature, 90 days refrigerated, or 120 days frozen. Shorter BUDs are assigned when physical or chemical stability of the CSP is less than the maximum allowable Category 3 BUDs for aseptically processed CSPs. [USP 797 Section 14.4.3] *-Pharmacy planning on sterilization by filtration*	Yes
CATEGORY 3 BUDs FOR TERMINALLY STERILIZED CSPs: Category 3 CSPs aseptically processed, sterility tested, and passing all applicable tests (including stability indicating assay, endotoxin, and other dosage form appropriate tests) do not exceed the following BUDs: 90 days room temperature, 120 days refrigerated, or 180 days frozen. Shorter BUDs are assigned when physical or chemical stability of the CSP is less than the maximum allowable Category 3 BUDs for terminally sterilized CSPs. [USP 797 Section 14.4.3]	N/A
MAXIMUM BATCH SIZE: Category 3 CSP batch sizes do not exceed 250 final yield units. [USP 797 Section 12.2]	Yes
STABILITY INDICATING ASSAYS: All Category 3 CSP formulations are supported by data obtained using a validated stability-indicating analytical method that can distinguish active ingredients from degradants and impurities and quantify the amount of active ingredient. CSPs are prepared according to the exact formulation, components, and packaged in a container closure system of the same materials of composition. Facilities have documentation of the stability study, its results, and the method validation available for review. [USP 797 Section 14.3.3] *-Pharmacy pursuing stability study from ARL for semaglutide MDV*	Yes
STERILITY TESTING: All category 3 CSPs and batches undergo sterility testing performed according to USP <71> or a validated alternative and noninferior method. [USP 797 Sections 12.2 & 14.4.4] *-Pharmacy planning on using ARL or Eagle Analytical for outside testing*	Yes
METHOD SUITABILITY TEST: A Method Suitability Test (or equivalent validation for alternative testing methods) is performed to validate suitability of the sterility testing method for each formulation. [USP 797 Section 12.2]	Yes
STERILITY TESTING QUANTITY & VOLUME DETERMINATION: The minimum quantity of each container tested for sterility is per USP <71> Table 2 and the number of containers tested in relation to the batch size is per USP <71> Table 3. For 1-39 CSPs compounded as single batch, sterility testing is performed on a number of containers or units equal to 10% of the number of CSPs prepared rounded to the next whole number. [USP 797 Section 12.2]	Yes
INVESTIGATION OF STERILITY TEST FAILURES: Sterility tests resulting in failure undergo prompt investigation into possible causes and requires identification of the microorganism(s) as well as evaluation of sterility testing procedure, compounding facility, process, and/or personnel that may have contributed to the failure. Impact to other CSPs is assessed. Investigation and resulting corrective actions are documented. [USP 797 Section 12.2] *-SOP 4.9*	Yes
ENDOTOXIN TESTING: Category 3 injectable CSPs compounded from one or more nonsterile component(s) are tested for bacterial endotoxins. [USP 797 Section 12.3] *-Pharmacy planning on third party testing*	Yes
ENDOTOXIN LIMITS: In the absence of a bacterial endotoxin limit in an official USP–NF monograph or other CSP formula or scientifically supported source, the CSP does not exceed the endotoxin limit calculated as described in USP <85> for the appropriate route of administration for humans or largest recommend dose per weight for nonhuman species. [USP 797 Section 12.3] *-SOP 4.9*	Yes
PARTICULATE MATTER TESTING: Category 3 injectable CSPs undergo USP <788> (Particulate Matter in Injections) and ophthalmic solutions undergo USP <789> (Particulate Matter in Ophthalmic Solutions) test once per formulation with acceptable results. [USP 797 Section 14.3.3]	Yes
ANTIMICROBIAL EFFECTIVENESS TESTING FOR MULTI-DOSE CSPs: Aqueous multiple-dose CSPs (e.g., injectables and ophthalmic) pass USP <51> compliant antimicrobial effectiveness testing once for each unique formulation and each container closure system in which it is packaged. Bracketing studies are allowed. [USP 797 Section 14.5 & 16.1] *-Viewed quote for ARL bracketed study for semaglutide MDV*	Yes
CONTAINER CLOSURE TESTING: Container closure integrity testing is performed once for each unique CSP formulation and container closure system in which it is packaged. For multi-dose (i.e., preserved multi-dose CSPs), container closure integrity testing is also performed per fill volume for each unique CSP formulation and container closure system. [USP 797 Sections 14.3.3 & 14.5] *-Pharmacy planning on using third party testing lab: ARL or Eagle Analytical*	Yes
MULTI-DOSE, NON-PRESERVED AQUEOUS CSPs: Multi-dose, non-preserved aqueous CSPs (i.e., topical, or ophthalmic solutions) are prepared for use by a single patient, and labeled to indicate that once opened, the CSP must be discard after 24 hours if stored at controlled room temperature or 72 hours when stored under refrigeration. [USP 797 14.5]	N/A
MULTI-DOSE CSPs USED AS A COMPONENT: Meet the criteria for anti-microbial effectiveness testing (see <51>) if aqueous, are stored under the conditions upon which the BUD is based, Multiple-dose CSP after initially entered or punctured, are not used for longer than the assigned BUD or 28 days, whichever is shorter. [USP 797 Sections 14.5 & 16.1]	N/A

M. PERSONNEL TRAINING & COMPETENCIES - ALL CATEGORIES

TRAINING PROGRAM & SOP: Facility maintains a written training program and corresponding SOP which defines required trainings, frequency of training and the process for evaluating the performance of individuals who compound, have direct oversight of compounding personnel, perform in-process checks, final verification and dispensing of CSP's. The training program equips personnel with the appropriate knowledge and training in the required skills necessary to perform their assigned tasks. [USP 797 Section 2] *-SOP 1.4, 1.9, 3.1-3.6*	Yes
INITIAL DIDACTIC TRAINING & SKILLS ASSESSMENT: Before beginning to compound CSPs independently or have direct oversight of compounding personnel, personnel complete training and can demonstrate knowledge of principles and competency of skills for performing sterile manipulations and achieving and maintaining appropriate environmental conditions as applicable to their assigned job functions. [USP 797 Section 2.1] *-Pharmacy is using Critical Point*	Yes
INITIAL GLOVED FINGERTIP & HAND HYGIENE/GARBING COMPETENCY: Before beginning to compound independently or have direct oversight of compounding personnel, personnel successfully complete an initial gloved fingertip (GFT) competency no fewer than 3 separate times, with a documented visual audit while performing hand hygiene and garbing procedures. GFT samples are collected before applying sterile 70% IPA to gloves. [USP 797 Section 2.2]	Yes
INITIAL MEDIA FILL & ASEPTIC TECHNIQUE ASSESSMENT: Before beginning to compound independently or have direct oversight of compounding personnel, personnel who compound or have direct oversight of compounding successfully complete an initial aseptic manipulation competency evaluation which consists of a visual observation, media-fill testing followed by a gloved fingertip and thumb sampling on both hands, and surface sampling of the direct compounding area. [USP 797 Section 2.3]	Yes
GFT & MEDIA FILL INCUBATION: Documentation includes the name of the person evaluated, evaluation date and time, media and components used to include their manufacturer or supplier, expiration dates and lot numbers; starting temperature for each interval of incubation, dates of incubation, the results, and the names or other identification of the observer and the person who reads and documents the results. [USP 797 Section 2.3]	Yes
ONGOING CATEGORY 1 AND 2- GFT & GARBING ASSESSMENT: After initial garbing competency evaluations, compounding personnel complete garbing competency evaluation and GFT every 6 months for Category 1 and Category 2 CSP's. Direct oversight personnel who do not compound complete garbing competency and GFT every 12 months. GFTs are appropriately incubated. [USP 797 Section 2.2]	N/A
ONGOING CATEGORY 1 AND 2- MEDIA FILL & ASSESSMENT: After initial aseptic manipulations competency evaluations, compounding personnel complete aseptic technique competency, media fill, GFTs, and surface sampling of DCA every 6 months for Category 1 and Category 2 CSP's. Direct oversight personnel who do not compound complete media fill every 12 months. GFTs and surface samples are appropriately incubated. [USP 797 Section 2.3]	N/A
ONGOING KNOWLEDGE & COMPENTENCY OF CORE SKILLS: Training and knowledge assessment of sterile compounding principles or core skills is completed at least every 12 months. [USP 797 Section 2.1]	Yes
FAILED COMPETENCY INVESTIGATION: Initial and ongoing competency assessment failures are investigated, remediated, and documented in a Corrective Action Plan. [USP 797 Sections 2.2 & 2.3]	Yes
STAFF TRAINING IN VIABLE AIR AND SURFACE SAMPLING: Personnel are trained and competent in air and surface sampling procedures to ensure accurate and reproducible sampling. [USP 797 Section 6.1]	Yes
CLEANING PERSONNEL: Cleaning and disinfecting activities are performed by trained and appropriately garbed personnel using facility-approved agents and procedures. Cleaning personnel demonstrate knowledge and competency of core skills related to cleaning, disinfection, and maintenance of environmental conditions initially and at least once every 12 months. [USP 797 Sections 7 & 2.1]	Yes

FACILITY COMPOUNDS CATEGORY 3

ONGOING CATEGORY 3 GFT & GARBING ASSESSMENT: After initial garbing competency evaluations, compounding personnel complete garbing competency and GFT every 3 months for Category 3 CSP's. Direct oversight personnel who do not compound complete garbing competency and GFT every 12 months. GFTs are appropriately incubated. [USP 797 Section 2.2]	Yes
ONGOING CATEGORY 3 ASEPTIC PROCESSING COMPETENCY: Aseptic competency is repeated at least one time every 3 months for personnel compounding Category 3 CSPs. The simulation must capture elements that could potentially affect the sterility of the CSP. Immediately following the media-fill test, gloved fingertip and thumb sampling is performed on both hands and surface sampling of the direct compounding area. Direct oversight personnel who do not compound must complete media fill every 12 months. [USP 797 Section 2.3] *-Viewed Category 3 Media fill test for 50 vials*	Yes

N. MICROBIOLOGICAL AIR AND SURFACE MONITORING: ALL CATEGORIES

ENVIRONMENTAL MONITORING PROGRAM & SOPs: The microbiological air and surface monitoring program is clearly described in the facility's SOPs, which includes a diagram of the sampling locations, procedures for collecting samples, frequency of sampling, size of samples (e.g., surface area, volume of air), time of day of sampling in relation to activities in the compounding area, and action levels that trigger corrective action. [USP 797 Section 6] *-SOP 2.5, 8.1; initially performed by Integra CE Services; one incident of actionable growth 11/17/25*	Yes
VIABLE AIR SAMPLING: Volumetric active air sampling using an impaction air sampler collecting at least 1000L of air is conducted in each classified area [e.g., ISO Class 5 PEC and ISO Class 7 and 8 room(s)] during dynamic operating conditions and is completed at least every 6 months. [USP 797 Section 6.2]	Yes
AIR IMPACTION DEVICE: Device is serviced and calibrated according to the manufacturer's recommendations. [USP 797 Section 6.1] *-Using SAS device*	Yes
SURFACE SAMPLING: Microbiological surface sampling is conducted in all classified areas and pass-through chambers under dynamic operating conditions and performed at least once monthly. [USP 797 Section 6.3]	Yes
GROWTH MEDIA: A general microbiological growth media that supports the growth of bacteria and fungi is used and a COA from the manufacturer is available. Growth media used for surface sampling contains neutralizing agents (e.g., lecithin and polysorbate 80). [USP 797 Sections 6.2 & 6.3]	Yes
MEDIA INCUBATION: Samples are incubated at 30°C - 35°C for 48 hours and 20°C - 25°C for an additional 5 days; if dual growth media are used, incubate one media device at 30°C - 35°C for 48 hours and the second media device at 20°C - 25°C for 5 days. The incubator temperature is monitored during incubation, either manually or by a continuous recording device, and results are reviewed and documented as described in the facility's SOPs. Incubators are placed in a location outside of the sterile compounding area. [USP Sections 6.2.2 (Box 5) & 6.3.2 (Box 6)] *-SOP 13.4*	Yes
ENVIRONMENTAL MONITORING TREND ANALYSIS: Regular review of sampling data is performed to detect trends and review of trending data is documented. [USP 797 Section 6.1]	Yes
CORRECTIVE ACTION: When microbial growth exceeds action levels, the cause is investigated, and corrective action is taken; corrective actions taken are reviewed for effectiveness. An attempt to identify microorganisms at the genus level is made. [USP Sections 6.2.3 & USP 6.3.3]	Yes

FACILITY COMPOUNDS CATEGORY 3

CATEGORY 3-VIABLE AIR SAMPLING: Volumetric air sampling is completed within 30 days prior to the commencement of any Category 3 compounding and at least monthly thereafter regardless of the frequency of compounding Category 3 CSPs.Air sampling sites are selected in all classified areas. [USP 797 6.2.1] *-Performing in house*	Yes

CATEGORY 3-SURFACE SAMPLING: Surface sampling for any Category 3 CSPs, is completed in all classified areas, and pass-through chambers connecting to classified areas, prior to assigning a BUD longer than BUD limits for Category 2 CSPs (defined in Table 13 of USP 797) and at least weekly on a regularly scheduled basis regardless of the frequency of compounding Category 3 CSPs. [USP 797 6.2.2] *-Pharmacy performing in house*	Yes
CATEGORY 3-BATCH SURFACE SAMPLING: Surface sampling is conducted within the PEC used to prepare Category 3 CSPs, at the end of each batch before cleaning and disinfection occurs, unless a self-enclosed robotic device is used. When a self-enclosed robotic device is used as the PEC, surface sampling is conducted at least once daily at the end of compounding operations before cleaning and disinfection occurs. [USP 797 Section 6.3.2]	Yes

O. CLEANING AND DISINFECTING: ALL CATEGORIES

CLEANING SOPS: The frequency, method(s), documentation requirements, and location(s) of cleaning, disinfecting, and applying sporicidal disinfectants are described in written SOPs; use of agents is in accordance with manufacturer's instructions, procedures, and in adherence with minimum wet contact times. SOPs describe the time period during which, once opened, sterile cleaning and disinfecting agents, supplies, and sterile 70% IPA may be reused. Sterile water is used to dilute concentrated cleaning agents used inside of PECs (if applicable). Cleaning and disinfecting agents are EPA-registered. If a one-step disinfectant cleaner is not used, surfaces are cleaned prior to being disinfected. [USP 797 Section 7] *-SOP 2.6*	Yes
DAILY PEC CLEANING & DISINFECTION WITH STERILE AGENTS: Equipment and all interior surfaces of the PEC are cleaned and disinfected daily on days when compounding occurs and when surface contamination is known or suspected. Sterile 70% IPA is applied after cleaning, disinfecting, or after one-step disinfectant cleaner or sporicidal agent application to remove residue. [USP 797 Section 7]	Yes
CATEGORY 1 AND 2-MONTHLY PEC SPORICIDAL DISINFECTION: Equipment and all interior surfaces of the PEC, including underneath of removable work trays, are cleaned with a sporicidal agent monthly. [USP 797 Section 7]	N/A
DAILY SEC & SCA CLEANING & DISINFECTION: Work surfaces, floors, sink surfaces, and pass-through chambers are cleaned and disinfected daily on days when compounding occurs. [USP 797 Section 7]	Yes
CATEGORY 1 AND 2 -MONTHLY PEC, SEC & SCA SPORICIDAL DISINFECTION: Equipment and all interior surfaces of the PEC, including underneath of removable work trays, work surfaces, pass-through chambers, storage shelving and bins, equipment outside of PEC's, sink surfaces, floors, ceilings*, walls, doors, and doors frames at least once monthly. SCA ceilings (if applicable) are only cleaned, disinfected, and have sporicidal agents applied when visibly soiled and when surface contamination is known or suspected. [USP 797 Section 7]	N/A
PEC SANITIZATION WITH STERILE 70% IPA: Sterile 70% IPA is applied to the horizontal work surface, including removable trays, immediately before initiating compounding and at least every 30 minutes. If a compounding process takes more than 30 minutes, the work surface is disinfected immediately after the end of the compounding process. Sterile 70% IPA is allowed to dry. [USP 797 Section 7]	Yes
CLEANING SUPPLIES & TOOLS: All cleaning and disinfecting supplies (e.g., wipers, sponges, pads, and mop heads), except for tool handles and holders, are low lint. Supplies used inside PECs are sterile. [USP 797 Section 7.1.2]	Yes
REUSABLE CLEANING TOOLS: Reusable cleaning tools (e.g., mop frames) are made of cleanable materials and are cleaned and disinfected before and after each use. Reusable tools are dedicated for use in the classified areas or SCA and are not removed. Mops used in HD compounding areas, are dedicated for use only in those areas. [USP 797 Section 7.1.2]	Yes

FACILITY COMPOUNDS CATEGORY 3

WEEKLY SPORICIDAL CLEANING OF PECs & SECs: Weekly cleaning using a sporicidal agent is performed on all internal surfaces of PEC and equipment in PEC's, on work surfaces outside the PEC, pass-through chambers, and floors. [USP 797 Section 7] *-Using sterile DECON Spore 200*	Yes
MONTHLY SEC SPORICIDAL DISINFECTION: A sporicidal disinfectant is applied to storage shelving and bins, equipment outside of PEC's, sink surfaces, ceilings, walls, doors, and doors frames at least once monthly. [USP 797 Section 7]	Yes

P. COMPOUNDING CSPs FROM NONSTERILE COMPONENTS OR SUPPLIES – CATEGORY 2 & 3

PRESTERILIZATION ACTIVITY CONTAINMENT ENCLOSURES: Pre-sterilization procedures, such as weighing and mixing of nonsterile components, occur in ISO Class 8 or better environment (e.g., anteroom or buffer room) and are performed in single-use containment glove bags, CVEs, BSCs, or CACIs. [USP 797 Section 4.2.6] *-SOP 4.6, 5.1-5.3, 6.1-6.3*	Yes
LOCATION OF STERILE & NONSTERILE PECs: PECs used for sterile and nonsterile compounding (e.g., pre-sterilization procedures) are placed in separate rooms unless the buffer room can maintain an ISO Class 7 classification during particulate generating activities. Co-located PECs are at least 1 meter apart and particle-generating activities are not performed during sterile compounding processes [USP 797 Section 4.2.1; USP 800 Section 5.3]	Yes
COMPONENT SOPs: Written SOPs address the selection, receipt, evaluation, handling, storage, and documentation of all CSP components including ingredients and container closures. [USP 797 Section 9.3] *-SOP 5.1, 6.1, 6.2*	Yes
COMPONENT QUALITY & COA: APIs and components comply with the criteria in the USP-NF (if one exists for inactive components) and have a COA including specifications and test results showing the API or component meets expected quality. APIs and other components labeled "not for pharmaceutical use", "not for injectable use", "not for human use", or equivalent are not used in CSPs. [USP 7 Section 9.3.1] *-Viewed Hybio COA (FDA registered API mfg) for semaglutide; SOP 5.13*	Yes
API MANUFACTURERS: APIs are manufactured by an FDA-registered facility in the U.S. or comply with the laws and regulations of the applicable regulatory jurisdictions outside of the U.S. [USP 797 Section 9.3.1]	Yes
COMPONENT STORAGE: Components are handled and stored in a manner that prevents contamination, mix-ups, and deterioration and under temperature, humidity, and lighting conditions consistent with those indicated in official monographs or specified by the suppliers and/or manufacturers. [USP 797 Section 9.3.4]	Yes
STERILE, DEPYROGENATED SUPPLIES: Supplies in direct contact with CSPs are sterile and depyrogenated. A COA or similar conformance documentation is reviewed. [USP 797 Section 9.3.1] *-SOP 13.1*	Yes
COMPONENT RECEIPT: Upon receipt, the external packaging of components is examined and components of unacceptable quality or showing deterioration are promptly labeled as rejected and segregated from active stock. APIs and components are inspected for a visible manufacturer expiration date. Components lacking expiration dates are assigned an expiration date no more than 1 year after receipt and both the date of receipt and facility assigned expiration date is clearly marked on the component packaging. [USP 797 Section 9.3.2]	Yes
STERILIZATION OF INJECTABLES WITHIN 6 HOURS OF COMPLETION: Injectable CSPs containing nonsterile components or that come into contact with nonsterile devices (e.g., containers, tubing) during compounding are sterilized within 6 hours of completion. [USP 797 Section 10] *-Pharmacy is planning on performing sterilization by filtration*	N/A

Q. STERILIZATION OF CSPs - CATEGORY 2 & 3

INV797 USP Sterile Compounding

STERILIZING FILTERS: Sterilizing filters used are sterile, depyrogenated, have a nominal pore size of 0.22 µm or smaller, and are appropriate for pharmaceutical use. Sterilizing filters are certified by the manufacturer to retain at least 10,000,000 microorganisms of a strain of Brevundimonas diminuta per square centimeter of upstream filter surface area. Filters are chemically and physically compatible with all ingredients in the CSP (e.g., water-miscible alcohols may damage filter integrity); chemically stable at the pressure and temperature conditions that will be used; and have enough capacity to filter the required volumes. [USP 797 Section 10.2]	Yes
BUBBLE POINT TESTING: Sterilizing filters are subjected to the manufacturers' recommended integrity testing, such as a post-use bubble point test. If multiple filters are required for the compounding process, each of the filters passes a filter-integrity test. [USP 797 Section 10.2] For failed BP testing, CSP is discarded or, after investigating, refiltered not more than one time. [USP 797 Section 10.2] *-SOP 13.6*	Yes
CSP PREFILTRATION: When CSPs are known to contain excessive particulate matter, prefiltration is performed using a filter of larger nominal pore size (e.g., 1.2 µm) or a separate filter of larger nominal pore size placed upstream of (i.e., prior to) the sterilizing filter. [USP 797 Section 10.2]	N/A
CSP TERMINAL STERILIZATION SOP includes: 1) A description of CSP terminal sterilization process(es), including the temperature, pressure (if applicable), duration, permissible load conditions for each cycle, and the use of biological indicators and endotoxin challenge vials (ECVs). 2) Personnel training and competency assessment on sterilization methods and equipment. 3) Schedule and method for establishing and verifying the effectiveness of methods selected. [USP 797 Section 10] *-Pharmacy not planning on terminal sterilization of CSPs*	N/A
STEAM OR DRY HEAT STERILIZATION CYCLES FOR CSPs: Sterilization cycles allow for an exposure duration that includes sufficient time for the entire contents of the CSP to reach and remain at the sterilizing temperature during the duration of the sterilization period. CSPs sterilized vial steam are placed in the autoclave to allow steam to reach CSPs without entrapment of air. CSPs sterilized via dry heat are placed with sufficient space between materials to allow for hot air circulation. Sterilization cycle parameters (e.g., temperature, pressure, and duration) and load configuration(s) are documented. [USP 797 Section 10.3 & 10.4] *-Pharmacy not planning on performing this for CSPs*	N/A
BIOLOGICAL INDICATOR USE: The effectiveness of steam or dry heat sterilization of CSPs is verified and documented for each sterilization run or load by using appropriate biological indicators (e.g., Geobacillus stearothermophilus for steam, Bacillus atrophaeus for dry heat) and other confirmation methods. [USP 797 Section 10.3]	N/A
STEAM & DRY HEAT CSP PREFILTRATION: Immediately before filling containers that will be sterilized via steam, or dry heat, CSP solutions are passed through a filter with a nominal pore size of not larger than 1.2 µm for removal of particulate matter. [USP 797 Section 10.3]	N/A
CALIBRATED DATA RECORDER: A calibrated data recorder or chart is used to monitor each steam or dry heat sterilization cycle and to examine for cycle irregularities (e.g., deviations in temperature or pressure). The calibrated oven is equipped with temperature controls and a timer. [USP 797 Section 10.3 & 10.4]	N/A

R. STERILIZATION & DEPYROGENATION OF SUPPLIES & CONTAINER CLOSURE SYSTEMS - CATEGORY 2 & 3

STERILIZATION & DEPYROGENATION SOP's include: 1) A description of sterilization and depyrogenation process(es) used to sterilize and/or depyrogenated compounding supplies and container closure systems, including the temperature, duration, permissible load conditions for each cycle, and the use of biological indicators and endotoxin challenge vials (ECVs). 2) Personnel training and competency assessment on sterilization and depyrogenation methods and equipment used by the facility. 3) Schedule and method for establishing and verifying the effectiveness of methods selected. [USP 797 Section 10] *-SOP 13.1, 13.7; pharmacy sterilizing, depyrogenating supplies only, not container closure systems*	Yes
DEPYROGENATION VIA DRY HEAT: Dry heat depyrogenation is used to render glassware, metal, and other thermostable containers and components pyrogen free. The exposure period includes sufficient time for items to reach the depyrogenation temperature; items remain at the depyrogenation temperature for the duration of the depyrogenation period. [USP 797 Section 10.1 & USP 1228.4] *-Using Binder oven; SOP 13.1*	Yes
DEPYROGENERATION VIA RINSING: Non-thermostable items are sterilized via a validated sterilization method and cycle: these items are also depyrogenated by multiple rinses with sterile, nonpyrogenic water (e.g., Sterile Water for Injection or Sterile Water for Irrigation) and then thoroughly drained or dried immediately before use in compounding. [USP 797 Section 10 & 10.1]	N/A
DEPYROGENATION PROCESS VALIDATION: The effectiveness of the dry heat depyrogenation cycle(s) is established initially and verified annually using Endotoxin Challenge Vials (ECVs) to demonstrate the cycle achieves a greater than or equal to 3-log endotoxin reduction. The effectiveness of the depyrogenation cycle is re-established if there are changes to the cycle parameters . Cycle verifications are documented. [USP 797 Section 10.1] *-Pharmacy scheduled to perform this 3/18/26*	Yes
STERILIZATION CYCLE VALIDATION: When performed onsite, the efficacy of sterilization cycles used for supplies or container closure systems are established and documented. Each sterilization run or load is verified and documented by using appropriate biological indicators (e.g., spores of Geobacillus stearothermophilus) and other confirmation methods. [USP 797 Section 9.3.1 & USP 1229]	Yes

S. MASTER FORMULATION AND COMPOUNDING RECORDS – ALL CATEGORIES

MASTER FORMULATION RECORD (MFR): A MFR is created for all CSPs prepared from nonsterile ingredient(s) or CSPs prepared for more than one patient and any changes or alterations to an MFR are approved and documented per facility's SOPs. [USP 797 Section 11.1] *-SOP 4.4*	Yes
MFR DOCUMENTATION: An MFR includes at least the following: 1) Name, strength or activity, and dosage form of the CSP; 2) Identities, amounts of all ingredients, and, if applicable, relevant characteristics of components; 3) Type and size of container closure system(s); 4) Complete instructions for preparing the CSP including equipment, supplies, a description of the compounding steps, and any special precautions; 5) Physical description of the of the final CSP; 6) BUD and storage requirements; 6) Stability reference; 7) Quality control procedures; 8) other information as needed to describe the compounding process and ensure repeatability. [USP 797 Section 11.1 (Box 9)] *-Examined semaglutide 5mg/ml - 2ml MDV MFR*	Yes
COMPOUNDING RECORD (CR): A CR is created for all Category 1, Category 2, and Category 3 CSPs. A CR is created for immediate-use CSPs prepared for more than one patient. A CR includes at least the following: 1) Name, strength or activity, and dosage form of the CSP; 2) Date and time of preparation of the CSP; 3) Assigned internal identification number (e.g., prescription, order, or lot number); 4) A method to identify the individuals involved in the compounding process and individuals verifying the final CSP; 5) Name of each component; 6) Vendor, lot number, and expiration date for each component for CSPs prepared for more than one patient and for CSPs prepared from nonsterile ingredient(s); 7) Weight or volume of each component; 8) Strength or activity of each component; 9) Total quantity compounded; 10) Final yield; 11) Assigned BUD and storage requirements; 12) Results of QC procedures. And, if applicable, 13) MFR reference for the CSP; and 14) Calculations made to determine and verify quantities and/or concentrations of components. [USP 797 Section 11.2] *-Pharmetica for CRs*	Yes
STERILIZATION CYCLE DOCUMENTATION: The date, run, and load numbers of the steam or dry heat sterilizer used to sterilize a CSP are documented on the CR if applicable. [USP 797 Sections 10.3 & 10.4]	N/A

T. RELEASE INSPECTION AND TESTING – ALL CATEGORIES

RELEASE TESTING PROCEDURES: All release testing procedures (e.g., visual inspections and testing) are included in facility documentation such as MFRs and SOPs. [USP 797 Section 12] *-SOP 4.8, 4.11*	Yes

VISUAL INSPECTION: CSPs are visually inspected before release and dispensing to determine whether the 1) physical appearance of the CSP is as expected (e.g., free of inappropriate visible particulates or other foreign matter, discoloration, or other defects), 2) container closure integrity is intact (e.g., checking for leakage, cracks in the container, or improper seals), 3) CSP and its labeling match the prescription or medication order. [USP 797 Section 12.1]	Yes
DELAYED DISPENSING VISUAL INSPECTION: When CSPs are not released or dispensed on the day of preparation, a visual inspection is conducted immediately before its release to ensure the CSP is free from any defects such as precipitation, cloudiness, or leakage, which could develop during storage. [USP 797 Section 12.1]	Yes
CSP REJECTION & QUARANTINE: CSPs found to be of unacceptable quality (e.g., observed defects) are promptly rejected, clearly labeled as rejected, and segregated from active stock. [USP 797 Section 12.1] *-rejected CSPs are discarded for waste disposal by HES*	Yes
INVESTIGATION OF OOS RESULTS: Out-of-specifications results and defects indicating sterility or stability problems are investigated to determine the root cause and a corrective action plan is implemented and documented per facility SOPs. [USP 797 Section 12 & 12.1] *-SOP 4.11, 11.4*	Yes

U. CSP HANDLING, STORAGE, PACKAGING, SHIPPING, & TRANSPORT – ALL CATEGORIES

STORAGE AREA TEMPERATURE MONITORING: Temperature in CSP & component storage areas is monitored at least once daily and recorded on a log on days when the facility is open or by a continuous temperature recording device; temperature data is readily retrievable. Monitoring equipment is calibrated or verified for accuracy as recommended by the manufacturer or every 12 months. When CSPs have been exposed to temperature excursions above or below storage temperature limits for the CSP, a Designated Person determines whether the CSP has retained its integrity or quality. [USP 797 Sections 9.3 & 19.1]	Yes
CSP PACKAGING: CSP packaging and shipping materials are selected to protect CSPs from damage, leakage, contamination, degradation, adsorption and prevent inadvertent exposure to transport personnel. [USP 797 Section 19.2]	Yes
SHIPPING & TRANSPORTING: Modes of transport are selected that are expected to deliver properly packaged CSPs in an undamaged, sterile, and stable condition. Special handing instructions are provided and/or affixed to the exterior of the container when applicable. [USP 797 Section 19.2]	Yes

V. STERILE QUALITY PROGRAM, SOP's & DOCUMENTATION- ALL CATEGORIES

QA/QC PROGRAM & SOPs: A Quality Assurance (QA) and Quality Control (QC) program is documented in facility SOPs and formally establishes a system of 1) adherence to procedures, 2) prevention and detection of errors and other quality problems, 3) evaluation of complaints and adverse events, and 4) appropriate investigations and corrective actions. The QA/QC SOPs describe the roles, duties, and training of personnel responsible for each aspect of the QA program. [USP 797 Section 18] *-SOP 1.4*	Yes
INVESTIGATIONS & CAPAs: A designated person(s) follows up to ensure investigations are conducted and corrective actions are taken if problems, deviations, failures, or errors are identified or when complaints or adverse reactions are reported. A complete record of each reported complaint and adverse reaction is created and retained. Investigations and corrective actions are documented. [USP 797 Sections 17, 18.2, & 18.3] *-SOP 1.6*	Yes
ADR & COMPLAINT DOCUMENTATION: A complete record of each reported complaint and adverse reaction is created and retained per USP 797. [USP 797 Section 18.1] *-SOP 1.7*	Yes
RECALL PROCEDURES & SOP: If CSPs are dispensed or administered before the results of release testing are known, procedures are in place to immediately notify the prescriber of a failure of specifications with a potential to cause patients harm; determine the severity of the problem and urgency for implementation/completion of recall; identify patients (or other points of distribution) who have received affected CSP; recall any unused dispensed CSPs; quarantine remaining stock in the pharmacy; investigate if other lots are affected and recalled if needed; conduct investigation and document reason for the failure. Recalls are reported to the appropriate regulatory body as required by the laws and regulations of the applicable regulatory jurisdiction. [USP 797 Section 18] *-SOP 6.5*	Yes
ANNUAL SOP & QA/QC COMPLIANCE REVIEW: Facility sterile compounding SOPs are reviewed every 12 months by the Designated Person(s); the review is documented. Changes to SOP are made only by the Designated Person and documented. Acknowledgement of revisions to SOP's are communicated to all personnel. The overall QA/QC Program is reviewed at least once every 12 months by the Designated Person(s); the review is documented, and corrective actions are taken if needed. [USP 797 Section 17 & 18]	Yes

W. HAZARDOUS DRUG HANDLING & COMPOUNDING – ALL CATEGORIES

DESIGNATED PERSON: The entity has a Designated Person who is qualified and trained to be responsible for implementing appropriate HD procedures, overseeing compliance with USP 800 requirements, ensuring environmental control of the storage and compounding areas, monitoring HD facility operations, testing, and acting on results. [USP 800 Section 4] *-DP is Richard Lavosky*	Yes
HAZARD COMMUNICATION PROGRAM (HCP): Facility has SOPs to ensure effective training regarding proper labeling, transport, storage, and disposal of HDs and use of Safety Data Sheets. The HCP and HD SOPs include a written plan describing 1) how USP 800 requirements are implemented, 2) HD chemical container labeling with the identity of the material and appropriate hazard warnings, 3) readily accessible location of HD chemical SDSs known and accessible by all personnel, 4) HD risk training and information provided to all personnel with HD exposure risk before initial HD handling work assignment and whenever hazard changes, 5) personnel of reproductive capability written acknowledgement of understanding of HD handling risks. [USP 800 Section 8] *-Pharmacy currently engaging in nonsterile hazardous drug compounding only; no sterile hazardous drug compounding; SOP 6.09*	Yes
LIST OF HAZARDOUS DRUGS & ASSESSMENT OF RISK: Facility maintains a list of HDs that includes any items on the current NIOSH that the entity handles. The list is reviewed every 12 months and whenever a new agent or dosage form is used. All HD drugs follow the requirements of USP 800 unless an assessment of risk (AOR) is performed. If an assessment of risk approach is taken, the entity must documents what alternative containment strategies and/or work practices are being employed for specific dosage forms to minimize occupational exposure. The AOR minimally contains the type of HD, dosage form, risk of exposure, packaging, and manipulation considerations. The HD drug list & AOR is reviewed at least every 12 months and whenever a new agent or dosage form is used. [USP 800 Section 2] *-SOP 6.01, 6.02*	Yes
CONTAINMENT REQUIREMENTS: All antineoplastic HDs requiring manipulation and HD active pharmaceutical ingredients (APIs) on the NIOSH list follow all the requirements of USP 800. [USP 800 Section 2, Box 1] *-currently has 4 hazardous drug powders for nonsterile compounding*	Yes
HD HANDLING, RECEIPT & STORAGE SOPs: SOPs are created and followed for the safe handling of HDs used by the facility. [USP 800 Section 17]	Yes
HD HANDLING AREAS, SIGNAGE, & ACCESS: Signage designating HD handling areas are prominently displayed and access to HD handling areas is restricted to authorized personnel. Designated areas are available for receipt, unpacking, storage, and sterile compounding of HDs. [USP 800 Section 5]	Yes

HD STORAGE: HDs are stored to prevent spillage or breakage, off floors, and in areas appropriate for natural disasters. Antineoplastic HDs and HD API are stored separately from non-HDs to prevent contamination and personnel exposure. HD storage areas are externally ventilated and negative-pressure rooms with at least 12 ACPH. Refrigerated antineoplastic HDs are stored in a dedicated refrigerator, in a negative pressure area with at least 12 ACPH. Pass through refrigerators are not used. [USP 800 Section 5.2] *-Pharmacy has a hazardous drug storage room adjoining a nonsterile hazardous drug compounding room*	Yes
STERILE HDs COMPOUNDED IN A C-SCA: C-SCA maintains a minimum of 12 ACPH of HEPA- filtered air and has negative pressure to adjacent areas of -0.01" w.c. to -0.03" w.c. [USP 800, sections 5.3.2 Table 3]	N/A
C-SEC DESIGN AND ENGINEERING CONTROLS: The C-SEC has fixed walls physically separated from other preparation areas, is externally ventilated has 30 ACPH, and negative pressure to adjacent areas of -0.01" w.c. to -0.03" w.c. [USP 800 Section 5.3.2 Table 3] *-Pharmacy has a nonsterile hazardous drug compounding room*	N/A
C-SEC ACCESS: The Ante Room used for entry into the negative pressure buffer room has fixed walls and maintains a minimum of 30 ACPH of HEPA-filtered air, positive pressure of +0.02" w.c. to all adjacent unclassified areas, and ISO7 or better classification. Alternatively, a negative-pressure HD buffer entered exclusively through a positive pressure non-HD buffer room contains a line of demarcation (LOD) within the negative-pressure buffer room for donning/doffing HD PPE and a method a transport of HDs, HD CSPs, and HD waste into and out of the HD buffer (e.g., pass-through chamber). Pass through chambers are included in semi-annual facility certification. [USP 800 Section 5.3.2]	N/A
C-SEC SINK & SAFETY EQUIPMENT: A sink is available for hand washing and an eyewash station and/or other emergency safety precautions meeting applicable laws and regulations are readily available and located where operation does not interfere with ISO classifications. Sinks are located at least 1 meter from the entrance into the buffer room (or at least 1 meter from the C-PEC in a C-SCA). [USP 800 Sections 5.3 & 5.3.2]	N/A
C-PEC LOCATION, VENTING, & OPERATION: All C-PECs used for sterile HD compounding (e.g., CACIs or BSCs), are located within a C-SEC or C-SCA, externally vented, and maintain an ISO 5 or better air quality. C-PECs operate continuously if supplying some or all the negative pressure in the C-SEC or if used for sterile compounding. During power outages, repairs, or relocation, C-PEC use is suspended immediately. Once C-PEC power is restored, all PEC surfaces are decontaminated, cleaned, and disinfected, and compounding is not resumed until the manufacturer's specified recovery time has elapsed. [USP 800 Section 5.3.2] *-Pharmacy has 7 powder hoods used for nonsterile drug compounding, including hazardous drugs*	N/A
REQUIRED HD PPE: When compounding HDs, gowns, head, hair, shoe covers, and two pairs of chemotherapy gloves are donned per facility SOPs. Chemotherapy gloves are tested to ASTM standard D6978 (or its successor) and are powder free and two pair of chemotherapy gloves are donned per SOP. Gloves are inspected for physical defects. Gloves are changed when torn, punctured, or contaminated. Personnel wash hands with soap and water after removing gloves. HD gowns are disposable, resistant to permeability by HDs, close in back, are long sleeved, closed cuff, and seamless. Gowns are changed per manufacturer's permeation information; if no data is available, HD gowns are change every 2-3 hours or immediately after a spill or splash. Gowns are limited to HD handling areas and are donned over the sterile compounding garment. When compounding, a second pair of shoe covers is donned before entering the C-SEC and doffed when exiting the C-SEC. HD PPE is disposed of appropriately prior to exiting the C-SEC. Chemotherapy gloves and sleeve covers (if used during compounding) are carefully removed and discarded immediately into an appropriate waste container inside of the C-PEC or contained in a sealable bag for discarding outside of the C-PEC. Reusable PPE is decontaminated and cleaned after each use. [USP 800 Section 7] *-SOP 6.05*	Yes
EYE AND FACE PROTECTION: Appropriate eye (goggles) and face protection (face shield) are worn when there is a risk for spills or splashes or when working outside of a C-PEC. Surgical masks are not used when respiratory protection is required per SOP and/or AOR as protection from HD exposure. [USP 800 Section 7.4]	Yes
HD TRAINING & COMPETENCY ASSESSMENT: Personnel who handle HDs are trained and demonstrate competency initially before independently handling HDs, annually, and when a new HD medication, process, SOP, or equipment is introduced. Training minimally includes an overview of the entity's HD list and their risks; review of HD SOPs; proper use of PPE, equipment, and devices; prevention of HD exposures and spills; HD exposure and spill response; use of a spill kit, PPE, and NIOSH-certified respirators; and HD disposal. Based on job duties, personnel receive additional HD training in HD acquisition and receipt, preparation, compounding, dispensing, labeling, storage, and transport. Training and competency assessments are documented. [USP 800 Sections 8, 9, 11.1, 16, & 17] *-SOP 6.04 for nonsterile*	Yes
HD ATTESTATION: Personnel of reproductive capability have a written acknowledgement attesting to their understanding of HD handling risks. [USP 800 Section 8]	Yes
DEDICATED HD EQUIPMENT: Disposable or cleanable equipment for compounding (e.g., mortar and pestle, graduated cylinder, spatulas) is dedicated for use with HDs. [USP 800 Section 13]	Yes
NON-HD COMPOUNDING IN A C-PEC: Non-HDs compounded in a HD C-PEC are placed in protective outer wrapping, labeled for PPE handling precautions, and treated as an HD. The C-PEC worksurface is decontaminated between compounding of different HDs. [USP 800 Section 5.3.2 and Table 3]	N/A
DEACTIVATION, DECONTAMINATION, CLEANING & DISINFECTION (D/D/C/D): Areas where HDs are handled and all reusable equipment and devices are deactivated/decontaminated, and cleaned. Sterile compounding areas and devices are subsequently disinfected. Written procedures for decontamination, deactivation, cleaning, and disinfection are available and followed. Procedures include agents used, dilutions (if used), frequency, and documentation requirements. Agents selected are appropriate for the type of HD contamination(s), location, and surface materials. Sterile 70% IPA is used to remove residue left on sterile surfaces and compounding areas by decontaminating agents. [USP 800 Section 15]	Yes
D/D/C/D TRAINING & PPE REQUIREMENTS: Personnel are trained in deactivation/decontamination, cleaning, and disinfection to protect themselves and the environment from contamination. Personnel wear appropriate PPE resistant to cleaning agents used, including 2 pairs of ASTM-tested chemotherapy gloves and impermeable disposable gowns. Eye protection and face shields are worn if splashing may occur. [USP 800 Section 15]	Yes
C-PEC D/D/C/D: C-PEC is decontaminated at least daily (when used), after as spill, before and after certification, voluntary interruption, or if ventilation tool is removed. The C-PEC worksurface is decontaminated between compounding of different HDs. The area under the work tray of a C-PEC is deactivated, decontaminated, and cleaned at least monthly. [USP 800 Section 15.2]	N/A
HD LABELING, PACKAGING, TRANSPORT & SPILLS HANDLING: Facility follows SOP for the labeling, handling, packaging, and transport of HDs which addresses the prevention of spills/exposures, training for exposure, and spill handling. HD CSPs are identified as hazardous and labeled with special handling precautions. Labeling process for compounded HD products does not introduce contaminated materials into non-HD areas. [USP 800 Section 11 & 11.2] *-SOP 6.07*	Yes
SPILL KITS, & SINGAGE: Spill kits are readily available with appropriate supplies, PPE, and signs to restrict access to affected areas. restriction posted, and documentation of spills occur when needed. [USP 800 Section 16]	Yes

X. LYOPHILIZATION

Sterile preparations prepared for lyophilization are maintained in ISO 5 unidirectional laminar flow air throughout sterilization, filling, and transport to the lyophilizer. [64B16-27.797(5) F.A.C.]	N/A
A recorded smoke study is available and demonstrates that transport from the PEC to the lyophilizer is accomplished in ISO 5 laminar flow air at all times. [64B16-27.797(5) F.A.C.]	N/A
The pharmacy has established and follows policies and procedures for the high-level disinfection of the lyophilizer chamber, piping, and all other areas of the unit which pose a potential risk for contamination of the product. [64B16-27.797(5) F.A.C.]	N/A

The pharmacy validated the high-level disinfection procedure initially, and after changes to the cleaning process or agents. Documentation of studies is available for inspection. [64B16-27.797(5) F.A.C.]	N/A
Validation studies for high level disinfection are performed with the 5-aerobic bacterial and fungal ATCC organisms referenced in USP<71> are conducted by an external vendor unless the firm has an internal laboratory capable of performing the studies. An internal laboratory is separate from the compounding and work areas of the pharmacy to prevent contamination in the pharmacy. [64B16-27.797(5) F.A.C.]	N/A
Policies and procedures are established and followed for cleaning the lyophilizer prior to disinfection and include cleaning agents and schedules. Documentation of cleaning is maintained and available for inspection. [64B16-27.797(5) F.A.C.]	N/A
Policies and procedures are established for the maintenance of the lyophilizer and at a minimum include the manufacturers recommendations. [64B16-27.797(5) F.A.C.]	N/A
The maintenance schedule includes provisions for periodic testing of the chamber for leaks and all other recommended procedures described by the equipment manufacturer. Documentation of routine maintenance is available for inspection. [64B16-27.797(5) F.A.C.]	N/A
SOPs and quality assurance program established to include validation of the filling process, container closure integrity, frequent monitoring of fill volumes, identification of over fills and underfills, assessment of personnel involved in compounding for lyophilization, equipment qualification, formula verification, and evaluation of finished product for conformance to specifications. [64B16-27.797(5) F.A.C.]	N/A
The pharmacy has provisions for sterilizing, with filters, the inert gas or air used for backfilling during the vacuum release phase. These Sterilizing filters undergo the manufacturers recommended integrity test. [64B16-27.797(5) F.A.C.]	N/A
Media fills are conducted every six months using the maximum batch size and demonstrate the filling, transport to the lyophilizer, loading and stoppering operations. Media is NOT frozen during the media fill operation. [64B16-27.797(5) F.A.C.]	N/A
Personnel preparing sterile compounds for lyophilization wear sterile Personal Protective Equipment that covers all exposed skin. [64B16- 27.797(5) F.A.C.]	N/A
Glove Fingertip Sampling is performed with every batch after fill and transport into the lyophilizer on all personnel compounding for lyophilization. The results are incorporated into the batch record. [64B16-27.797(5) F.A.C.]	N/A
In-process acceptance criteria such as color, moisture limits and visual appearance are established for each lyophilized product. [64B16- 27.797(5) F.A.C.]	N/A
A 100% visual examination of the finished product is conducted to determine that the product conforms to the established visual criteria and is incorporated into the batch record. [64B16-27.797(5) F.A.C.]	N/A
Finished product testing is conducted on all batches. Procedures have been established for selecting test samples from the batch and are written and followed. Such procedures may include location of vials in the lyophilizer and positions in the fill line. [64B16-27.797(5) F.A.C.]	N/A
Finished product testing includes sterility testing using a USP<71> method unless an alternative test method has been validated and shown to be equivalent or better. Diluents used to reconstitute the sample vials for testing are preservative free. [64B16-27.797(5) F.A.C.]	N/A
Each batch of lyophilized product with a beyond use date that falls within the USP<797> guidelines and is not tested for sterility, has viable air and surface sampling that is collected in critical areas of ISO 5 locations as well as sampling of the gloves and sleeves of personnel documented in the batch record. [64B16-27.797(5) F.A.C.]	N/A
Every lyophilized product has established endotoxin levels Each batch of lyophilized product is tested for endotoxin in accordance with USP<85> and confirmed to fall within the set limits and documented in the batch record. [64B16-27.797(5) F.A.C.]	N/A
Potency, radiochemical purity, or applicable test to assure label claim is conducted on every batch and documented in the batch record. In lieu of potency testing, weight-based verification may occur based on formula verification. Potency testing shall be based on the USP monograph if one is available. [64B16-27.797(5) F.A.C.]	N/A

Y. SPECIAL PARENTERAL ENTERAL & EXTENDED SCOPE

Technicians properly identified. [64B16-27.100 (2) F.A.C.]; [64B16-27.4001 F.A.C.]; [64B16-27.410 F.A.C.]; [64B16- 27.420 F.A.C.].	N/A
Medication is properly labeled for dispensing to patient. [64B16-28.108(2) F.A.C.]	N/A
Outdated medications removed from active stock. [64B16-28.110 F.A.C.]; [64B16-28.1191 F.A.C.]	N/A
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and quarterly summarization of Quality Related Events are available for inspection. [64B 16 27.300 F.A.C.]; [766.101 (1) (a)(i) F.S.]	N/A
Pharmacy maintains patient profile with allergy information and medications dispensed. [64B16-27.800, F.A.C.]	N/A
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c) F.S.]; [21CFR1306.05]	N/A
Prescriptions for controlled substances are on counterfeit-proof prescription pads or blanks purchased from a department-approved vendor and the quantity and date meet the requirements of [456.42(2), F.S.]	N/A
Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a), F.S.] [21CFR1304.11] [21CFR1304.04]	N/A
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2) F.S.]; 21CFR 1305.13(e)]; [21CFR1305.22(g)]	N/A
Controlled substance records and prescription information in computer system are retrievable and maintained for 4 years. [21CFR1304.04]; [465.022(12) (a) F.S.]; [21CFR1306.22]; [64B16-28.140 F.A.C.]	N/A
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)]; [64B16-28.140(3)(d) F.A.C]	N/A
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4) (3)(a), F.S.]	N/A
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005 (14) F.S.]	N/A
A special sterile products and parenteral/enteral compounding pharmacy provides telephone accessibility to its pharmacist(s) for its patients at all hours. [64B16-28.820(3)(b)]	N/A
A special sterile products and parenteral/enteral compounding pharmacy provides special handling and packaging of compounded parenteral and enteral preparations when delivering from the pharmacy to the patient or institution as required to maintain stability of the preparations. [64B16-28.820(3)(b)]	N/A

Z. Miscellaneous

BLOOD-DERIVED OR BIOLOGICAL MATERIAL MANIPULATIONS: Compounding activities that require the manipulation of a patient's blood-derived or other biological material (e.g., autologous serum), are clearly separated from other compounding activities and equipment used in CSP preparation activities and controlled by specific SOPs to avoid cross-contamination. [USP 797 Section 1.1.2]	N/A

ALLERGENIC EXTRACTS: Licensed allergenic extracts are mixed and diluted to prepare prescription sets for administration to patients. A prescriptions set is a vial or set or vials of premixed licensed allergenic extracts for subcutaneous immunotherapy that have been diluted with an appropriate diluent for an individual patient. Compounding allergenic extracts 1) minimally complies with all aspects of USP <797> Section 21; 2) involves transfer via sterile needles and syringes of conventionally manufactured sterile allergen products and appropriate conventionally manufactured sterile added substances; and 3) manipulations are limited to penetrating stoppers on vials with sterile needles and syringes and transferring sterile liquids in sterile syringes to sterile vials. If these conditions are not met, compounding of allergenic extracts follows all aspects of USP <797>. [USP 797 Sections 1.1.2 and 21]	N/A

Corrective Action Plan

A corrective action plan is required to be submitted within 30 days for the non-compliant items listed above. [64B16-27.797(5), F.A.C.]	No

Remarks:

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signature

HUGHES, SUSAN

Date:3/12/2026

Representative:

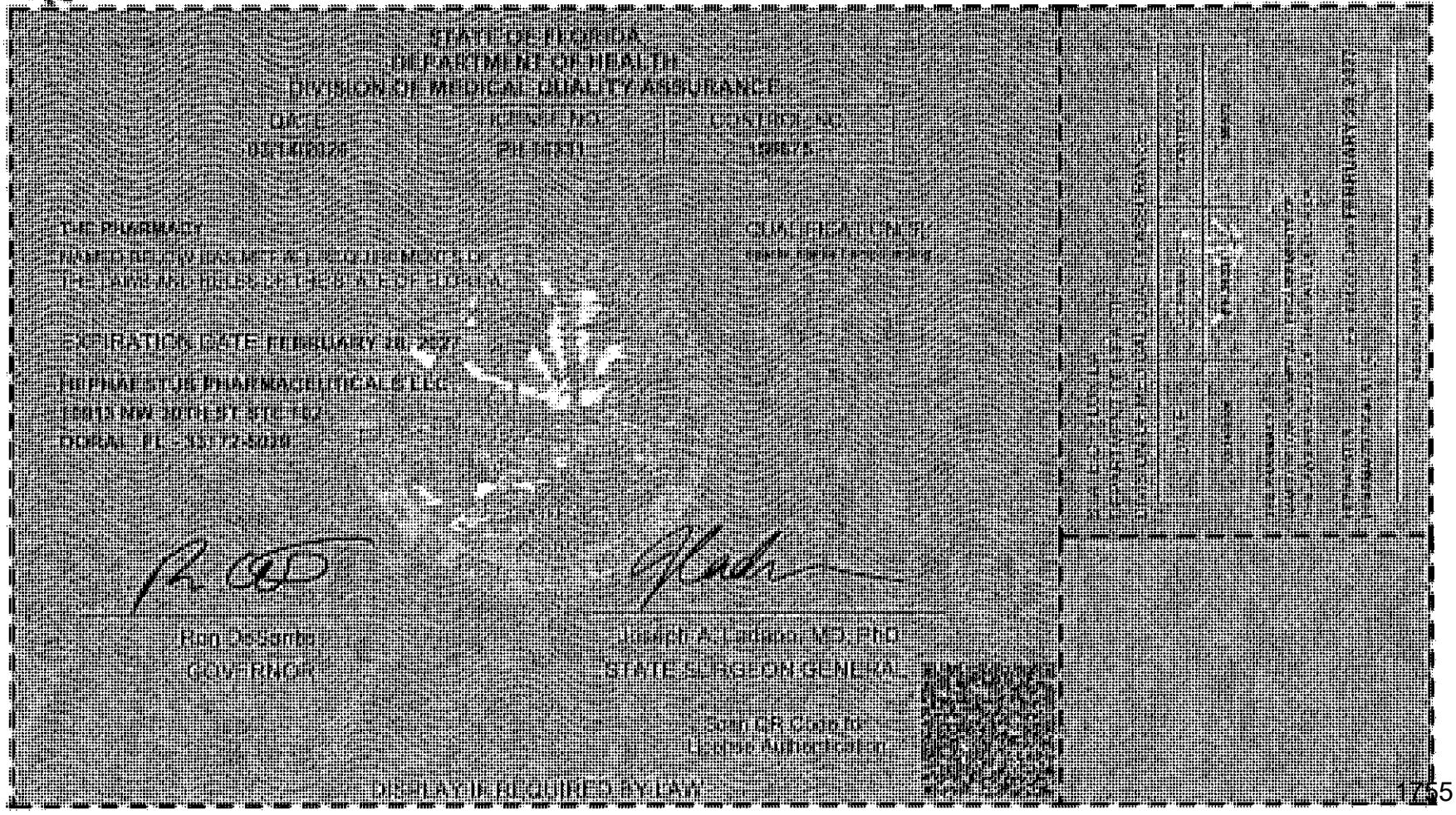
Richard Lavosky

Date:3/12/2026

Your license number is PH 36331.

Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes and much more.



Your license number is PH 35852.

Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes and much more.


STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DISPLAY IN A PUBLIC AREA

Florida HEALTH Department of Health

Hephaestus Pharmaceuticals LLC

HEPHAESTUS PHARMACEUTICALS LLC

License Number: PH35852

Data As Of 4/28/2026

Profession	Pharmacy
License	PH35852
License Status	Clear/
Qualifications	Community Pharmacy Schedule II & III
License Expiration Date	2/28/2027
License Original Issue Date	07/10/2025
Address of Record	10913 NW 30th Street Suite 102 DORAL, FL 33172
Discipline on File	No
Public Complaint	No

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

Discipline Public Records Request

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:
Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:
1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a $25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
LAVOSKY, RICHARD LAWRENCE III	RX DPT MGR/COR/POR	PHARMACIST	64719	01/28/2026

Click on the License Number to view License Details for that Practitioner

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
HEPHAESTUS PHARMACEUTICALS LLC	STERILE COMPOUNDING	PHARMACY	36331	12/3/2025

Click on the License Number to view License Details for that Practitioner

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

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Tallahassee, FL 32399-3251

Please include the following:
1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
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Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
LAVOSKY, RICHARD LAWRENCE III	RX DPT MGR/COR/POR	PHARMACIST	64719	01/28/2026

Click on the License Number to view License Details for that Practitioner

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
HEPHAESTUS PHARMACEUTICALS LLC	STERILE COMPOUNDING	PHARMACY	36331	12/3/2025

Click on the License Number to view License Details for that Practitioner

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Hephaestus Pharmaceuticals LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) Pharmacy permit # PH35084

Physical Address 10913 NW 30th Street Unit 102

City Miami State FL Zip 33172

Mailing Address (if different from physical address) 1111B S Governors Ave ste 25428

City Dover State DE Zip 19904

Telephone 888-648-1134 Website www.HephaestusPharmacy.com

Licensing Company Email info@HephaestusPharmacy.com

Section 2: Personal Information

First Dan Middle Richard Last Kadlubowski

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Phoenix State AZ Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirements (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)		
Cornell University	01-16 - 05/18		
Address: 300 Day Hall	City: Ithaca	State: NY	Zip: 14853
Diploma/Degree obtained, if any: B.S. ILR			

School Name	From - To (MM/YY – MM/YY)		
Chandler Gilbert CC	08/15 - 01/16		
Address: 2626 E Pecos	City: Chandler	State: AZ	Zip: 85225
Diploma/Degree obtained, if any: N/A			

School Name	From - To (MM/YY – MM/YY)		
Desert Vista			
Address: 16440 S. 32 St.	City: Phoenix	State: AZ	Zip: 85048
Diploma/Degree obtained, if any: HS Diploma			

School Name	From - To (MM/YY – MM/YY)		
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name	From - To (MM/YY – MM/YY)		
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/12 - 04/25	[redacted]	Phoenix	AZ	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, principal, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Adonis Health Inc.			01/22 - 04/25
Business Address	**City**	**State**	**Zip**
1111 B S. Governors Ave Suite 25420	Dover	DE	19904
Phone	**Title**		
888 648 1154	Shareholder		
Description of Duties			
Owner/Operator			

Business Name			From - To (MM/YY – MM/YY)
Hephaestus Pharmaceuticals LLC			12/24 - 04/25
Business Address	**City**	**State**	**Zip**
10913 NW 30 ct 102	Miami	FL	33172
Phone	**Title**		
888 648 1134	Shareholder		
Description of Duties			
Owner/Operator (non-pharmacist)			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	N/A	
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Darr Kadlubowski

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/18/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Miami Dade

I, Darr Kadlubowski, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

April 18th 2025

Date

Subscribed and Sworn to before me this 18 day of April 2025.

Notary Public Signature

CARLOS M. GOMEZ
MY COMMISSION #HH504826
EXPIRES: APR 19, 2028
Bonded through 1st State Insurance

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Hephaestus Pharmaceuticals LLC.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH35084

Physical Address: 10913 NW 30th Street, Unit 102

City: Doral, State: FL Zip: 33172

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 888 648 1134 Website: www.hephaestuspharmacy.com

Licensing Company Email: compliance@hephaestuspharmacy.com

Section 2: Personal Information

First: Nathaniel Middle: Billy Jack Last: Armer

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Las Vegas State: NV Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.128)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Smithfield State High School			From - To (MM/YY – MM/YY): Jan 2008 - Dec 2010
Address: Obrien Rd, ~~Smithfield~~	City: Smithfield	State: QLD	Zip: 4878
Diploma/Degree obtained, if any: High School			Australia
School Name: Norton Knatchbull School			From - To (MM/YY – MM/YY): Jan 2005 - Dec 200
Address: Hythe Rd.	City: Ashford	State:	Zip: TN 24 00
Diploma/Degree obtained, if any:			united Kingdom
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
Oct 2022 - cu	[redacted]	Las Vegas	NV	[redacted]
Jun 2021 - Oct 2022		San Fransisco	CA	
07/20 - 06/21		San Francisco	CA	
09/19 - 07/20		Dallas	TX	
05/17 - 09/19		Dallas	TX	
05/16 - 05/17		Dallas	TX	
01/15 - 05/16		Maruda Australia	QLD	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Adonis Health Inc.			From - To (MM/YY – MM/YY): 01/22 - Current -
Business Address: 1111B S Governors Ave STE 25428	City: Dover	State: DE	Zip: 19904
Phone: 9097872342	Title: CEO		
Description of Duties:			

Business Name: Athena Technology Inc -			From - To (MM/YY – MM/YY): 01/25 - Present
Business Address: 1887 Whitney Mesa Dr. #3141	City: Henderson	State: NV	Zip: 89014
Phone: 702 329 0441	Title: CEO		
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	X	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	X	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
4/24/25	n/a	CA	San Francisco	San Francisco
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
3:25-cv-3536		District Court Northern California		
Reason/Charge				
Unfair competition, false advertisement, Lanham Act violation,				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Eli Lilly and Company v. Adonis Health Inc			Lawsuit	
Name of Business/Industry/Entity				
Telehealth				

Provide explanation below:

Lilly contends that Adonis Health used its trademarks and reputation to market compounded versions of GLP-1 weight-loss drugs, misleading consumers even after branded drugs were no longer in shortage. The suit centers on trademark infringement, false advertising, and consumer confusion under the Lanham Act, seeking both injunctive and monetary relief.

N. A

Original Signature (electronic, copies or stamps not accepted)

6/20/25

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
4/24/25	n/a	CA	San Francisco	San Francisco
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
3:25-cv-3536		District Court Northern California		
Reason/Charge				
Unfair competition, false advertisement, Lanham Act violation,				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Eli Lilly and Company v. Adonis Health Inc			Lawsuit	
Name of Business/Industry/Entity				
Telehealth				

Provide explanation below:

Lilly contends that Adonis Health used its trademarks and reputation to market compounded versions of GLP-1 weight-loss drugs, misleading consumers even after branded drugs were no longer in shortage. The suit centers on trademark infringement, false advertising, and consumer confusion under the Lanham Act, seeking both injunctive and monetary relief.

N. Amr
Original Signature (electronic, copies or stamps not accepted)

6/20/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nathaniel Armer

Print Name (First, Last)

N. Arm — 6/20/25

Original Signature (electronic, copies or stamps not accepted) — Date

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Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Miami Dade

I, Nathaniel Armer, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

N. Arm — 6/20/25

Original Signature — **Date**

Subscribed and Sworn to before me this 20 day of June 2025

Notary Public Signature

CARLOS M. GOMEZ
MY COMMISSION #HH504826
EXPIRES: APR 19, 2028
Bonded through 1st State Insurance

(Seal)

4PP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☐ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☒ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☒ Controlled substances
	☒ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☒ Non-sterile Compounding
			☒ Sterile Compounding
			☒ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH 04256		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: F&F Pharmacies Inc, dba Jungle Jim's Pharmacy

Physical Address: 5484 Dixie Hwy

City: Fairfield State: OH Zip: 45014

Mailing Address (if different from physical address): Same as above

City: _____ State: _____ Zip: _____

Telephone: 877-858-3784 Toll Free # (NAC 639.708, NRS 639.23286): 877-858-3784

Fax: 513-858-3807 Contact Email: licensing@junglejimrx.com

Website: junglejimsrx.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Ron Ferguson

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 22136

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Ron Ferguson	NV Pharmacist Registration #: 22136
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: Ron Ferguson	Credentials: Pharmacist	%: 50
Name: Kip Ferguson	Credentials: Pharmacist	%: 50
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Ohio

Parent Company (if any): Fortis Holding Company

Corporation/Organization Name: F&F Pharmacies Inc.

Mailing Address: 5484 Dixie Hwy

City: Fairfiled State: Ohio Zip: 45014

Telephone: 877-858-3784 Email: licensing@junglejimrx.com

Contact Person Name: Ron Ferguson

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Ron Ferguson (title) for Jungle Jim's Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Ron Ferguson

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

5/8/26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ron Ferguson

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

5/8/24

Date

Board Use Only	Date Received: 5/11/24	Amount: $500 CC ✓

To Whom It May Concern

This letter is notification of a Settlement Agreements received July 29th, 2024, entered between myself, Ronald Ferguson, RPh and Pharmacist in Charge of Jungle Jim's Pharmacy, and the Ohio Board of Pharmacy, based on a Notice of Opportunity for Hearing ("NOH") received December 11, 2023. A copy of the NOH and the Settlement Agreement is attached hereto.

Additionally, a sister state discipline Consent Order was entered with the Michigan State Board of Pharmacy on March 2, 2026. A copy of the Consent Order is attached hereto.

Should you have any questions about this matter, please contact me at r.ferguson@gogomeds.com.



Ronald Ferguson

Pharmacist in Charge

-THIS IS A RED INK STAMP-
I certify this to be a true and exact copy of the original document on file with the Ohio State Board of Pharmacy.
Steven W. Schierholt, Esq., Executive Dir.
Date: Dec 11, 2023
-MUST HAVE BOARD SEAL TO BE OFFICIAL-

STATE OF OHIO BOARD OF PHARMACY

NOTICE OF OPPORTUNITY FOR HEARING
PROPOSAL TO TAKE DISCIPLINARY ACTION AGAINST LICENSEE

IN THE MATTER OF:

CASE NO. A-2023-0459

Ronald Ferguson, RPh
741 Halcyon Hill Lane
Loveland, OH 45140

License No. 03-117432

December 11, 2023

Dear Ronald Ferguson, RPh:

You are hereby notified, in accordance with the provisions of Section 119.07 of the Ohio Revised Code the State of Ohio Board of Pharmacy (Board) proposes to take action against your license for violations of Chapter 4729. of the Revised Code and Section 4729 of the Administrative Code under authority of Section 4729.16 of the Revised Code.

JURISDICTION

1. Pursuant to division (A)(1) of Section 4729.16 (effective April 6, 2023) of the Ohio Revised Code (ORC), the Board may impose any one or more of the following sanctions on a pharmacist or pharmacy intern if the Board finds the individual engaged in any of the conduct set forth in division (A)(2) of this section:

    a. Revoke, suspend, restrict, limit, or refuse to grant or renew a license, ORC 4729.16(A)(1)(a); and/or

    b. Reprimand or place the license holder on probation, ORC 4729.16(A)(1)(b); and/or

    c. Impose a monetary penalty or forfeiture not to exceed in severity any penalty designated under the Revised Code for a similar offense or in the case of a violation of a section of the Revised Code that does not bear a penalty, impose a monetary penalty or forfeiture of not more than $500, ORC 4729.16(A)(1)(c).

2. Rule 4729:1-4-01 of the Ohio Administrative Code (OAC) provides that the Board may discipline or deny the issuance of a license to practice pharmacy as a pharmacist in Ohio.

3. Ronald Ferguson is a licensed pharmacist in the state of Ohio under license number 03-117432 who is listed as the Responsible Person of Jungle Jim's Pharmacy, located at 5484 Dixie Highway, Fairfield, Ohio.

ALLEGATIONS

1. On or about October 19, 2023, a Specialist from the Board conducted an inspection at Jungle Jim's Pharmacy, located at 5484 Dixie Highway, Fairfield, Ohio. The following violations were found:

    a. Jungle Jim's Pharmacy had not performed verification of Pick-up Station locations and was not able to determine each site's eligibility to receive and store patient specific dangerous drugs.

    b. Jungle Jim's Pharmacy purchased dangerous drugs from a wholesaler that did not have a license from the Board.

    c. There was no documented elicense query of the Board's online roster prior to the purchase of dangerous drugs at wholesale.

    d. There was only positive identification for dispensing. All other required elements, prescription information entered into the record keeping system, verification of pharmacist of the prescription information entered into the record keeping system, and prospective drug utilization review as a part of pharmacist verification, were not maintained with positive identification.

    e. Positive identification was not captured within the repackaging record of sterile products.

    f. Jungle Jim's Pharmacy had a refrigerator that was monitored with a log missing weekend entries and times.

POTENTIAL VIOLATIONS OF LAW

1. Such conduct as set forth in the Allegations Section, if proven, constitutes a violation of the following divisions of (A) of section 4729.16 of the ORC effective as of April 6, 2023, each violation constituting a minor misdemeanor, each punishable by a maximum penalty of $150:

    a. Engaged in dishonesty or unprofessional conduct in the practice of pharmacy, ORC 4729.16 Section (A)(2)(b); and/or

    b. Violated, conspired to violate, attempted to violate, or aided and abetted the violation of any of the provisions of this chapter, sections 3715.52 to 3715.72 of the Revised Code, Chapter 2925. or 3719. of the Revised Code, or any rule adopted by the board under those provisions, ORC 4729.16(A)(2)(e); and/or

    c. Engaged in any other conduct for which the board may impose discipline as set forth in rules adopted under section 4729.26 of the Revised Code, ORC Section 4729.16(A)(2)(l).

2. Such conduct as set forth in the Allegations Section, if proven, each constitutes a violation of each of the following divisions of Rule 4729:1-4-01(B)(2) of the OAC as effective April 25, 2022, each violation punishable by a maximum penalty of $500:

a. Engaged in dishonesty or unprofessional conduct in the practice of pharmacy, OAC Rule 4729:1-4-01(B)(2)(b); and/or

b. Violated, conspired to violate, attempted to violate, or aided and abetted the violation of any of the provisions of Chapter 4729. of the Revised Code, sections 3715.52 to 3715.72 of the Revised Code, Chapter 2925., 3796., 3719. or 4752. of the Revised Code, or any rule adopted by the board under those provisions, OAC Rule 4729:1-4-01(B)(2)(d); and/or

c. Violated any state or federal law, regulation or rule regardless of the jurisdiction in which the acts were committed, except for minor traffic violations such as parking violations, speeding tickets and violations such as failure to obey a red light, failure to use a turn signal or expired vehicle registration, OAC Rule 4729:1-4-01(B)(2)(k); and/or

d. Failed to conform to prevailing standards of care of similar pharmacists under the same or similar circumstances, whether or not actual injury to a patient is established, OAC Rule 4729:1-4-01(B)(2)(n).

3. Such conduct as set forth in the Allegations Section, inclusive, if proven, constitutes a violation of the following sections of Rule 4729:5-2-01 of the OAC, Responsible Person of a Terminal Distributor, as effective April 25, 2022, each violation punishable by a maximum penalty of $500.00:

   a. The responsible person shall be responsible for the practice of the profession of pharmacy, including, but not limited to, the supervision and control of dangerous drugs as required in division (B) of section 4729.55 of the Revised Code, adequate safeguards as required in division (C) of section 4729.55 of the Revised Code, security and control of dangerous drugs and maintaining all drug records otherwise required, OAC Rule 4729:5-2-01(A)(2); and/or

   b. The person to whom the terminal distributor of dangerous drugs license has been issued and all pharmacists on duty are responsible for compliance with all state and federal laws, regulations, and rules governing the distribution of drugs and the practice of pharmacy, OAC Rule 4729:5-2-01(A)(3).

4. Such conduct as set forth in paragraph (5)(a) of the Allegations Section, if proven, each constitutes a violation of Rule 4729:5-5-14(B)(1) of the OAC, Prescription Processes, no pharmacist shall dispense dangerous drugs to a place which offers, in any manner, its services as a "pick-up station" or intermediary for the purpose of having prescriptions filled or delivered unless such place is a pharmacy as defined in section 4729.01 of the Revised Code or, if not a pharmacy, the site is licensed as a terminal distributor of dangerous drugs pursuant to Chapter 4729. of the Revised Code, unless exempted pursuant to section 4729.541 of the Revised Code or a waiver is granted by the Board, as effective December 1, 2020, each violation is punishable by a maximum penalty of $500.00.

5. Such conduct as set forth in paragraph (5)(b) of the Allegations Section, if proved, each constitutes a violation of Rule 4729:5-3-04(B), Verification of licensure prior to sale or purchase, if no documented query is conducted before a purchase is made, it shall be presumed that the purchase of dangerous drugs by the terminal distributor is in violation of 4729.51 of the Revised Code, effective, March 1, 2019, each violation is punishable by a maximum penalty of $500.00.

6. Such conduct as set forth in paragraph (5)(c) of the Allegations Section, if proven, each constitutes a violation of the following sections of Rule 4729:5-3-04(A) of the OAC, Verification of licensure prior to sale or purchase, as effective March 1, 2019, each violation punishable by a maximum penalty of $500.00:

    a. Before a terminal distributor of dangerous drugs may purchase dangerous drugs at wholesale, the terminal distributor shall query the boards online roster (available on the boards website: www.pharmacy.ohio.gov) to confirm the seller is licensed to engage in the sale of dangerous drugs in accordance with section 4729.52 of the Revised Code, OAC Rule 4729:5-3-04(A)(1); and/or

    b. Before a terminal distributor of dangerous drugs may purchase dangerous drugs at wholesale, the terminal distributor shall query the boards online roster (available on the boards website: www.pharmacy.ohio.gov) to confirm the seller is licensed to engage in the occasional sale or distribution of dangerous drugs at wholesale in accordance with rule 4729:5-3-09 of the Administrative Code, OAC Rule 4729:5-3-04(A)(2).

7. Such conduct as set forth in paragraph (5)(d) of the Allegations Section, if proven, each constitutes a violation of the following sections of Rule 4729:5-5-04(A) of the OAC, Record Keeping, as effective December 1, 2020, each violation punishable by a maximum penalty of $500.00:

    a. There shall be positive identification of the licensed or registered individuals responsible for performing prescription information entered into the record keeping system, OAC Rule 4729:5-5-04(A)(1); and/or

    b. There shall be positive identification of the licensed or registered individuals responsible for performing verification by the pharmacist of the prescription information entered into the record keeping system, OAC Rule 4729:5-5-04(A)(2); and/or

    c. There shall be positive identification of the licensed or registered individuals responsible for performing prospective drug utilization review, which shall be captured as a standalone action or part of the pharmacist verification of prescription information in paragraph (A)(2) of this rule, OAC Rule 4729:5-5-04(A)(3)(a).

8. Such conduct as set forth in paragraph (5)(e) of the Allegations Section, if proven, each constitutes a violation of the following sections of Rule 4729:5-5-17(F) of the OAC, Drugs repackaged or relabeled by a pharmacy, as effective December 1, 2020, each violation punishable by a maximum penalty of $500.00:

    a. A record of all drugs repackaged and stored within a pharmacy prior to being dispensed shall be kept in a readily retrievable manner for at least three years or one year past manufacturer's expiration date, whichever is greater. This record shall include the positive identification of the individual responsible for the repackaging of the drugs, OAC Rule 4729:5-5-17(F)(8); and/or

    b. A record of all drugs repackaged and stored within a pharmacy prior to being dispensed shall be kept in a readily retrievable manner for at least three years or one year past manufacturer's expiration date, whichever is greater. This record shall include the positive identification of the pharmacist conducting the final verification of the repackaged drug to confirm the accuracy of the

drug and conformity to the requirements of this rule prior to dispensing or distribution, OAC Rule 4729:5-5-17(F)(9).

9. Such conduct as set forth in paragraph (5)(f) of the Allegations Section, if proved, each constitutes a violation of Rule 4729:5-5-23(B)(1)(a), Security, control and storage of dangerous drugs in an outpatient pharmacy, Refrigerators and freezers used for the storage of dangerous drugs shall maintain temperature logs with, at a minimum, daily observations, to ensure proper refrigeration and/or freezer temperatures are maintained, effective, December 1, 2020, each violation is punishable by a maximum penalty of $500.00.

10. Such conduct as set forth in the Allegations Section, if proven, constitutes a violation of the following divisions of Section 3715.52 of the ORC, constituting a misdemeanor of the fourth degree, each punishable by a maximum fine of $250.00:

    a. The manufacture, sale, or delivery, holding or offering for sale of any food, drug, device, or cosmetic that is adulterated or misbranded, ORC 3715.52(A)(1); and/or

    b. The adulteration or misbranding of any food, drug, device, or cosmetic, ORC 3715.52(A)(2).

YOU ARE FURTHER NOTIFIED, in accordance with the provisions of Chapters 119. and 4729. of the Ohio Revised Code, that you are entitled to a hearing before the State of Ohio Board of Pharmacy, if you request such a hearing within thirty (30) days of the date of the service of this notice.

IF YOU DESIRE A HEARING, such request shall either be mailed to the State of Ohio Board of Pharmacy, Attn: Legal, 77 South High Street, 17th Floor, Columbus, Ohio 43215-6126 or an e-mail request may be sent to legal@pharmacy.ohio.gov **(please note faxes will not be accepted). YOUR REQUEST MUST BE RECEIVED ON OR PRIOR TO THE 30TH DAY FOLLOWING THE SERVICE DATE OF THIS NOTICE.** Please note that if you submit a request via email, your request will be acknowledged within one business day of receipt. If you do not receive an acknowledgment, please contact the Board offices at 614-466-4143 and request the legal department. You may appear at such hearing in person, by your attorney, or by such other representative as is permitted to practice before the agency, or you may present your position, arguments or contentions in writing; and, at this hearing, you may also present evidence and examine any witnesses appearing for and against you.

YOU ARE FURTHER ADVISED that if there is no request for such a hearing received by the Board on or prior to the 30th day following the service of this notice, the State of Ohio Board of Pharmacy, upon consideration of the aforementioned allegations against you, may take action without such a hearing, and may adopt a final order that contains the board's findings. In the final order, the board may impose any of the sanctions listed in division RC 4729.16(A).

If you have questions regarding the Chapter 119. Administrative Hearing process, please e-mail your questions to legal@pharmacy.ohio.gov or call the Board office at 614-466-4143 and ask for the legal department.

BY ORDER OF THE STATE BOARD OF PHARMACY

Steven W. Schierholt, Esq., Executive Director

SWS/jak/kll

July 29, 2024

Ronald Ferguson, RPh
741 Halcyon Hill Lane
Loveland, OH 45140

Re: Settlement Agreement
License No. 03-117432

Dear Ronald Ferguson, RPh:

Attached you will find your Settlement Agreement with the Ohio Board of Pharmacy. This document is signed and effective as of July 29, 2024. If you have any questions or concerns, please do not hesitate to contact the Board of Pharmacy and ask to speak with someone in the Legal Department.

Sincerely,

Kathryn Lewis
Legal Administrator

CC: Gregory A. Tapocsi, Attorney for Respondent—Via email at: Gregory.Tapocsi@DINSMORE.COM

Attached: July 29, 2024 Settlement Agreement with the Ohio Board of Pharmacy

IN THE MATTER OF:

CASE NO. A-2023-0459

Ronald Ferguson, RPh
741 Halcyon Hill Lane
Loveland, OH 45140

License No. 03-117432

SETTLEMENT AGREEMENT WITH THE OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the Ohio Board of Pharmacy (Board) and Ronald Ferguson, RPh, for the purpose of resolving all issues between the parties relating to the Board investigation of positive identification compliance and license verification. Together, the Board and Ronald Ferguson are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.16 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Sections 4729.07 and 4729.08 of the Ohio Revised Code to practice pharmacy in the state of Ohio.

2. Ronald Ferguson is a licensed pharmacist in the state of Ohio under license number 03-117432.

3. Ronald Ferguson is the Responsible Person and owner of Jungle Jim's Pharmacy, located at 5484 Dixie Highway, Fairfield, Ohio.

FACTS

1. The Board initiated an investigation of Ronald Ferguson, pharmacist license number 03-117432, and Jungle Jim's Pharmacy, related to positive identification compliance and license verification.

2. On or about December 11, 2023, the Board sent a Notice of Opportunity for Hearing to Ronald Ferguson, which outlined the allegations and provided notice of his right to a hearing, his rights in such hearing, and his right to submit contentions in writing.

3. On or about December 28, 2023, Ronald Ferguson, through counsel Elizabeth Collis and Greg Topoci, timely requested an administrative hearing, which was subsequently scheduled for August 6, 2024.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Ronald Ferguson neither admits nor denies the allegations stated in the Notice of Opportunity for hearing letter dated December 11, 2023; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Ronald Ferguson agrees to pay to the Board a monetary penalty in the amount of $500. This fine will be attached to Ronald Ferguson's license record and must be paid no later than 180 days from the effective date of this Agreement. To pay this fine, login to www.elicense.ohio.gov and process the items in the cart.

4. Ronald Ferguson must obtain six hours of approved continuing pharmacy education (0.6 CEUs) which may not also be used for license renewal. The 0.6 CEUs must be completed within six months from the effective date of this Agreement. Copies of completed CEUs must be e-mailed to legal@pharmacy.ohio.gov.

5. The Board hereby imposes a written reprimand on Ronald Ferguson's pharmacist license, number 03-117432.

6. Ronald Ferguson agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Ronald Ferguson understands that he has the right to be represented by counsel for review and execution of this agreement.
8. Ronald Ferguson agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which he currently holds a professional license, including the Board on renewal applications or applications for a new license.

9. Ronald Ferguson explicitly withdraws his request for a hearing, waives an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code, and waives any right to an appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

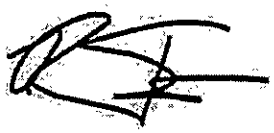
13. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

14. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:



Ronald Ferguson, Respondent — 7/26/24 — Date of Signature

Greg Tapoci — 7-26-24 — Date of Signature
Attorney for Respondent

Mindy Ferris, RPh, President, — 07.29.2024 — Date of Signature
Ohio Board of Pharmacy

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

RONALD WAYDE FERGUSON, R.PH.
License No. 5302043792,
Respondent.

File No. 53-25-002625

CONSENT ORDER

On July 22, 2025, the Department of Licensing and Regulatory Affairs executed an Administrative Complaint charging Respondent with violating the Public Health Code, MCL 333.1101 *et seq.*

Respondent has admitted that the facts alleged in the Complaint are true and constitute a violation of the Public Health Code. The Michigan Board of Pharmacy's Disciplinary Subcommittee (DSC) has reviewed this Consent Order and Stipulation and agrees that the public interest is best served by resolution of the outstanding Complaint.

Therefore, IT IS FOUND that the facts alleged in the Complaint are true and constitute a violation of MCL 333.16221(b)(x).

Accordingly,

IT IS ORDERED that for the cited violation of the Public Health Code:

Respondent is FINED $250.00 to be paid to the State of Michigan within 60 days from the effective date of the Order. The fine shall be paid electronically through Respondent's MiPLUS account OR by mail with a check or money order directly to: Department of Licensing and Regulatory Affairs, Enforcement Division, Compliance Section, P.O. Box 30189, Lansing MI 48909. If the fine is paid by mail, the check or money order shall be made payable to the State of Michigan and shall clearly display File Number 53-25-002625.

Respondent shall be solely responsible for payment of all costs incurred in complying with the terms of this Order.

Respondent shall direct all questions and other communications concerning this Order to BPL-Monitoring@michigan.gov

If Respondent fails to comply with the terms and conditions of this Order, Respondent's license shall be automatically suspended for a minimum of one (1) day. If, within six (6) months of the suspension of the license, Respondent complies with the terms of this Order, the license shall be automatically reinstated.

If Respondent's license remains suspended for more than six (6) months, reinstatement is not automatic. If Respondent applies for reinstatement of the license, application for reinstatement shall be in accordance with sections MCL 333.16245 and 333.16247.

In the event Respondent's license is suspended, pursuant to MCL 333.7311(6), Respondent's controlled substance license is automatically void, commencing on the effective date that Respondent's license to practice pharmacy in the state of Michigan is suspended.

If Respondent violates any provision of this Order, or fails to complete any term of the Order, the DSC may take disciplinary action pursuant to Mich Admin Code, R 338.1632 and MCL 333.16221(h).

This Order shall be effective 30 days from the date signed by the DSC's Chairperson or authorized representative, as set forth below.

MICHIGAN BOARD OF PHARMACY

By: _____ for

Chairperson, Disciplinary Subcommittee

Dated: March 2, 2026

STIPULATION

1. The facts alleged in the Complaint are true and constitute a violation of MCL 333.16221(b)(x).

2. Respondent understands and intends that by signing this Stipulation Respondent is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act, MCL 24.201 *et seq.*, to require the Department to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent is waiving the right to appear with an attorney and such witnesses as Respondent may desire to present a defense to the charges.

3. This matter is a public record required to be published and made available to the public pursuant to the Michigan Freedom of Information Act, MCL 15.231 *et seq.*, and this action will be reported to the National Practitioner Data Bank and any other entity as required by state or federal law.

4. Factors taken into consideration in the formulation of this Order are:

   a. Respondent has been licensed since 2015 with no prior discipline.

   b. Respondent presented proof he paid the fine in full and completed the required continuing education hours as required by the Settlement Agreement issued on July 29, 2024, by the Ohio Board of Pharmacy.

5. The Department's representative is free to discuss this matter with the DSC and recommend acceptance of the resolution set forth in this Order.

6. This Order is approved as to form and substance by Respondent and the Department and may be entered as the final order of the DSC in this matter.

7. This proposal is conditioned upon acceptance by the DSC. Respondent and the Department expressly reserve the right to further proceedings without prejudice should this Order be rejected.

AGREED TO BY:

A. Hitchcock

Anna Hitchcock, Analyst
Regulation Section II
Enforcement Division

Dated: 11/26/2025

AGREED TO BY:

Ronald Wayde Ferguson, R.Ph.
Respondent

Dated: 11/25/25

AH/jp

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

RONALD WAYDE FERGUSON, R.PH.
License No. 5302043792,
Respondent.

File No. 53-25-002625

ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, complains against Respondent as follows:

1. The Michigan Board of Pharmacy is an administrative agency established by the Public Health Code, MCL 333.1101 *et seq.* Pursuant to MCL 333.16226, the Board's Disciplinary Subcommittee (DSC) is empowered to discipline persons for violations of the Public Health Code.

2. Respondent is currently licensed to practice as a pharmacist and holds an active controlled substance license in the state of Michigan. Respondent has an address of record with the Department of Loveland, Ohio.

3. On July 29, 2024, the Ohio Board of Pharmacy (Ohio Board) executed a Settlement Agreement against Respondent that placed a written reprimand on Respondent's license, required Respondent to complete 6 hours of approved continuing education hours, and required the payment of $500.00 in fines and costs. The

disciplinary action was based on inspection violations cited at Respondent's pharmacy, Jungle Jim's Pharmacy, located in Fairfield, Ohio. The violations included, in part, purchasing dangerous drugs from a wholesaler not licensed with the Board, improper documentation and identification regarding the dangerous drugs, and the pharmacy had a refrigerator that was monitored with a log missing weekend entries and times. A copy of the disciplinary documents, marked Exhibit A, is attached and incorporated.

COUNT I

The action by the Ohio Board, as set forth above, constitutes a final adverse administrative action by a licensure, registration, disciplinary, or certification board involving the holder of, or an applicant for, a license or registration regulated by another state, a territory of the United States, or by another country, in violation of MCL 333.16221(b)(x).

RESPONDENT IS NOTIFIED that, pursuant to MCL 333.16231(8), Respondent has 30 days from the date of receipt of this Complaint to submit a written response to the allegations contained in it. Pursuant to MCL 333.16192(2), Respondent is deemed to be in receipt of the complaint three (3) days after the date of mailing listed in the attached proof of service. The written response shall be submitted by email to the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing **LARA-BPL-RegulationSection@michigan.gov**. If unable to submit a response by email, Respondent may submit by regular mail to the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, P.O. Box 30670, Lansing, MI 48909.

Respondent's failure to submit an answer within 30 days is an admission of the allegations in this Complaint. If Respondent fails to answer, the Department shall transmit this Complaint directly to the DSC to impose a sanction, pursuant to MCL 333.16231(9).

Dated: 07/22/2025

A. Hitchcock

Anna Hitchcock, Analyst
Regulation Section II
Enforcement Division

Attachment

AH/mh

List of Corporate Officers

Ron Ferguson, President, 50%, [redacted] Loveland, OH [redacted]

Kip Ferguson, Vice President, 50%, [redacted] Cincinnati, OH [redacted]

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show F & F PHARMACIES, INC., an Ohio corporation, Charter No. 1015910, having its principal location in Mt. Orab, County of Brown, was incorporated on July 20, 1998 and is currently in GOOD STANDING upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 5th day of June, A.D. 2026.

Ohio Secretary of State

Validation Number: 202615602506

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show a Trade Name Registration for JUNGLE JIM'S PHARMACY, Registration Number 2377810, filed in this office on March 20, 2015, filed by F&f Pharmacies, Inc., 5440 Dixie Highway, Fairfield, OH 45154, under section 1329.01 of the Ohio Revised Code, and is currently in FULL FORCE AND EFFECT upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of May, A.D. 2026.

Ohio Secretary of State

Validation Number: 202614101846

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler F&F Pharmacies, Inc. dba Jungle Jim's Pharmacy

Pharmacy/Wholesaler License # (if applicable) PH04256

Physical Address 5484 Dixie Highway

City Fairfield State Ohio Zip 45014

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 877-858-3874 Website junglejimsrx.com

Licensing Company Email licensing@junglejimrx.com

Section 2: Personal Information

First SANJAY Middle KUMAR Last BIRRU

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City CINCINNATI State OH Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
AUBURN UNIVERSITY		08/99 TO 05/2004	
Address	**City**	**State**	**Zip**
AUBURN	AUBURN	AL	
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
OSMANIA UNIVERSITY		08/95 TO 08/1999	
Address	**City**	**State**	**Zip**
HYDERABAD	HYDERABAD	TL	INDIA
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2016 07/2026	[redacted]	CINCINNATI	OH	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
JUNGLEJIM PHARMACY			03/26 TO PRESENT	
Business Address		City	State	Zip
5484 DIXIE HIGHWAY		FAIRFIELD	OH	45014
Phone	Title		Number of Employed Hours	
8778583784	PHARMACY MANAGER		2500	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
CVS PHARMACY				
Business Address		City	State	Zip
11611 HAMILTON AVENUE		HAMILTON	OH	45231
Phone	Title		Number of Employed Hours	
(937) 741-1155	PHARMACY MANAGER		2300	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
WALGREENS				
Business Address		City	State	Zip
9580 KENWOOD ROAD		BLUEASH	OH	45242
Phone	Title		Number of Employed Hours	
513-791-4390	PHARMACY MANAGER		4600	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
HUMANA				
Business Address		City	State	Zip
111 MERCHANT STREET		SPRINGDALE	OH	45246
Phone	Title		Number of Employed Hours	
(513) 672-5200	PHARMACIST		22,880	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
CVS PHARMACY				
Business Address		City	State	Zip
610 CHERRY STREET		BLANCHESTER	OH	45107
Phone	Title		Number of Employed Hours	
9377834669	PHARMACY MANAGER		12,500	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, SANJAY KUMAR BIRRU, **certify that as the designated representative for**

~~RICHARD CHARLES VOGEL III~~ JUNGLE JIM'S PHARMACY,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. SKB I am at least 21 years of age;
3. SKB I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. SKB I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SKB I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SKB I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. SKB I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

SANJAY, BIRRU

Print Name (First, Last)

Original Signature ~~(electronic, copies or stamps not accepted)~~

07/07/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SANJAY, BIRRU

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/07/2026

Date

Please have this section completed in the presence of a Notary Public.

State of OHIO, ss. County of BUTLER

I, SANJAY KUMAR BIRRU, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

07/07/2026

Date

Subscribed and Sworn to before me this 07 day of July.

Notary Public Signature

ANDREW MARK WHELAN
Notary Public, ID KYNP104188
State at Large, Kentucky
My Commission Expires on 4/26/27

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Jungle Jim's Pharmacy

NV Pharmacy or Outsourcing facility license # (if applicable): 04256

Physical Address: 5484 Dixie Hwy

City: Fairfield State: Ohio Zip: 45014

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: ~~513~~ 877-858-3784 Toll Free # (NAC 639.708, NRS 639.23286): ~~866~~ 877-858-3784

Fax: 513-858-3807 Contact Email: Licensing@junglejimrx.com

Website: https://www.junglejimsrx.com/

Nevada Business License # (if applicable)

Supervising/Managing Pharmacist Name (NRS 639.220): Ronald Ferguson

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22136

Name of Designated Person(s) as defined by revised USP-797 guidelines: Eric Smith

Email of Designated Person(s): e.smith@junglejimrx.com

Telephone of Designated Person(s): 513-479-9683

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ■ Category 2 ■ Category 3

If you marked "**Category 3**", you must also complete **section 4**.

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ■ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ■ Aseptic ■ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? 04/13/2026

6. What is the frequency of the recertification for the ISO classified areas? Every 6 months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Weekly

10. Will you be performing sterile hazardous drug compounding? ■ Yes ☐ No

If you marked "**Yes**", you must also complete **section 3**.

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Testosterone injection.

12. What laboratory performs your sterility or endotoxin testing?

Name: Eagle Analytical Services

Address: 11111 S Wilcrest Dr S1000

City: Houston State: Tx Zip: 77099

Telephone: (800) 745-8916

13. What is your procedure for visual inspection of compounded sterile products?

After the product is compounded and removed from the room, it is visually inspected in an LED light inspection box. Each vial is put into a corner with a different background and light to spot visible particles or anything out of specification.

14. How often do you perform glove fingertip and medial fill testing?

Every 3 months.

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

Initial training is done using the materials and tests for ASHP sterile compounding training. There is an additional on the job training that is done for another 20 hours. Once ASHP training is complete employees take a 200 question test and undergo media fill and fingerprint testing. Once all of this is completed a sterile compounder will be able to work independently.

Ongoing training is reviewed every 3 months with a 40 question didactic test, fingertip test, and media fill. Any process changes are also disseminated to the team through SOPs and trained on.

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Cleaning agent: TB 1-3300, Disinfectant Agent: sIPA 70%, Sporicidal: Peridox RTU, and Deactivation and Decontamination agent: Peridox RTU. Cleaning procedure for primary controls. Remove visible particles, debris, or residue with an appropriate solution (e.g., SWI or SW Irrig) using sterile, low-lint wipes. When applying a sporicidal agent is required use sterile low-lint wipes to apply the sterile sporicidal disinfectant(Frequency:weekly and monthly). Using sterile, low-lint wipes, apply a sterile cleaning agent followed by a sterile disinfecting agent, or apply an EPA-registered (or equivalent), one-step disinfectant cleaner to the equipment and all interior surfaces of the PEC(Frequency:daily and after each batch). Ensure the contact time specified by the manufacturer is achieved. Using sterile low-lint wipes, apply sterile 70% IPA to equipment and all interior surfaces in the PEC. Allow the surface to dry completely before beginning compounding. Always work cleanest to dirtiest. Cleaning procedure for secondary controls. Cleaning must be performed working in the direction from the cleanest to the dirtiest areas. Ceilings start at the wall opposite the room entry door and end at the door. Floors should be mopped using slightly overlapping (by at least 25 percent) broad strokes whenever possible, moving from the least accessible and presumably "cleanest" area of the buffer room and working toward the entrance to the buffer room and then onto the anteroom. Deactivating/decontaminated, then cleaning, last disinfectant.

17. Who performs the sterile compounding process at your facility?

Sterile compounding technicians.

18. Who is responsible and accountable for the sterile compounding process at your facility?

The designated person is responsible and accountable for sterile compounding process at our facility.

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

We do quarterly quality assurance tests to ensure our shipping conditions are safe and effective.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? The Pharmacy uses 2 Class II Type B2 biological safety cabinets. These are negative pressure and exhausted externally.		
2. Are you complying with all USP 800 guidelines?	■ Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	■ Yes	No
4. Is your BSC or CACI vented 100% to the outside?	■ Yes	No
5. Do you have a negative pressure buffer room at your facility?	■ Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	■ Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	■ Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	■ No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

The pharmacy puts a hazard sticker on all drugs to inform the patient and anyone else who can come into contact with the prescription that they material is hazardous. The pharmacy sends out an offer to counsel the patient, with a toll free number, with each prescription that goes out. Pharmacists are able to instruct patients during counseling on how to properly handle and dispose of all hazardous drug containers. If the medication requires special handling or storage that information will be sent out with the prescription as well.

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Hazardous compounding is included in initial and continuing training. Specifically, the different areas covered are HD List Familiarity (Location and understanding of the entity-specific HD list), Hazard Communication Program (Understanding of SDS, labeling, and signage), PPE Requirements (Use of chemotherapy gloves, gowns, eye/face protection, and respirators), Engineering Controls (Use of C-PECs, C-SECs, and negative pressure rooms), HD Receiving and Storage (Procedures for unpacking and segregating HDs), HD Non-sterile compounding (Procedures, containment, and cleanup), HD Sterile Compounding (Additional PPE and environmental controls), Spill Kit Use (spill response, training, and location of spill kits), Waste disposal (HD waste handling, labeling, and storage), Deactivation, Decontamination, and Cleaning (Routine and spill related cleaning procedures), and Exposure response (actions in case of exposure or spill).

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

Semaglutide.

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

Every 3 months.

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? ■ Yes No

4. What is the frequency for completing volumetric active air sampling?

Monthly.

5. What is the frequency for completing surface sampling? Weekly and after each batch.	
6. What is the frequency for using sporicidal agents? Weekly.	
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	■ Yes No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	■ Yes No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Eric Smith

Name of Person who Completed the Form

Designated Person

Title

Signature (copies or stamps not accepted)

05/06/2026

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836 | http://www.pharmacy.ohio.gov

License 021513150

Jungle Jim's Pharmacy

5484 Dixie Highway
Fairfield, OH 45014
Butler County

Terminal - Pharmacy - Category 3

USP 797 and 795 Inspection

April 28, 2025

Written Response Required

Written Response Required Details

2.3) Drugs compounded in a pharmacy (OAC 4729:7-2-03)

12) Are labels for drugs compounded in anticipation of a patient specific prescription contain the required information?...

2.6.2) Personnel Training and Evaluation

4) Do SOPs describe training requirements for personnel who do not compound and only perform functions such as in-proces...

2.6.4) Buildings and Facilities

5) Is temperature monitoring equipment calibrated or verified for accuracy?

2.6.6.2) Components

5) COMPONENTS OTHER THAN APIs: Do other components used in compounding comply with USP 795?

2.7.10.3) Sterilization by Filtration

1) Are filters used for sterilization of CSPs appropriate for pharmaceutical use?

2) Does the pharmacy have filters that are physically and chemically compatible with all ingredients in a filtered CSP? ...

2.7.11) Master Formulation and Compounding Records

2) Do master formulas contain the required information?

2.7.12) Release Inspections and Testing

5) Are the proper number of containers tested for sterility?

4) Additional Information/Observations

2) Does the pharmacy repackage?

3) Additional Information/Observations

License 021513150 - Jungle Jim's Pharmacy

Full

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
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http://www.pharmacy.ohio.gov

Completed by Sarah Nash
Start 4/28/2025 8:30 AM
End 4/28/2025 7:27 PM

Organization

Name
Jungle Jim's Pharmacy

License Type
Terminal - Pharmacy - Category 3

Category

License Number
021513150

Business Type
SP - Specialty Pharmacy

DEA Number
[redacted]

Responsible Person
Ronald Ferguson RPh

Hours of Operation

Contact

Address
5484 Dixie Highway
Fairfield, OH 45014
Butler County

Primary Number
(513) 858-3784

Fax Number
(513) 858-3807

Website

Personnel

Name	Initials	Position	I.D. No.	Phone	Email
Seth DePasquale		Pharmacist			s.depasquale@junglejimrx.com
Ronald Ferguson RPh		Pharmacist	[redacted]		ron@gogomeds.com
Jordan David Phelps, PharmD, MBA		Pharmacist	[redacted]	[redacted]	j.phelps@junglejimrx.com
Andrew Whelan					awhelan@gogomeds.com

1) *Initial Inspection Information

1) Personnel conducting inspection

Observation
Compliance Specialist Sarah Nash, PharmD. RPh.

2) Were multiple inspection guides used during this inspection?

Yes

Observation
A complete copy of this inspection will include: USP 800 Inspection and Outpatient Pharmacy Inspection

Any copy of this inspection is considered incomplete if all documents listed are not available for review.

3) Facility Description

Observation
Jungle Jim's Pharmacy is a compounding and outpatient pharmacy in Fairfield, Ohio.
The pharmacy employs 15 pharmacists, 40 pharmacy technicians, 2 pharmacy interns, and 10 pharmacy support personnel.
The pharmacy utilizes certified and registered pharmacy technicians as well as pharmacy technician trainees.
The pharmacy is licensed in all states except Massachusetts (working towards licensure), Louisiana, Minnesota, Alabama, Arkansas, and Washington DC. Sterile compounds may not be sent to California.
The pharmacy compounds both hazardous and non-hazardous sterile and non-sterile preparations (hazardous is non-sterile only). Compounded products include capsules, troches, topicals (creams, ointments, gels, sprays), oral solutions/suspensions, suppositories, and injectables. The pharmacy no longer compounds pellets. The pharmacy compounds approximately 400 different drug products (though the pharmacy's majority of compounded products is limited to around 50) and dispenses approximately 1000 prescriptions daily. The pharmacy is customer-facing with patient pick up and provides delivery through USPS, UPS, and FedEx.
The pharmacy provides contracted services to an internet-based telehealth group, Ro, and other telehealth affiliates.
The pharmacy is expanding into new space on the same contiguous plot of land, but not physically connected to the existing pharmacy. Inspection of the new space was inspected and approved earlier this year. Sterile suites are not yet in place, so certification of the new space has not been reviewed.
NABP Blueprint-style inspection conducted for out of state licensure.

4) *Does the TDDD have a valid registration issued by the Drug Enforcement Administration?

Yes

Observation
BJ9143354, expires 12/31/2025

5) Is the Responsible Person present during the inspection?

Yes

6) Does the TDDD distribute dangerous drugs outside of Ohio?

Yes

Observation
The pharmacy is licensed in 42 states for sterile compounding and 45 states for non-sterile compounding, meaning the pharmacy can ship to those states.

2.1) Definitions – pharmacy compounding (OAC 4729:7-2-01)

1) Does the pharmacy compound?

Yes: Non-sterile Compounding
Yes: Sterile Compounding
Yes: Hazardous Compounding

Observation
Hazardous compounding is non-sterile. The pharmacy does compound testosterone pellets which are terminally sterilized after compounding.

2.3) Drugs compounded in a pharmacy (OAC 4729:7-2-03)

1) Does the pharmacy compound non-sterile drug products?

Yes: The pharmacy compounds non-sterile drug products and must be in compliance with USP<795>

Observation
Non-sterile compounds account for approximately 20-25% of compounds made and include:

- clomiphene
- sirolimus cream
- progesterone capsules
- progesterone capsules
- testosterone cream
- estriol cream
- naltrexone capsules
- veterinary meds - orals and topicals
- T3/T4 capsules
- methimazole suspension, gel, and cream
- prednisolone suspension
- magic mouthwash

2) Does the pharmacy compound sterile drug products?

Yes: Pharmacy compounds sterile drug preparations and must comply with USP<797>

3) Does the pharmacy compound antineoplastic hazardous drug preparations listed in table 1 of the NIOSH list?

No.

Observation
The pharmacy compounds hormone products containing drugs in Tables 2 and 3 of the NIOSH list.
Of note the NIOSH tables were updated in late 2024. Answers in the inspection reports are based upon 2016 version of the NIOSH list of hazardous drugs.

4) Does the pharmacy compound non-antineoplastic hazardous drugs listed in NIOSH table 1, and/or compounds with hazardous drug preparations listed in NIOSH table 2 or 3?

Yes.

Observation
Hazardous compounding includes testosterone, estradiol, methimazole, cyclosporine, finasteride, chloramphenicol, tretinoin, oxytocin, sirolimus.

5) How does the pharmacy comply with OAC 4729:7-2-03 for non-antineoplastic compounded hazardous drug preparations listed in NIOSH table 1 and/or for compounded hazardous drug products listed in NIOSH table 2 or 3?

Pharmacy states it complies with USP 800

8) Do only appropriate personnel engage in compounding at a pharmacy?

Yes: Pharmacist

Yes: Certified certified pharmacy technician, registered pharmacy technician, or pharmacy technician trainee under the personal supervision of a pharmacist

Observation
The pharmacy utilizes one pharmacist and 11 certified, 2 registered pharmacy technicians, and 1 pharmacy intern.
RPhT MR has been employed less than 1 year. RPhT JH has been employed approximately 3 years and has been compounding approximately 2 years.

9) Is a pharmacist responsible for compounded drug preparations?

Yes: A pharmacist conducts the final check of a compounded drug preparation

Yes: A pharmacist is responsible for dispensing compounded drug preparations

Yes: A pharmacist maintains all compounding records

Yes: A pharmacist is responsible for the proper maintenance, cleanliness and use of all equipment used in compounding

10) Are drugs compounded pursuant to a patient specific prescription issued by a licensed health professional authorized to prescribe drugs?

Yes.

11) Does the pharmacy compound a limited quantity of drug in anticipation of a patient specific prescription based on routine, regularly observed prescribing patterns?

Yes.

Observation
The pharmacy compounds in anticipation of need. The pharmacy determines these quantities based on need and difficulty of making the specific dosage form (i.e. determining powder weight and other ingredient need).
The pharmacy typically compounds not more than a 7-day supply in advance of need for non-sterile compounds. Sterile compounds could be up to a 3-4 week advance of need.

* **12) Are labels for drugs compounded in anticipation of a patient specific prescription contain the required information? Written Response Required**

Yes: Contain the drug name, strength and quantity of each active ingredient used in the compounded drug preparation

Yes: Contain the pharmacy control number

Yes: Contain an assigned beyond-use date

Yes: Contain the identification of the repackager or outsourcing facility by name, by the final seven digits of its terminal distributor of dangerous drugs license number, or any other board approved identifier.

Yes: Contain the statement "Compounded Drug" or similar statement prominently on the label

Observation
Observed labels on anticipation compounds:

- Clomiphene citrate 28 mg capsule
- Progesterone IR 50 mg capsule
- Naltrexone 4.5 mg capsule
- Semaglutide 2.5 mg/ml vial

Tretinoin/niacinamide cream - of note, label did not include identification of the pharmacy or statement "compounded drug". Also, the container included strength but not quantity nor total package size. Compounding record indicates this product was made on 4/9/2025.
Hair Solution Rx (finasteride, minoxidil, tretinoin) - of note, label did not include identification of the pharmacy or statement "compounded drug". Also, the container did not include strength or quantity of each active ingredient. Compounding record indicates this product was made on 4/23/2025.
Semaglutide/B12 2.5 mg/1 mg/ml syringes - of note, label did not include identification of the pharmacy or the statement "compounded drug". Additionally, these syringes are not individually labeled; only the outer bag which contained the syringes was labeled. Lastly, the syringe volume was 0.8 ml but the label on the outer bag did not contain a volume of 0.8 ml specified. Therefore, the label on the outer bag does not accurately reflect the quantity per syringe. Also recommended adding a "refrigerate" auxiliary label to the outer bag as well as individual syringes.
Labels on compounded products do not bear a signature/initials of the pharmacist performing final check, but the lot number on the label corresponds to the compounding record, which does bear a pharmacist's signature. Recommended adding pharmacist initials on the compounding in advance of need label.

Corrective Action
Pharmacy to ensure products are labeled appropriately.

OAC 4729:7-2-03 | Drugs compounded in a pharmacy. Effective 03/07/2024
(I) A drug shall be compounded and dispensed pursuant to a patient-specific prescription issued by a licensed health professional authorized to prescribe drugs. A limited quantity may be compounded in anticipation of prescription drug orders based on routine, regularly observed prescribing patterns.

(L) Labels for a compounded drug that is prepared in anticipation of a patient-specific prescription shall also contain the following:
(1) The name, strength, and quantity of each active ingredient used in the compounded drug preparation;
(2) Pharmacy control number;
(3) The assigned beyond-use date;
(4) The identification of the repackager or outsourcing facility by name, by the final seven digits of its terminal distributor of dangerous drugs license number, or any other board approved identifier;
(5) The statement "Compounded Drug" or other similar statement shall also be displayed prominently on the label.

13) Reminder: Compounded drugs are labeled for inpatients in accordance with OAC 4729:5-9-02.8

14) Do compounded drugs labeled for outpatients include the additional labeling requirements of the rule?

Yes: Contains the statement "compounded drug" or similar statement

Yes: Contains the name and address of the pharmacy as it appears on the TDDD license

Yes: Contains the full name of the patient, or if an animal, the last name of the owner, the animal name and species.

Yes: Contains the directions for use of the drug

Yes: Contains the date of dispensing

Yes: Contains any cautions required by federal law

Yes: Contains the serial number of the prescription

Yes: Contain the proprietary name, if any, or the generic name and the name of the distributor or national drug code of the drug dispensed, and the strength, if more than one strength of the drug is marketed. The dispensing pharmacist may omit the name and strength of the drug only if the prescriber specifically requests omission and such request is documented

Yes: Contain the quantity of the drug dispensed

Observation
Observed labels for Rx 6173597, 6162281, 6189987. No issues noted.

16) Does the pharmacy maintain a system for the safe disposal of drug waste?

Yes

Observation
The pharmacy uses Stericycle bins for pharmaceutical waste, both hazardous and non-hazardous.

17) Does the pharmacy comply with the drug database reporting requirements for compounded drugs?

Yes: OARRS reportable compounded patient specific drugs are reported to OARRS within 24-hours of being dispensed

18) Does the pharmacy report to the board within 72-hours upon discovery any product quality issue attributed to a compounded drug preparation dispensed by the pharmacy?

No: The pharmacy has not experienced any reportable product quality issues, but understands the reporting requirements.

19) Does the pharmacy report to the board within 72-hours of receipt any warning letters, injunctions, or decrees issued in relation to the pharmacy by the FDA?

No: The pharmacy has not received a warning letter, injunction or decree from the FDA, but understands the reporting requirement.

20) Additional Observations.

Observation
Compounding products purchased from PCCA, Medisca, Letco, Fagron, Biopeptek, Darmerica, Teva, and ANDA.

2.4) Record keeping (OAC 4729:7-2-04)

1) Do records of drugs compounded in a pharmacy include all of the required elements? Warning

Yes: Includes the drug name, strength or activity, and dosage form

Yes: Includes the assigned internal identification number (e.g., prescription, order, lot number)

Yes: Includes the name of each ingredient

Yes: Includes the vendor, lot number, and expiration date for each ingredient for compounded drug preparations prepared for more than one patient and for any sterile compounded product prepared from nonsterile ingredients

Yes: Includes the weight or volume of each ingredient

Yes: Includes the total quantity compounded

Yes: Includes the assigned beyond-use date

Yes: Inlcudes the positive identification of the pharmacy personnel responsible for preparing the compounded drug preparation

Yes: Includes the positive identification of the pharmacist conducting the final check of the compounded preparation

No

Observation

Observed compounding records for batch products minoxidil/tretinoin/melatonin and tretinoin/niacinamide. Observed patient-specific record for nifedipine suppositories; compounding record did not contain a patient name, but did contain Rx number (6189803), which would correspond to patient name. Observed patient-specific record for prednisolone suspension; compounding record did not contain a patient name, but did contain Rx number (6190476), which would correspond to patient name.
Compounding records have a handwritten date which corresponds to the date compounded or date of pharmacist check? There is no time of compounding documented.
The formula sheet has a printed date and time in the top left corner of the page; this represents the date/time sheet was printed but does not necessarily mean the date/time the compound was prepared. Is there documentation of the date/time of compounding? Is there documentation of the date of final check by a pharmacist?
Staff described the pharmacy technician/intern measures/weighs the ingredients. A pharmacist checks these prior to actual compounding occurring. There is only one pharmacist signature on the signature page - is the signature of the ingredient check captured? Is the signature of the final check of the compounded product?
The ingredient list includes a line for NDC, but not all ingredients have an NDC filled in. How does the pharmacy know the vendor for the products used?

Corrective Action

OAC 4729:7-2-04 | Record Keeping | Effective 07/01/2021
(A) In addition to the pharmacy record keeping requirements of agency 4729 of the Administrative Code, a pharmacy shall maintain records of all drugs compounded that include, at a minimum, all the following:

(1) The name of the patient;
(2) Name of drug, strength or activity, and dosage form;
(3) Assigned internal identification number (e.g., prescription, order, lot number);
(4) Date and time of preparation;
(5) Name of each ingredient;
(6) Vendor, lot number, and expiration date for each ingredient for compounded drug preparations prepared for more than one patient and for any sterile compounded product prepared from nonsterile ingredient(s);
(7) Weight or volume of each ingredient;
(8) Total quantity compounded;
(9) The disposition of unused controlled substances drug(s) and amount;
(10) Assigned beyond-use date;
(11) The positive identification of the following:
(a) The pharmacy personnel responsible for preparing the compounded drug preparation;
(b) The pharmacist conducting the final check of the compounded drug preparation; and
(c) The pharmacist who dispenses the compounded drug preparation.
(12) All other drug compounding records as required by USP 795, USP 797, and USP 800.

2) Compounding records are readily retrievable and uniformly maintained for at least 3 years.

Yes, records are readily retrievable

Yes; records are uniformly maintained

Yes; records are maintained for at least 3 years

Observation

Records maintained on site for 1 year and then off-site storage via Iron Mountain. RPh JP stated notice of off-site storage submitted to the Board.

2.6.1) Introduction and Scope

3) Does the facility compound CNSPs (compounded nonsterile products)?

Yes: Solid oral preparations
Yes: Liquid oral preparations
Yes: Rectal preparations
Yes: Vaginal preparations
Yes: Topical preparations (i.e., creams, gels, and ointments)
Yes: Nasal and sinus preparations intended for local application (i.e., nasal sprays and nasal irrigations)
Yes: Otic preparations (excluding use in perforated ear drums)

6) Has the facility appointed a designated person? Warning

Yes

Observation
RPh Amandeep Sharma is the designated person for non-sterile compounding. This is not specified in SOPs, however.

Corrective Action
USP 795 | Effective 11/01/2023
1.1.4 Oversight by designated person(s):The compounding facility must designate one or more individuals to be responsible and accountable for the performance and operation of the facility and personnel for the preparation of CNSPs.

The designated person(s) must be identified in the facility's SOPs. If the compounding facility has only one person responsible for all compounding in the facility, then that person is the designated person.

7) What activities is the designated person responsible for?

Oversees a training program to ensure competency of personnel involved in compounding, handling, and preparing CNSPs
Selecting components
Monitoring and observing compounding activities and taking immediate corrective action if deficient practices are observed
Ensuring that standard operating procedures (SOPs) are fully implemented.
Ensuring that follow-up is carried out if problems, deviations, or errors are identified
Establishing, monitoring, and documenting procedures for the handling and storage of CNSPs and/or components of CNSPs

2.6.2) Personnel Training and Evaluation

1) Do all personnel who compound or have direct oversight of compounding receive initial training before being allowed to perform their job functions independently?

Yes

2) Has the designated person created and implemented a training program that equips personnel with knowledge and training in the required skills necessary to perform their assigned tasks?

Yes: Frequency of training is described
Yes: Process for evaluating the competency of personnel is described
Yes: Equips personnel with the skills to perform their assigned tasks.

3) Do personnel who compound or have direct oversight with compounding personnel complete training initially and at least every 12 months?

Yes

* **4) Do SOPs describe training requirements for personnel who do not compound and only perform functions such as in-process checks, final verification, or dispensing? Written Response Required**

No

Observation
RPh SD explained non-compounding pharmacists performing checks of compounded products do not have documented training.

Corrective Action

USP 795 | Effective 11/01/2023
Other personnel, who do not compound and only perform functions such as in-process checks, final verification, or dispensing of CNSPs, must undergo training as required by the facility's SOPs.

Training and competency of personnel must be documented as described in 14. Documentation.

5) Does facility training demonstrate knowledge and competency initially and at least annually in the core competencies? Warning

Yes: Hand hygiene
Yes: Garbing
Yes: Cleaning and sanitizing
Yes: Mixing and measuring
Yes: Proper use of equipment and devices selected to compound CNSPs
Yes: Documentation of the compounding process

Observation
Observed various SOPs and personnel compounding records. Of note, training is documented but lacks specifics on what was evaluated during the competency signoff. Recommended improving the training documentation, to increase transparency about what specific items personnel were trained on.
Training records should be synonymous with master formula records - all staff should use the record to ensure uniformity in training, to prevent subjectivity.

Corrective Action

USP 795 | Effective 11/01/2023
Training and competency of personnel must be documented as described in 14. Documentation.

Before beginning to compound CNSPs independently or have direct oversight of compounding personnel, personnel must complete training and be able to demonstrate knowledge of principles and competency of skills for performing nonsterile manipulations as applicable to their assigned tasks. Knowledge and competency must be demonstrated initially and at least every 12 months in at least the following core competencies:

6) Do training procedures include a review of appropriate written materials?

Yes: USP 795
Yes: Staff read and understand procedures related to their compounding duties

Observation
Staff unsure if/where training on COAs are covered in SOPs. Pharmacy to ensure these are covered in staff training/SOPs. SDS sheets are covered in SOP 14.01.1 - safety procedures.

USP 795 | Effective 11/01/2023
Steps in the training procedure must include the following:
Understand the requirements in this chapter
Understand and interpret safety data sheets (SDSs) and, if applicable, certificates of analysis (COA)
Read and understand procedures related to their compounding duties

7) Does the training process document personnel have been trained and successfully completed competency assessments?

Yes: Personnel are observed and guided throughout the training process.
Yes: Personnel are expected to repeat procedures independently under direct supervision.
Yes: Personnel are permitted to perform the procedure without direct supervision only after independently demonstrating understanding and competency.
Yes: Upon completion of the training program the designated person or assigned trainer documents personnel have been successfully trained and completed competency assessments.

8) Does the designated person monitor and observe compounding activities?

Yes: Routinely monitors and observes compounding activities
Yes: Takes immediate corrective action if deficient practices are observed.

9) Does the facility have SOPs that describe the procedures for monitoring and observing compounding activities and personnel?

Yes

Observation
Observed SOPs titled:

- compounding personnel orientation program
- general compounding technique
- general aseptic technique
- aseptic technique and behavior in cleanroom
- designated person job responsibilities

2.6.3) Personal Hygiene and Garbing

1) Does the facility require that individuals entering the compounding area maintain appropriate personal hygiene?

Yes: Individuals are trained to report conditions that present a personal risk of potential contamination to the compounding environment and CNSP to the designated person.

2) Do personnel remove items that are not easily cleanable and that might interfere with garbing prior to entering the compounding area?

Yes: Personnel remove outer garments (e.g., bandanas, coats, hats and jackets) prior to engaging in compounding.

Yes: Personnel remove all hand, wrist, and other exposed jewelry, including piercings that could interfere with the effectiveness of garbing or hand hygiene (e.g., watches, rings) prior to engaging in compounding.

Yes: Personnel remove earbuds/headphones prior to engaging in compounding.

Observation
The pharmacy has implemented wearing scrubs in the compounding room(s).

3) Does the designated person permit accommodations for personal items provided that the quality of the environment and CNSP are not affected?

No

Observation
The pharmacy does not have any compounding staff needing accommodations.
USP 795 | Effective 11/01/2023
The designated person(s) may permit accommodations provided that the quality of the environment and CNSP will not be affected. All accommodations should be documented.

4) Do compounding staff perform appropriate hand hygiene procedures when entering the compounding area?

Yes: Personnel wash hands with soap and water for at least 30 seconds

Yes: Personnel dry hands completely with disposable towels or wipers

Yes: Personnel don gloves

6) Do compounding personnel inspect gloves for holes, punctures or tears?

Yes

7) Are gloves worn for all compounding activities?

Yes

8) Is other garb appropriate for the type of compounding performed?

Yes: Garb protects personnel from chemical exposures

Yes: Garb prevents CNSP contamination

Yes: Garbing requirements are determined by the facility and documented in the SOPs.

Yes: Frequency of changing garbing is determined by the facility and documented in the facility's SOPs.

Observation
The pharmacy utilizes PPE including gowns, head cover, shoe cover, mask, beard cover (if needed), gloves.

9) Is garbing replaced immediately if it becomes visibly soiled or if its integrity is compromised?

Yes

10) Is garb stored in a manner that minimizes contamination?

Yes

Observation
Garb stored in the small hallway room prior to entry to the compounding rooms.

11) Is garb removed and discarded when leaving the compounding area?

Yes

12) Do facility SOPs describe cleaning and sanitization procedures for reusing goggles, respirators, and other reusable equipment?

Not Applicable

Observation
Not re-useable PPE used.

2.6.4) Buildings and Facilities

1) COMPOUNDING AREA: Is there a designated area for nonsterile compounding?

Yes

2) Is the compounding area suitable?

Yes: The compounding area is well lit, clean, orderly, and sanitary condition

Yes: The compounding area is in a good state of repair.

Yes: The compounding area is not carpeted.

4) STORAGE AREA: Are temperatures monitored and recorded in the compounding area?

Yes: Temperatures are monitored with a continuous recording device.

Yes: Temperatures are stored in the continuous temperature device and are retrievable.

Observation
TempStick is used for continuous monitoring currently, and began in late 2023/early 2024.
Before TempStick, the pharmacy utilized manual logs on paper.

*** 5) Is temperature monitoring equipment calibrated or verified for accuracy? Written Response Required**

No

Observation
Pharmacist not aware of calibration of temperature monitoring equipment.

Corrective Action
USP 795 - Effective 11/1/2023
All temperature monitoring equipment must be calibrated or verified for accuracy as recommended by the manufacturer or every 12 months if not specified by the manufacturer.

6) Does the facility have a process to evaluate CNSPs exposed to temperature excursions?

Yes

Observation
RPh SD stated SOPs cover temperature excursions.

7) Are all CNSPS, components, equipment and containers stored off the floor?

Yes

8) WATER SOURCES: Does the facility have an easily accessible sink with hot and cold water?

Yes

9) Is the sink empty of all items unrelated to compounding?

Yes

2.6.5) Cleaning and Sanitizing

1) Are work surfaces cleaned at appropriate intervals?

Yes: Beginning and end of each shift

Yes: After spill/splash contamination is known or suspected

Yes: Between compounding CNSPs with different components

2) Are floors cleaned at appropriate intervals?

Yes: On days compounding occurs

Yes: After spills

Yes: When surface contamination is known or suspected

Observation

Staff state floor cleaning occurs daily.

3) Are walls cleaned at appropriate intervals?

Yes: When visibly soiled

Yes: After spills

Yes: When surface contamination is known or suspected

4) Are ceilings cleaned at appropriate intervals?

Yes: When visibly soiled

Yes: When surface contamination is known or suspected

5) Is storage shelving cleaned at appropriate intervals?

Yes: at least every 3 months

Yes: After spills

Yes: When surface contamination is known or suspected

Observation

Shelving is cleaned monthly, per cleaning log.

7) Are floors in the compounding area easily cleanable?

Yes: Floors are non-porous.

Yes: Floors are not particle generating.

8) Are appropriate cleaning and sanitizing agents used?

Yes

Observation

Sterile IPA and Clorox healthcare (hydrogen peroxide all in 1 product - bacteria, virus, fungi) are the two cleaning agents. These agents are used daily and in between compounds.
Equipment is primarily cleaned with sterile IPA and sometimes Clorox healthcare, if contamination of hazardous substances is suspected.
The Clorox healthcare is in liquid and pre-wettened wipes. Surfaces are wettened and remain wet for 1 minute, followed by sterile IPA which air dries.
Of note, the Clorox healthcare product states a 2-minute contact time is needed for fungicide activity.

2.6.6.1) Equipment

1) Is the equipment used in the compounding process suitable?

Yes: Equipment surfaces are not reactive, additive or sorptive.

Yes: Equipment surfaces do not alter the quality of the CNSP.

Yes: Disposable or dedicated equipment is used to reduce the chance of bioburden and cross contamination.

Observation
Equipment for non-sterile compounding includes ointment mill, unguator, capsule machine, spatulas, scale, hot plate, beakers, graduated cylinders, mortar and pestle.

2) Is the equipment used in compounding stored in a manner that minimizes the risk of contamination?

Yes. Equipment is stored in a manner that minimizes contamination risk.

Yes: Equipment is located to facilitate use, maintenance and cleaning.

3) Is equipment used in compounding or testing of compounded preparations properly inspected and maintained?

Yes: Inspected prior to use

Yes: Equipment is cleaned after compounding

Observation
Scales are calibrated daily by staff and yearly (last January 2025; record not observed during inspection) by an outside company, MDS Dispatch (Avantik).
Infrared gun used for temperature verification of hot plate temperature - temperatures checked during compounding.
Does the ointment mill have any recommended calibration/accuracy checks?

5) Are CVSs and/or BSCs certified at least every 12-months?

Yes

Observation
The pharmacy has 2 powder hoods in one compounding room and 3 powder hoods in the other compounding room.
Certification is performed twice yearly at the same time as the sterile compounding hoods/facilities.

6) CVE: Is the CVE cleaned and sanitized according to minimum USP frequencies?

Yes: Beginning and end of each shift on days when compounding occurs

Yes: After spills/surface contamination is known or suspected

Yes: The horizontal work surface of the CVE is cleaned between compounding CNSPs with different components.

2.6.6.2) Components

1) Does the facility have written SOPs for the selection and inventory control of all components from receipt to use in a CNSP?

Yes

Observation
Stated by RPh AS.

2) Are SDSs readily accessible to all personnel working with components?

Yes

3) Is the designated person responsible for component selection?

Yes

4) API COMPONENT SELECTION: Do APIs used in compounding comply with USP 795?

Yes: Components comply with USP monographs, if one exists.

Yes: Components have a COA that includes specifications and test results showing the API meets expected quality.

Yes: Components are manufactured at an FDA-registered facility.

Observation
Observed APIs ciprofloxacin, diclofenac, tetracaine, diazepam, gabapentin, phenobarbital.

*** 5) COMPONENTS OTHER THAN APIs: Do other components used in compounding comply with USP 795? Written Response Required**

Yes: Components are accompanied by a COA that verifies the component meets the criteria in the USP/NF, if one exists.

Yes: Components are manufactured in an FDA-registered facility.

Observation
Observed components Ceramide Complex (CAS 100403-19-8) and Vitamin C (CAS 113170-55-1) from Making Cosmetics (10800 231st Way NE, Redmond, WA 98053). The pharmacy did not have COAs for these products available or reviewed.
How does the pharmacy know these products are suitable for compounding?
Observed other components including hydroxypropyl cellulose, polysorbate, dimethyl sulfoxide.

Corrective Action

USP 795 | Effective 11/01/2023
All components other than APIs:
Should be accompanied by a COA that verifies that the component meets the criteria in the USP–NF monograph, if one exists, and any additional specifications for the component
In the United States, should be manufactured by an FDA-registered facility (If a component cannot be obtained from an FDA-registered facility, the designated person(s) must select a component that is suitable for the intended use.)
Outside of the United States, must comply with the laws and regulations of the applicable regulatory jurisdiction

6) WATER: Is purified water or better quality used for compounding nonsterile drug preparations?

Yes

7) COMPONENT RECEIPT: Is the COA of non-conventionally manufactured products reviewed?

Yes

Observation
Designated Person RPh AS stated COAs are reviewed upon receipt of the component.

10) COMPONENT EVALUATION: Are components visually inspected prior to use?

Yes

11) COMPONENT EVALUATION: Is a process in place to ensure components are of the correct identity and were properly stored prior to each use?

Other

Observation
COAs are evaluated upon receipt.
A pharmacist performs a check of the ingredient weights/measures prior to compounding a formulation, which includes validation the quantity as well as the product itself (by Lot number).

13) COMPONENT HANDLING: Are components removed from the original container discarded if not used?

Other

Observation
Discussed workflow and possibility for contamination of products.
Small volumes of APIs and other components may be removed from the original container in order to weigh/measure, but are not immediately used, may be returned to the original container. The pharmacy uses powder hoods for all component measuring and discussed how this minimizes the potential for contamination.

USP 795 | Effective 11/01/2023
Compounding personnel must ascertain before use that components are of the correct identity based on the labeling and have been stored under required conditions in the facility.
If the identity, strength, purity, and quality of components intended for preparation of CNSPs cannot be verified (e.g., containers with damaged or incomplete labeling), the components must be immediately rejected. Any component found to be of unacceptable quality must be promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before appropriate disposal.

15) COMPONENT SPILL AND DISPOSAL: Is the facility prepared to handle a nonhazardous component spill?

Yes: The management and documentation of nonhazardous component spills and disposal is described in the facility SOPs.

Yes: Spill kit is readily accessible in the compounding area.

Yes: Personnel required to remediate spills receive training in spill management of chemicals used and stored in the compounding facility.

Yes: Spill training is conducted and documented at least every 12 months for all personnel required to clean up spills.

16) COMPONENT SPILL AND DISPOSAL: Is component waste disposed of in accordance with laws and regulations?

Yes

2.6.7) Master Formulation and Compounding Records

1) MASTER FORMULAS: Does the facility have a master formula for each unique formulation of a CNSP?

Yes

2) MASTER FORMULAS: Do master formulas contain all required elements?

Yes: Contain the name, strength or activity, and dosage form
Yes: Contain the identities and amounts of all components
Yes: Contain the container closure system
Yes: Contain complete instructions for preparing the CNSP
Yes: Contain the equipment and supplies needed
Yes: Contain a description of the compounding process
Yes: Contain a physical description of the final CNSP
Yes: Contain beyond-use date and storage requirements
No

Observation
Observed compounding records/master formulas (these are the same document at this pharmacy). Record of estradiol/estriol 1.5mg/0.1 mg contained QC procedure and expected results (pH, temperature verification, capsule weight specifics) but recommended pharmacy ensures other master formulas contain required QC procedures/expected results.
USP 795 | Effective 11/01/2023
An MFR must include at least the following information:
Name, strength or activity, and dosage form of the CNSP
Identities and amounts of all components; if applicable, relevant characteristics of components (e.g., particle size, salt form, purity grade, solubility)
Container closure system(s)
Complete instructions for preparing the CNSP including equipment, supplies, and description of compounding steps
Physical description of the final CNSP
Beyond-use date (BUD) and storage requirements
Reference source to support the assigned BUD
If applicable, calculations to determine and verify quantities and/or concentrations of components and strength or activity of the API(s)
Labeling requirements (e.g., shake well)
Quality control (QC) procedures (e.g., pH testing, visual inspection) and expected results
Other information needed to describe the compounding process and ensure repeatability (e.g., adjusting pH, temperature)

3) COMPOUNDING RECORDS: Does the facility create a compounding record for each CNSP?

Yes

2.6.8) Release Inspections and Testing

1) Are all release inspections included in the facility's documentation?

Other

Observation
Recommended pharmacy ensures SOPs cover release inspections.
USP 795 | Effective 11/01/2023
8. RELEASE INSPECTIONS AND TESTING
All release inspections must be included in the facility's documentation (see 7. Master Formulation and Compounding Records and 11. SOPs). All checks, inspections, and any other required tests to ensure the quality of the CNSP must be detailed in the facility's MFR.

2) Do visual inspections confirm the CNSP is ready for releasing and dispensing?

Yes

3) Are CNSPs not dispensed or released on day of preparation visually inspected before being dispensed? Warning

No

Observation
Staff not sure whether visual check occurs on the release day.

Corrective Action

USP 795 | Effective 11/01/2023
When a CNSP will not be released or dispensed on the day of preparation, a visual inspection must be conducted immediately before it is released or dispensed to make sure that the CNSP does not exhibit any defects (e.g., leakage) that could develop during storage. Any CNSP found to be of unacceptable quality (e.g., observed defects) must be promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before appropriate disposal.

2.6.9) Labeling

2) Do prepared CNSP contain a label with the minimum required information in USP 795? Warning

No

Observation
See earlier question regarding compounded labels. Labels also missing storage conditions, if other than room temperature.

Corrective Action
Pharmacy to ensure labels are compliant.

USP 795| Effective 11/01/2023
The label on each container of the prepared CNSP must, at a minimum, display prominently and legibly the following information:
Assigned internal identification number (e.g., barcode, prescription, order, or lot number)
Active ingredient(s), and their amount(s), activity(ies), or concentration(s)
Storage conditions if other than controlled room temperature
BUD
Dosage form
Total amount or volume if it is not obvious from the container

2.6.10.1) Terminology and Parameters

1) Does the CNSP label state the beyond use date?

Yes

2.6.10.2) Establishing a BUD

4) Does the facility assign BUDs in accordance with USP 795?

Yes: Non-preserved aqueous dosage forms: 14 days refrigerated.
Yes: Preserved aqueous dosage forms: 35 days refrigerated or room temperature
Yes: Non-aqueous oral liquids: 90 days refrigerated or room temperature
Yes: Other non-aqueous dosage forms: 180 days refrigerated or room temperature
Yes: CNSPs are protected from moisture, freezing, and excessive heat, and where necessary, from light.

2.6.10.3) CNSPs Requiring a Shorter BUD

2) Do assigned BUDs take into account the shortest expiration date of any starting components?

Yes

Observation
Observed multiple compounding records and BUDs did not exceed the expiration date of any starting component.

2.6.11) SOPs

1) Does the facility have SOPs on all aspects of the compounding operation?

Yes

2) Are all personnel who conduct or oversee compounding activities trained in the facility SOPs?

Yes

3) Is an employee designated to ensure facility SOPs are fully implemented?

Yes

2.6.12) Quality Assurance and Quality Control

2) Are QA and QC programs formally established?

Yes

3) Are QA and QC programs complete?

Yes: Programs ensures adherence to procedures.

Yes: Programs prevents and detects errors and other quality problems.

Yes: Programs evaluates complaints and adverse events.

Yes: Programs completes investigations and corrective actions.

4) Do facility SOPs describe each aspect of the QA program?

Other: See Observation Below

Observation
Recommended review for compliance:
USP 795 | Effective 11/01/2023
The facility's SOPs must describe the roles, duties, and training of the personnel responsible for each aspect of the QA program. Designated person(s) responsible for the QA program must have the training, experience, responsibility, and authority to perform these duties. The overall QA and QC program must be reviewed at least once every 12 months by the designated person(s). The results of the review must be documented, and appropriate action must be taken if needed.

5) Is the QA and QC program reviewed annually by the designated person?

Yes

6) RECALL PROCEDURES: Does the facility have recall procedures in place?

Yes

9) COMPLAINT HANDLING: Does the facility have a SOP for handling complaints?

Yes

10) COMPLAINT HANDLING: Are complaints reviewed to identify potential quality problems and actions taken?

Yes

11) COMPLAINT HANDLING: Are records of complaints readily retrievable and complete?

Yes: Records contain name of the complainant or other unique identifier.

Yes: Records contain date the complaint was received.

Yes: Records identify the nature of the complaint.

2.6.13) CNSP Packaging and Transporting

1) Do facility SOPs include CNSP packaging requirements?

Yes

2) Do SOPs describe CNSP transport?

Yes: Includes the mode of CNSP transportation.

Yes: Describes CNSP special handling instructions.

Yes: Instructs when temperature monitoring devices are needed.

2.6.14) Documentation

1) Does the facility maintain written or electronic documentation demonstrating compliance with USP 795?

Yes: Includes documentation of personnel training, competency assessments, and qualification records including corrective actions for any failures.

Yes: Includes equipment records (e.g., calibration, verification, maintenance reports).

Yes: Includes COAs and all documentation required for components not conventionally manufactured.

Yes: Includes records of receipt for all components.

Yes: Includes SOPs, master formula records, and compounding records.

Yes: Includes release inspection and testing records.

Yes: Includes information related to complaints and adverse events including corrective actions taken.

Yes: Includes results of all investigations and corrective actions.

Yes: Includes records of cleaning and sanitizing the designated compounding area.

Yes: Includes temperature logs.

Yes: Includes required routine reviews (e.g., yearly review of QA and QC programs, yearly review of chemical hazard and disposal information, etc.)

2.7.2.1) Knowledge and Competency of Core Skills

1) Does the designated person ensure personnel who compound are initially and annually trained and qualified to sterile compound?

Yes. The designated person creates and implements a training program for personnel.

Yes. The designated person ensures compounders are trained and qualified before being able to perform their job functions independently.

Yes. The designated person ensures personnel who have direct oversight over compounding are trained and qualified before being able to perform their job functions independently.

Yes. The designated person ensures personnel who perform restocking or cleaning and disinfection duties are trained and qualified before being able to perform their job functions independently.

Yes. Training and observation is performed by the designated person or an assigned trainer.

Yes. Training is completed initially and at least every 12 months in appropriate sterile compounding practices. .

2) Does the facility have a written training program? Warning

Yes. the program describes the required training.

Yes. The program describes the frequency of training.

Other.

Observation

Discussed with staff - documentation on training is in SOPs, but is not specific on type of competency performed (verbal, demonstration, didactic, etc.).
Training records for staff members should describe the specific items covered, to remove subjectivity in the topics taught/learned.

Corrective Action

USP 797 | Effective 11/01/2023
Each compounding facility must develop a written training program that describes the required training, the frequency of training, and the process for evaluating the performance of individuals who compound, have direct oversight of compounding personnel, perform in-process checks, final verification, and dispensing of CSPs. This program must equip personnel with the appropriate knowledge and train them in the required skills necessary to perform their assigned tasks, and SOPs should specify the training required for such tasks.
Training and evaluation of personnel must be documented (see 20. Documentation).

3) Does initial training for compounding personnel and those with oversight of compounding personnel include all required elements in USP 797?

Yes. Knowledge of principals and competency of skills is assessed for hand hygiene.

Yes. Knowledge of principals and competency of skills is assessed for garbing.

Yes. Knowledge of principals and competency of skills is assessed for cleaning and disinfection.

Yes. Knowledge of principals and competency of skills is assessed for aseptic technique.

Yes. Knowledge of principals and competency of skills is assessed for documentation of the compounding process.

Observation

Pharmacy to ensure training elements as required are present.

USP 797 | Effective 11/01/2023
2.1 Demonstrating Knowledge and Competency of Core Skills
Before beginning to compound CSPs independently or have direct oversight of compounding personnel, personnel must complete training and be able to demonstrate knowledge of principles and competency of skills for performing sterile manipulations and achieving and maintaining appropriate environmental conditions as applicable to their assigned job functions. This must be completed initially and at least every 12 months in at least the following:
Hand hygiene
Garbing
Cleaning and disinfection
Calculations, measuring, and mixing
Aseptic technique
Achieving and/or maintaining sterility (and apyrogenicity if compounding with nonsterile components)
Use of equipment
Documentation of the compounding process (e.g., master formulation and compounding records)
Principles of high-efficiency particulate air (HEPA)-filtered unidirectional airflow within the ISO Class 5 area
Proper use of PECs
Principles of movement of materials and personnel within the compounding area
If the facility has only one person in the compounding operation, that person must document that they have obtained training and demonstrated competency, and they must comply with the other requirements of this chapter.

5) Does the facility conduct ongoing training and competency evaluations according to facility SOPs?

Yes. Compounders complete ongoing training and competency evaluations in the principals of sterile compounding every 12 months

Yes. Compounders complete ongoing garbing and media fill competencies with gloved fingertip sampling and surface sampling every 6 months for category I & II compounding.

Yes. Compounders complete ongoing garbing and media fill competencies with gloved fingertip sampling and surface sampling every 3 months for category III compounding.

Yes. The designated person and personnel with direct oversight of compounding personnel complete training in sterile compounding principals, practices, garbing, and media fill testing with gloved fingertip testing and surface sampling at least every 12 months.

2.7.2.2) Garbing and Hand Hygiene

1) Is an initial garbing competency completed no fewer than 3 separate times prior to compounding Category I, II, or III CSPs?

Yes. Personnel successfully complete three initial garbing competencies in succession prior to compounding category I, II, or III CSPs.

Yes. Failure of any 3 initial garbing competency evaluations requires repeat testing until personnel successfully complete 3 evaluations in a row.

Yes. Garbing competency evaluations consist of visual observation and gloved fingertip and thumb sampling of both hands.

Yes. Each of the 3 initial competency evaluations occurs after performing a separate and complete hand hygiene and full garbing procedure.

Yes. All garbing competencies are completed with gloved fingertip and thumb sampling after garbing.

Yes. All garbing competencies are a documented visual audit.

Yes. All gloved fingertip and thumb sampling occurs after garbing but before applying sterile 70% IPA to gloves.

Yes. Gloved fingertip sampling is performed on donned sterile gloves on both hands in a classified area or segregated compounding area.

2) Are failed glove fingertip tests are properly identified and recorded?

Other.

Observation
Staff have not had any recent failures but are aware of the requirements.

3) Are repeat garbing competencies completed in accordance with USP 797?

Yes. Garbing competencies are repeated every 6 months for personnel who compound Category I and Category II CSPs.

Yes. Garbing competencies are repeated every 3 months for personnel compounding Category III CSPs.

4) Does the facility employ accurate gloved fingertip and thumb sampling procedures?

Yes. One sampling media device is used per hand containing general microbial growth agar that supports both bacterial and fungal growth.

Yes. Each media device is labeled with a personal identifier, right or left hand, and the date and time of sampling.

Yes. Sterile 70% IPS is not applied to gloves before touching the media device.

Yes. Samples are collected from all gloved fingertips and thumbs from both hands.

Yes. Collection includes rolling the fingertip pads and thumb pad over the surface area.

Yes. Samples are incubated at 30-35 C for no less than 48-hours and then at 20-25 C for no less than 5 additional days.

Yes. All samples (sample temperatures) are incubated in an incubator.

Yes. Sample plates are inverted.

Yes. Documentation includes the number of CFU per hand. (each hand)

Yes. CFU action levels are determined by counting the total number of CFU from both hands.

2.7.2.3) Aseptic Manipulation

1) Do personnel successfully complete an aseptic manipulation competency evaluation before beginning to compound or before overseeing compounding?

Yes. Aseptic manipulation competencies are completed by personnel prior to compounding Category I, II, or III CPS.

Yes. The aseptic manipulation consists of a visual observation.

Yes. The aseptic manipulation consists of media fill testing followed by a gloved fingertip and thumb sampling on both hands, and surface sampling of the direct compounding area.

2) Do aseptic manipulation competencies occur at appropriate intervals?

Yes. Aseptic manipulation competencies occur every 3 months for personnel compounding category III CSPs.

3) Do media fill tests simulate the most difficult and challenging aseptic compounding procedures encountered by the compounder?

Yes. Simulations capture elements that could potentially affect the sterility of the CSP.

Yes. Simulations include the length of time needed to complete compounding.

Yes. Simulations include the number of aseptic additions or transfers.

Yes. Simulations include the number, type and complexity of manipulations.

5) Does the facility document the results of a media fill test?

Yes. Failure is indicated by visible turbidity or other visual signs of growth in any container.

Yes. Failure is identified on or before the end of the incubation period.

6) Is gloved fingertip and thumb sampling performed after media fill testing?

Yes. Gloved fingertip and thumb sampling is performed on both hands after media fill testing.

Yes. Sampling occurs in the ISO Class 5 PEC.

Yes. Gloved fingertip and thumb sampling in a CAI or CACI is performed on the sterile gloves placed over the gloves attached to the RABS or pharmaceutical isolator sleeves.

Yes. Successful completion of the sampling is defined as equal to or less than 3 CFU total for both hands.

7) Does the facility correctly assess media fill competencies for pass/fail?

Yes. Surface sampling of the direct compounding area is completed with media fill testing.

Yes. A failure in the media fill, gloved fingertip and thumb sampling, or surface sampling constitutes an overall failure of the aseptic manipulation competency.

8) Are media fill competencies accurately documented?

Yes. Competencies record the name of the person evaluated.

Yes. Competencies record the evaluation date and time.

Yes. Competencies record the media components used, including their manufacturer and supplier.

Yes. Competencies record the expiration date and lot numbers.

Yes. Competencies record the starting temperature for each interval of incubation.

Yes. Competencies record the date of incubation.

Yes. Competencies record the results.

Yes. Competencies record the name or other identification of the obsrever.

Yes. Competencies record the name or other identification of he person who reads and documents the results.

Observation
Staff unsure if documentation includes time of evaluation or manufacturer information.

UPS 797 | Effective 11/01/2023
Results of the evaluation and corrective actions must be documented and the documentation maintained to provide a record and long-term assessment of personnel competency. Documentation must at a minimum include 1) the name of the person evaluated, 2) evaluation date and time, 3) media and components used including their manufacturer or supplier, 4) expiration dates and lot numbers, 5) starting temperature for each interval of incubation, 6) dates of incubation, 7) the results, and 8) the names or other identification of the observer and the person who reads and documents the results.

2.7.3) Personal Hygiene and Garbing

1) Are individuals with a higher risk of contaminating CSPs and the compounding environment evaluated by the designated person prior to entering a compounding area?

Yes. Individuals with conditions such as rashes, recent tattoos, oozing sores, conjunctivitis, or active respiratory infections report them to the designated person.

2) Does the facility adhere to the minimum requirements for staff to enter a compounding area?

Yes. No food, including mints/gum are permitted in compounding areas.

Yes. Staff remove all personal outer garments prior to entering compounding areas.

Yes. Staff remove all cosmetics prior to entering compounding areas.

Yes. Staff remove all hand, wrist and other exposed jewelry that could interfere with the effectiveness of garbing, or otherwise increase the risk of contamination of the CSP.

Yes. Staff to not wear earbuds or headphones.

Yes. Staff do not bring electronic devices that are not necessary for compounding or other required tasks into the compounding area.

Yes. Staff nails are clean, neatly trimmed and free of nail products (e.g., polish, artificial nails, extenders, etc.).

Yes. Staff wipe eye glasses if worn.

3) Do staff entering compounding areas where category I, II, or III CSPs are prepared complete hand washing?

Yes. Hands and forearms up to the elbows are washed with soap and water for at least 30 seconds.

Yes. Brushes are not used for hand hygiene.

Yes. Hand dryers are not used.

Yes. Disposable soap containers are not refilled to topped off.

Yes. Personnel clean underneath fingernails with warm running water and a disposable nail cleaner.

Yes. Personnel dry hands and forearms up to the elbows completely with low-lint disposable towels or wipers.

Yes. Personnel apply an alcohol-based hand rub to dry skin.

Yes. Personnel apply hand rub to one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry.

Yes. Hands are allowed to thoroughly dry before donning sterile gloves.

Yes. The order of handwashing and garbing is determined by the placement of the sink and is documented in the facility's SOPs.

Yes. Hands are sanitized with alcohol-based hand rub before donning sterile gloves. .

4) For Category I and II CSPs do staff don and doff garb in specified areas in the specified order?

Yes. Garbing order reduces the risk of contamination.

Yes. Garb is donned in a classified area before entering the buffer room.

Yes. Skin is not exposed inside the ISO 5 Class PEC.

Yes. Garb is not donned and doffed at the same time.

5) Does the facility follow the minimum garbing requirements for category I & 2 CSPs?

YEs. Personnel wear low lint garments with sleeves that fit snugly around the wrists and an enclosed neck.

Yes. Personnel wear low-lint covers for shoes.

Yes. Personnel wear low-lint head covers that cover the hair and ears.

Yes. If applicable, covers for facial hair are worn.

Yes. Low lint face masks are worn.

Yes. Sterile powder-free gloves are worn.

6) Is garb stored, replaced, disinfected and reused in a manner that prevents contamination?

Yes. Garb is replaced immediately if visibly soiled.

Yes. Garb is stored in a manner that minimizes contamination (e.g. away from sinks).

2.7.4) Facilities and Engineering Controls

4) Does the facility monitor and document appropriate temperature and humidity of the cleanroom suite?

Yes. The cleanroom suite is maintained at 20C (68F) or cooler.

Yes. The relative humidity of the cleanroom suite is maintained at 60% or below.

Yes. Temperature and humidity are monitored in each room of the cleanroom suite each day that compounding is performed by a manual or continuous recording device.

Yes. The results of temperature and humidity readings are documented at least once daily or retrievable from a continuous recording device.

Yes. Temperature and humidity readings are reviewed according to facility SOPs.

Yes. Temperature and humidity are controlled through a HVAC system.

Yes. Free standing air conditioners, humidifiers, and dehumidifiers are not used in the classified area or the SCA.

Yes. Monitoring devices are verified for accuracy at least every 12 months, or as required by the manufacturer.

Yes. The designated person ensures areas related to CSP preparation meet air quality and temperature standards.

Observation
TempStick continuously monitors temperature and humidity. Alerts are made to the cell phone of the Designated Person. Results are documented, in addition to maintained by TempStick.

5) Is the cleanroom suite design 797 compliant?

Yes. The anteroom and buffer room are separated from the surrounding unclassified areas by fixed walls and doors.

Yes. Controls are in place to minimize the flow of lower-quality air into the more controlled areas.

Yes. Classified rooms have a pressure differential monitoring system.

Yes. HEPA filtered air is introduced through the ceiling of anteroom and buffer room.

Yes. Air returns are low on the walls in the anteroom and buffer room.

Yes. There is a line of demarcation to separate the clean side and the dirty side of the anteroom.

Yes. The anteroom is entered through the dirty side and the clean side is the area closest to the buffer room.

Yes. Tacky mats are NOT placed in ISO classified areas.

7) Are PECs used in sterile compounding certified to meet ISO Class 5 or better conditions?

Yes. The PECs are certified to meet ISO Class 5 or better conditions.

Yes. PECS are certified under dynamic operating conditions.

Yes. PECS are designed to minimize the risk of contamination during compounding.

Yes. Unidirectional air flow is maintained in the PEC.

Yes. HEPA filtered air is supplied by the PEC.

Yes. Air velocities are sufficient to sweep particles away from the critical sites and maintain unidirectional airflow during operations.

14) Do ISO 7 Class rooms meet air change requirements?

Yes. A minimum of 30 ACPH of HEPA filtered air is supplied.

Yes. The total HEPA filtered ACPGH maintains ISO Class 7 during dynamic operating conditions.

Yes. At least 15 ACPH comes from the HVAC through HEPA filters located in the ceiling.

Yes. HEPA filtered air from the PEC increases the total ACPH to 30.

Observation
Observed certification report from 1/9/2025.

16) Are pressure differentials continuously monitored, recorded, and sufficient to minimize airflow from areas with lower air-quality to areas of higher air quality?

Yes. A minimum differential positive pressure of 0.02 inch water column between adjacent ISO-classified areas.

Yes. The pressure differential between the anteroom and the unclassified space is not less than 0.02 inch water column.

Yes. Pressure differentials are continuously monitored.

Observation
Observed the following pressures:

- Positive pressure cleanroom to anteroom: 0.035
- Negative pressure cleanroom to anteroom: -0.05 (of note, certification sticker for negative pressure cleanroom stated 1/9/2024 certification, instead of 2025)
- Anteroom to unclassified space: 0.065 (of note, the sticker stated "positive pressure cleanroom to anteroom" but upon review with staff, it was determined the dial was labeled incorrectly)

18) Is the cleanroom suite constructed of smooth, impervious surfaces, free from cracks, crevices and non-shedding materials for easy cleaning and disinfection?

Yes. Surfaces are resistant to damage by cleaning agents (e.g., rust, cleaning tools).

Yes. Junctures between the ceiling and walls and between walls and floors are sealed.

Yes. Ceiling panels are caulked around each panel.

Yes. Walls are constructed or covered with a durable material (e.g., epoxy painted, heavy-gauge polymer).

Yes. Wall panels are joined together and sealed.

Yes. Floors include coving to the side wall, or the juncture between the floor and the wall is caulked.

Yes. Classified areas minimize dust-collecting overhangs.

Yes. Dust collecting overhangs are easily cleanable.

20) Are water sources restricted to authorized areas?

Yes. In a cleanroom suite, the sink is inside the anteroom.

22) Are equipment and materials in the PEC cleaned, disinfected and verified prior to entering the PEC?

Yes. Only equipment necessary for compounding is permitted in the PEC.

Yes. Placement of equipment is initially verified by dynamic airflow smoke pattern tests.

Yes. Equipment is not moved/removed except for servicing, cleaning, calibration or other maintenance.

Yes. Equipment is cleaned and wiped with sterile 70% IPA or a suitable disinfectant before being returned to the classified area or SCA.

2.7.5) Certification and Recertification

1) Are compounding areas initially and annually certified?

Yes. Airflow testing is performed to determine air velocity, air exchange rates, and pressure differentials.

Yes. HEPA filter integrity testing is performed.

Yes. Total particle count testing is performed under dynamic operating conditions.

Yes. Dynamic airflow smoke pattern testing is performed for each PEC during dynamic operating conditions demonstrating unidirectional airflow and sweeping action away form the preparation.

Observation
Observed certification reports from 1/9/2025.

3) Does the designated person review certification reports to ensure proper documentation and corrective action is taken if needed?

Yes. The designated person reviews certification and recertification reports.

Yes. The designated person ensures the number of personnel present in each PEC and SEC during total particle count tests and dynamic airflow smoke pattern tests is documented.

4) Are airborne particle counts conducted in all classified areas during dynamic operating conditions at least every 6 months?

Yes. Counts are taken in all classified areas during dynamic operating conditions.

Yes. Counts are taken at least every 6 months.

Yes. Measurements are taken in each PEC at locations where there is greatest risk to the exposed CSPs, containers, and closures.

Yes. When sampling care is taken to avoid disturbing unidirectional airflow in the PEC.

6) Additional Findings.

Observation
Observed certification report from 1/9/2025.
Particle counts were not zero, which demonstrates true "dynamic conditions" for testing.
Five surface samples were collected and five air samples were collected. Does this represent an accurate number of surfaces for testing purposes? Of note, the samples collected did not match the pharmacy's sampling policy, but staff explain testing varies between in-house testing and 3rd party certification.
Discussed in-house sampling - ensure this is specified in policy and consider adding testing for additional locations, such as door handles, pass-throughs, high-traffic/high-use carts/shelves.

2.7.6.1) General Monitoring Requirements

1) Does the facility have SOPs for microbiological air and surface monitoring?

Yes. Procedures are documented.

Yes. Test results are documented.

Yes. Corrective actions are documented.

Yes. Records are maintained for 3 years.

Observation

USP 797 requirement is 2 years- Ohio requirement is 3-years.

2) Does the microbiological air and surface monitoring program include a documented review of air and surface sampling trends.

Other.

Observation
Yes

3) Is air and surface sampling conducted in all classified areas during dynamic operating conditions?

Yes. Sampling is conducted in all classified areas.

Yes. Sampling is conducted under dynamic operating conditions.

Yes. Sampling is performed in conjunction with the certification of new facilities and equipment.

4) Is the microbiological air and surface sampling program clearly defined in the facilities SOPs?

Yes. SOPs include a diagram of sampling locations.

Yes. SOPs include procedures for collecting samples.

Yes. SOPs include sampling frequency.

Yes. SOPs include the size of samples (e.g., surface area, volume of air).

Yes. SOPs include the time of day for sampling in relation to compounding activities.

Yes. SOPs include action levels that trigger corrective action.

Yes. All samples are obtained during dynamic operating conditions.

Yes.. Surface sampling is performed at the end of compounding activity or a shift, but before areas are cleaned and disinfected.

Yes. The program minimizes risk that the sampling will contribute to CSP contamination.

Observation
Designated person states sampling is specified with a goal to sample in the "worst case scenario" situations.
Discussed in earlier question that surface sampling could be improved to include other high-touch/high-frequency areas.

2.7.7) Cleaning, Disinfecting, and Applying Sporicidal Disinfectants and Sterile 70% IPA

1) Is 70% sterile IPA applied after cleaning and disinfecting?

Yes. Sterile IPA is applied in the PEC after cleaning and disinfecting.

Yes. Sterile IPA is applied immediately before initiating compounding.

Yes. Sterile IPA is applied to the horizontal work surface and any removable work trays in the PEC every 30 minutes during compounding.

Yes. IF compounding takes more than 30 minutes, the work surface of the PEC is cleaned immediately after compounding.

Yes. Sterile IPA is allowed to dry.

3) Are surfaces cleaned and disinfected according to USP 797?

Yes. Surfaces are cleaned with a cleaning agent containing a surfactant prior to disinfecting.

Yes. Surfaces are disinfected with an EPA-registered disinfectant after cleaning.

Yes. Surfaces are cleaned and disinfected with an EPA approved one-step cleaner and disinfectant.

Yes. A sporicidal disinfectant is also applied.

Yes. Surfaces are cleaned and disinfected with an EPA approved one-step cleaner, disinfectant, sporicidal agent.

Yes. Cleaning and disinfecting is performed by trained and garbed personnel.

Yes. The facility has cleaning SOPs.

Yes. Cleaning is performed in the direction of cleanest to dirtiest.

4) Are the minimum cleaning frequencies met?

Yes. PECs and equipment inside the PEC are cleaned and disinfected daily when compounding occurs.
Yes. PECs and equipment inside the PEC is cleaned and disinfected when contamination is known or suspected.
Yes. A sporicidal agent is applied to PECs and equipment inside the PEC weekly for Category III CSPs.
Yes. Passthrough chambers are cleaned and disinfected daily when compounding occurs.
Yes. A sporicidal agent is applied to passthrough chambers weekly for category III compounding.
Yes. Worksurfaces outside the PEC are cleaned and disinfected daily when compounding occurs.
Yes. A sporicidal agent is applied to work surfaces outside the PEC weekly for category III CSPs.
Yes. Floors are cleaned and disinfected daily on days compounding occurs.
Yes. A sporicidal agent is applied to floors weekly for category III compounding.
Yes. Walls, doors, door frames, ceilings, storage shelving, bins and equipment outside the PEC is cleaned and disinfected monthly.
Yes. A sporicidal agent is applied to walls, doors, door frames, ceilings, storage shelving, bins, and equipment outside the PEC monthly.

5) Are sterile cleaning and disinfecting agents used in the PEC?

Yes Cleaning, disinfecting, and sporicidal agents used within the PEC are sterile.

6) Are cleaning and disinfecting supplies appropriate for use in classified areas?

Yes. All supplies are low-lint.
Yes. All supplies used in the PEC are sterile (except tool handles).
Yes. Disposable wipers, sponges, pads, and mop heads are discarded after each use.
Yes. Reusable cleaning tools are made of cleanable materials.
Yes. Reusable cleaning tools are cleaned and disinfected before and after each use.

7) Do procedures for cleaning and disinfecting the PEC comply with USP 797?

Yes. Visible particles, debris or residue is removed with an appropriate solution (e.g. sterile water) and low lint wipes.
Yes. Sterile cleaning agents are applied using a sterile low-lint wipe, followed by an EPA-registered disinfectant to all interior surfaces of the PEC and equipment within. .
Yes. An EPA registered one-step disinfectant-cleaner is applied to all interior surfaces of the PEC and equipment within.
Yes. Contact time specified by the manufacturer is achieved.
Yes. Sterile 70% IPA is applied to the PEC and equipment within after cleaning and disinfecting with a sterile low-lint wiper.
Yes. Surfaces are allowed to completely dry before compounding begins.

Observation
Sterile IPA and Peridox are the pharmacy's cleaning agents.

8) Do procedures for applying a sporicidal disinfectant in the PEC comply with USP 797?

Yes. Visible particles, debris, and residue is removed with an appropriate sterile solution and sterile low-lint wipers.
Yes. After cleaning and disinfecting a sporicidal disinfectant is applied using a sterile low-lint wiper to all surfaces of the PEC and the area under the work tray.
Yes. The sporicidal used is a one-step disinfectant sporicidal cleanser applied with sterile low-lint wipes.
Yes. The contact time specified by the manufacturer is achieved.
Yes. Using a sterile low-lint wiper sterile 70% IPA is applied to all interior surfaces, including underneath the work tray.
Yes. Surfaces are allowed to dry completely before beginning compounding.

Observation
PreEmpt is the pharmacy's sporicidal.

2.7.8) Introducing items into the SEC and PEC

2) Are items introduced into the PEC wiped with sterile 70% IPA?

Yes. Sterile 70% IPA and sterile low-lint wipers are used to wipe all items just before introduction into the PEC.
Yes. The sterile 70% IPA is allowed to dry before items are introduced into the PEC.
Yes. The overwrap covering sterile supplies is removed as supplies are introduced into the PEC without wiping the individual sterile supply items.
Yes. Wiping procedures do not render product labels unreadable.

3) Are critical sites wiped with sterile 70% IPA in the PEC prior to use.

Yes. Vial stoppers, ampule necks, and IV bag septums are wiped with sterile 79% IPA in the PEC.
Yes. Sterile 70% IPA is allowed to dry before use.

2.7.9) Equipment, Supplies, and Components

2) Are APIs appropriately selected?

Yes. APIs comply with the criteria in the USP-NF monograph if one exists.

Yes. APIs have a COA that includes the specifications and test results showing the API meets expected quality.

Yes. APIs are manufactured in an FDA registered facility.

3) Are components other than APIs appropriately selected?

Yes. Components comply with the criteria in the USP-NF monograph if one exists.

Yes. Components are accompanied by documentation (COA, Labeling) which includes the specifications and test results showing the component meets specifications.

Yes. Components are manufactured in an FDA-registered facility.

4) Are all APIs and components evaluated for suitability for use in sterile drug preparation?

Yes. Components labeled not for pharmaceutical use, not for injectable use, not for human use, or similar statement are not used in compounding.

Observation
Stated by Designated Person; did not evaluate product containers during inspection.

5) Are components inspected upon receipt?

Yes. External packaging is examined.

Yes. The labeling and condition of components is examined.

6) Are components evaluated before use?

Yes. All components are reinspected before use to ensure the correct identity, quantity, expiration date and storage conditions.

Yes. All component packages are inspected to detect container breaks, looseness of the cap/closure.

Yes. Components found to be of unacceptable quality are rejected, labeled as such, and segregated from active drug stock.

7) Are components appropriately stored?

Yes. Components are stored in closed containers.

Yes. Components are stored under appropriate temperature, humidity, and lighting per manufacturer specifications.

Yes.. Temperatures are monitored in component storage areas daily when the facility is open or by a continuous temperature monitoring device.

Yes. Results of temperature readings are documented on a temperature log or stored in the continuous monitoring device.

Yes. Temperatures stored in a continuous monitoring device are retrievable.

Yes. Temperature monitoring equipment is calibrated or verified for accuracy as recommended by the manufacturer, or every 12 months.

Observation
Staff stated TempStick is calibrated yearly.

2.7.10.1) Sterilization and Depyrogenation - General Information

2) Are injectable CSPs containing non-sterile components or that come into contact with nonsterile devices during any phase of compounding terminally sterilized?

Other.

Observation
Sterilization by filtration is utilized for semaglutide compounded injection products.

2.7.10.3) Sterilization by Filtration

*** 1) Are filters used for sterilization of CSPs appropriate for pharmaceutical use? Written Response Required**

Yes. Filters have a nominal pore size of 0.22 microns or smaller.

Yes. Filters are certified by the manufacturer to retain at least 107 microorganisms of a strain of Brevundimonas diminuta per square centimeter of upstream filter surface area under conditions similar to those in which the CSPs will be filtered

Observation
Observed Pall Medical "Pall PharmAssure 32 mm syringe filter with 0.2 micron Supor Membrane" filters for sterilization of semaglutide vials.
The filter labeling does not specify it's for pharmaceutical use, but information from the manufacturer says for "single patient use" (these are intended for use on an IV line during direct administration of medications intravenously). Are these filters appropriate for "multi-patient" use, where dozens of medication vials are made at once and then stored/dispensed individually with a BUD of 60 days?
Sterility and endotoxin testing is sent to ARL labs. Results are reviewed by 1 of 2 pharmacists and ARL notifies the pharmacy directly if there are any out of range results.

Corrective Action
USP 797 | Effective 11/01/2023
10.2 Sterilization by Filtration
See Sterilizing Filtration of Liquids □1229.4□. Sterilizing filters must be sterile, depyrogenated, have a nominal pore size of 0.22 µm or smaller, and be appropriate for pharmaceutical use. Sterilizing filters with labeling that states "for laboratory use only" or a similar statement must not be used for compounding CSPs. Sterilizing filters must be certified by the manufacturer to retain at least 107 microorganisms of a strain of Brevundimonas diminuta per square centimeter of upstream filter surface area under conditions similar to those in which the CSPs will be filtered (i.e., pressure, flow rate, and volume filtered).

*** 2) Does the pharmacy have filters that are physically and chemically compatible with all ingredients in a filtered CSP? Written Response Required**

Yes. Filters are chemically and physically compatible with CSP ingredients.

Observation
Designated Person unable to find filter volume capacity during inspection.
Master formula/compounding records do not contain results of bubble point testing, nor filter lot/expiration date.
Are these filters appropriate for sterile compounding of semaglutide?

Corrective Action

USP 797 | Effective 11/01/2023
The designated person(s) must ensure—from available published information, from supplier documentation, or through direct challenge (e.g., filtering the CSP)—that the filters 1) are chemically and physically compatible with all ingredients in the CSP (e.g., water-miscible alcohols may damage filter integrity); 2) are chemically stable at the pressure and temperature conditions that will be used; and 3) have enough capacity to filter the required volumes. The filter dimensions and the CSP to be sterilized by filtration should permit the sterilization process to be completed without the need for replacement of the filter during the process. Filter units used to sterilize CSPs must be subjected to the manufacturers' recommended integrity testing, such as a post-use bubble point test. If multiple filters are required for the compounding process, each of the filters must pass a filter-integrity test.

2.7.11) Master Formulation and Compounding Records

1) Does the facility have a master formulas for CSP preparation?

Yes. The facility has master formulas for all CSPs prepared from nonsterile ingredients.

Yes. The facility has master formulas for all CSPs prepared for more than one patient.

*** 2) Do master formulas contain the required information? Written Response Required**

Yes. Master formulas contain the name, strength/activity, and dosage form of the CSP.

Yes. Master formulas identify the amounts of all ingredients and relative characteristics of components if applicable.

Yes. Master formulas contain the type and size of the container closure system.

No.

Observation

Observed semaglutide/Vit B12 compounding record/master formula record from 4/23/2025, Lot 5970.
Document was missing a description of the supplies needed, a physical description of the final CSP, and storage requirements.
Of note, the record indicated a pH range of 6.5 to 7.2, but no pH testing was documented. Additionally, sterility via filtration is performed, but no filter information or bubble point testing documentation was present. Are these QA/QC procedures being performed? If so, is this documentation maintained?

Corrective Action

USP 797 | Effective 11/01/2023
Box 9. Master Formulation Records
An MFR must include at least the following information:
Name, strength or activity, and dosage form of the CSP
Identities and amounts of all ingredients; if applicable, relevant characteristics of components (e.g., particle size, salt form, purity grade, solubility)
Type and size of container closure system(s)
Complete instructions for preparing the CSP, including equipment, supplies, a description of the compounding steps, and any special precautions
Physical description of the final CSP
BUD and storage requirements
Reference source to support the stability of the CSP
Quality control (QC) procedures (e.g., pH testing, filter integrity testing)
Other information as needed to describe the compounding process and ensure repeatability (e.g., adjusting pH and tonicity; sterilization method, such as steam, dry heat, irradiation, or filter)

3) Does the facility generate compounding records for each CSP?

Yes. The master formula record serves as the basis for preparing a compounding record.

Observation

Compounding records and master formulas are maintained in the same document. See previous question for evaluation of required elements.

2.7.12) Release Inspections and Testing

1) Are release testing procedures documented? Warning

No.

Observation
Bubble point testing and pH testing are not documented.

Corrective Action
USP 797 | Effective 11/01/2023
12. RELEASE INSPECTIONS AND TESTING
All release testing procedures (e.g., visual inspections and testing) must be included in the facility's documentation (see 11. Master Formulation and Compounding Records and 17. SOPs). Any out-of-specification results must be investigated, and a corrective action plan must be implemented and documented as part of the quality assurance (QA) and QC program (see 18. Quality Assurance and Quality Control).

2) Are CSPs visually inspected at the completion of compounding, before release and dispensing?

Yes. The physical appearance is inspected.

Yes. The CSP labeling is inspected to ensure it matches the prescription and medication order.

Yes. Inspection includes a visual inspection of container closure integrity.

3) Are CSPs prepared in advance of need reinspected prior to dispensing?

Yes. A visual inspection is conducted to identify CSP defects that developed during storage.

4) Is sterility testing conducted based on the CSP category and in accordance with USP 71?

Yes. The facility sterility tests all Category III CSPs.

Yes. Sterility testing is conducted by an outside vendor.

Observation
ARL labs conducts sterility and endotoxin testing.

*** 5) Are the proper number of containers tested for sterility? Written Response Required**

Other.

Observation
Observed compounding record for semaglutide/B12, Lot number 5970 made 4/23/2025. The quantity made was 1000 ml but it is unknown what package size/container was used for the final product/volume. Additional documentation indicates four containers were sent to ARL labs for sterility/endotoxin testing, with a volume per container of 1 ml. Designated Person SD explained 1 ml volume does not match the typical volume for this product.
What product/package size was sent to ARL labs and how did the pharmacy determine the number of containers tested?

Corrective Action
USP 797 | Effective 11/01/2023
If sterility testing is performed, the minimum quantity of each container to be tested for each media is specified in ☐71☐, Table 2, and the number of containers required to be tested in relation to the batch size is specified in ☐71☐, Table 3, except as described below. The maximum batch size for all CSPs requiring sterility testing must be limited to 250 final yield units.
If the number of CSPs to be compounded in a single batch is less than the number of CSPs needed for testing as specified in ☐71☐, Table 3, additional units must be compounded to perform sterility testing as follows:
If 1–39 CSPs are compounded in a single batch, the sterility testing must be performed on a number of units equal to 10% of the number of CSPs prepared, rounded up to the next whole number. For example:
If 1 CSP is compounded, 10% of 1 rounded up to the next whole number would indicate that 1 additional CSP must be prepared for sterility testing
If 39 CSPs are compounded, 10% of 39 rounded up to the next whole number would indicate that 4 additional CSPs must be prepared for sterility testing
If more than 40 CSPs are prepared in a single batch, the sample sizes specified in ☐71☐, Table 3 must be used.

8) Are CSPs tested for endotoxins?

Yes. Bacterial endotoxin testing is performed by an outside company.

Observation
ARL labs performs endotoxin testing. Results of tests not available during inspection. Pharmacy to ensure endotoxin testing results are within allowable ranges.
USP 797 | Effective 11/01/2023
Category 1 injectable CSPs do not require testing for bacterial endotoxins. Category 2 injectable CSPs compounded from one or more nonsterile component(s) and assigned a BUD that requires sterility testing (see Table 13) and Category 3 injectable CSPs compounded from one or more nonsterile component(s) must be tested to ensure that they do not contain excessive bacterial endotoxins (see ☐85☐). Category 2 injectable CSPs compounded from one or more nonsterile component(s) and assigned a BUD that does not require sterility testing should be tested for bacterial endotoxins

2.7.13) Labeling

2) To labels on the immediate container of the CSP contain the minimum required information?

Yes. Labels contain the assigned internal identification number.

Yes. Labels contain the active ingredients and their amounts, activities, or concentrations.

Yes. Labels contain the storage conditions if other than controlled room temperature.

Yes. Labels contain the BUD.

Yes. Labels contain the dosage form.

Yes. Labels contain the total amount or volume if it's not obvious from the container.

2.7.14.2) Establishing a BUD for a CSP- All Categories

1) Are shorter BUDs assigned when the stability of the CSP or its components is less than the USP allowed BUDs based on category?

Yes. BUDs do not exceed the shortest remaining expiration date of any commercially available starting components.

Yes. BUDs do not exceed the shortest BUD of any individual compounded components used.

Observation

Observed multiple sterile compounding records for semaglutide/B12. BUDs for final products did not exceed the expiration date of any ingredient used in the compounded product.

2.7.14.3) Additional Requirements for Category 3 CSPs

6) Are all Category III CSPs tested for sterility and endotoxins?

Yes. Each time a category III CSP is prepared it is sterility tested using a validated method.

Yes. Each time a category III CSP is prepared it is tested for endotoxins if required.

7) Are Category III CSP assigned the appropriate BUD?

Yes. CSPs which are aseptically processed, sterility tested, and passed all applicable tests for Category III CSPs are assigned a BUD of 60 days at a controlled room temperature, 90 days at a refrigerated temperature, or 120 days at a frozen temperature.

2.7.14.4) Multiple-Dose CSPs

2) Does the facility compound multiple dose CSPs?

Yes.

3) Are multiple dose CSPs tested for antimicrobial effectiveness?

Yes. Multiple dose CSPs are prepared as category II or III CSPs.

Yes. Antimicrobial effectiveness testing is conducted (or contracted) once for each formulation in the container closure system in which it is packaged.

4) Are multiple dose CSPs assigned an appropriate BUD after initial entry or puncture?

Yes. Multiple dose CSPs are not used longer than the assigned BUD based on the compounding category or 28 days, whichever is shorter.

2.7.16) Use of CSPs as Components

1) Does the facility use CSPs as components of final CSPs?

Yes. The facility uses CSPs as components of other final CSP products.

Yes. Component CSPs are assigned a BUD following USP 797 when not in use.

Yes. Final CSPs are assigned a BUD consistent with USP 797.

2) Does the facility properly use multiple dose CSPs to compound CSPs?

Yes. Multiple dose CSPs used in compounding CSPs meet the criteria for antimicrobial effectiveness testing.

Yes. Multiple dose CSPs are assigned a BUD in accordance with USP (see 14.5).

Yes. Multiple dose CSPs are stored under the conditions upon which its BUD is based.

2.7.17) SOPs

1) Does the facility have properly developed SOPs?

Yes. There are SOPs for compounding processes and support activities.

Yes. SOPs include the types of CSPs that are prepared.

Yes. The designated person ensures SOPS are appropriate and implemented.

Yes. The designated person ensures personnel are competent in all procedures related to their job function.

3) Are SOPs reviewed initially and every 12 months by the designated person?

Yes. Review of SOPs is documented by the designated person.

Yes. Changes or alterations to SOPs are made only by the designated person.

Yes. Changes to SOPs are documented.

Yes. Revisions to SOPs are communicated to all personnel involved in the process or procedure.

2.7.19) CSP Handling, Storage, Packaging, Shipping, and Transport

1) Are staff trained according to SOPs for handling, storage, packaging, shipping and transport of CSPs?

Yes. There are SOPs for handling, storage, packaging, shipping and transport of CSPs.

2) Are processes in place to ensure CSP quality is maintained during storage at the compounding facility?

Yes. A controlled temperature is established and monitored.

Yes. Temperature monitoring is conducted daily manually or by a continuous recording device.

Yes. The results of temperature readings are documented in a temperature log or stored in the continuous monitoring device.

Yes. Data from continuous recording devices is retrievable.

Yes. Temperature monitoring devices are verified for accuracy at least every 12 months or as required by the manufacturer.

2.7.20) Documentation

1) Does the facility maintain required compounding documentation?

Yes. There is documentation of personnel training, competency assessments, and qualification records, including corrective actions for any failures.

Yes. There are certification reports, including corrective actions for any failures.

Yes. There are environmental air and surface monitoring procedures and results.

Yes. There are equipment records (e.g., calibration, verification, and maintenance reports).

Yes. There are records for component receipt.

Yes. There are records for SOPs, MFRs (if required) and CRs (if required).

Yes. There are records for release and inspection testing.

Yes. There are records of complaints and adverse events, including corrective actions.

Yes. There are records of investigative results and corrective actions.

Observation
Did not observe all records, but discussed records with staff.

4) Additional Information/Observations

1) Registered pharmacy technicians performing non-sterile compounding

Observation
RPhTs JH and MR perform non-sterile compounding.
Observed MR's ProFiller capsule machine training record signed off by RPh AS (Dec. 2024). Also observed MR's hazardous drug acknowledgement statement and other various training records. Training was signed by the Responsible Person or designee in May 2024 and November 2024.
Observed JH's ProFiller capsule machine training record signed off by RPh AS (Dec. 2024). Also observed JH's hazardous drug acknowledgement statement and other various training records. Training was signed by the Responsible Person or designee in August 2024 and February 2024.
Rule 4729:3-3-03 | Registered pharmacy technicians. Effective 3/7/24
(D) In order to perform non-sterile drug compounding, a registered pharmacy technician shall complete the following training requirements prior to compounding non-sterile preparations:
(5) When the responsible person or a pharmacist designated by the responsible person is satisfied with the employee's knowledge and proficiency, the responsible person or the responsible person's designee will sign the documentation records to show that the employee was appropriately trained in accordance with this rule.
(6) Ensuring registered pharmacy technicians are properly trained shall be the responsibility of the terminal distributor of dangerous drugs and the licensee's responsible person.
(7) All training requirements set forth in this paragraph shall be appropriately documented and made readily retrievable for immediate inspection by an agent of the state board of pharmacy. Documentation shall be maintained by the terminal distributor of dangerous drugs for a minimum of three years.
(G) A terminal distributor of dangerous drugs and the licensee's responsible person shall be responsible for the implementation of policies and procedures for additional training appropriate to duties and responsibilities performed by a registered pharmacy technician as well as an ongoing quality assurance plan to ensure competency.

*** 2) Does the pharmacy repackage? Written Response Required**

Observation
Observed repackaged compounded creams/topical products in the non-sterile compounding rooms. Of note, these products bore incomplete labels.
Additionally, the repackaging log was not complete with all requirements.
Observed compounded sterile semaglutide/B12 injection in 50 ml vials and individual dose syringes. Staff described the compounding process which involves making the bulk/stock solution in an IV bag and transferring the product to 50 ml sterile vials. Then, the product is further repackaged into the individual syringes. Is there a repackaging log for these transfers from container to container? The 50 ml vials and individual syringes are maintained on site for 1+ days prior to being associated to a patient-specific prescription/dispensed.

Corrective Action
Pharmacy to ensure repackaging logs and labels are compliant.
Rule 4729:5-5-17 | Drugs repackaged or relabeled by a pharmacy. Effective 12/1/20
(A) As used in this rule, "repackaging" means the act of taking a finished drug product from the container in which it was distributed by the original manufacturer and placing it into a different container without further manipulation of the drug. Repackaging also includes the act of placing the contents of multiple containers (e.g., vials) of the same finished drug product into one container, as long as the container does not include other ingredients. If a drug is manipulated in any other way, including if the drug is reconstituted, diluted, mixed, or combined with another ingredient, that act is not considered repackaging.
(D) Labels of drugs repackaged by and stored within a pharmacy prior to being dispensed shall contain, but not be limited to, the following:
(1) Name of drug, strength, and dosage form;
(2) National drug code or universal product code, if applicable, which may be embedded in a bar code or quick response (QR) code on the label;
(3) The identification of the repackager by name or by the final seven digits of the terminal distributor of dangerous drugs license number;
(4) Pharmacy control number;
(5) The beyond-use date of the repackaged drug in accordance with the guidance listed in paragraph (C) of this rule.
(F) A record of all drugs repackaged and stored within a pharmacy prior to being dispensed shall be kept in a readily retrievable manner for at least three years or one year past manufacturer's expiration date, whichever is greater. This record shall include the following:
(1) Name of drug, strength, dosage form, and quantity;
(2) National drug code or universal product code, if applicable, which may be embedded in a bar code or quick response (QR) code on the label;
(3) Manufacturer's or distributor's control number;
(4) Manufacturer's or distributor's name, if a generic drug is used;
(5) Pharmacy control number;
(6) Manufacturer's or distributor's expiration date;
(7) The pharmacy's beyond-use date in accordance with the guidance listed in paragraph (C) of this rule;
(8) The positive identification of the individual responsible for the repackaging of the drug; and
(9) The positive identification of the pharmacist conducting the final verification of the repackaged drug to confirm the accuracy of the drug and conformity to the requirements of this rule prior to dispensing or distribution.

*** 3) Additional Information/Observations Written Response Required**

Observation
Pharmacy dispenses prescriptions for Ro (an online telehealth company).

- Ro is a separate system from the outpatient/compounding dispensing software (Pioneer).
- Prescribers enter prescription information directly into the Ro system. The Ro system calls these entries "electronic rxs".
- Pharmacists and technicians log in to the Ro system directly with unique usernames and passwords.
- Pharmacists and/or technicians will print batches of prescription labels that have been automatically generated from prescriber entered prescriptions.
- Technicians fill the prescriptions using compounded product and the printed labels.
- All filled prescriptions then go to pharmacists for verification.
- Pharmacists scan the barcode on the label prescription to bring up the prescription information to complete the final verification of the prescription. System captures and documents the pharmacist performing the check.
- Pharmacists have access to the original entered prescription information, verification information, and the prescriber notes.
- Pharmacists verify the auto-generated label and product against the prescriber-entered information and the prescriber notes.
- Pharmacists click a "verify" button on the screen if they determine all information is correct. Pharmacists then will sign a log-book at the end of the day.
- If a pharmacist determines there is an issue with a prescription they can send the prescription directly back to the prescriber for modification/clarification.

Working as if it was an inpatient hospital order system, however this is an outpatient pharmacy. No actual data entry is being performed by pharmacy staff.

Corrective Action
Why does the pharmacy receive orders instead of prescriptions?

Rule 4729:5-3-11 | Transmission of outpatient prescriptions. Effective 12/1/2020

(A) Oral transmission by a prescriber or a prescriber's agent of an original outpatient prescription authorized by a prescriber shall comply with the requirements of rule 4729:5-5-15 of the Administrative Code. For any oral outpatient prescription transmitted by an agent of a prescriber, the prescriber's agent must provide the agent's first and last name when transmitting the prescription. An oral prescription may be transmitted by a prescriber or prescriber's agent to a recording device or voice mail service.

(B) Original written outpatient prescriptions shall be authorized and signed by a prescriber, in the same manner as the prescriber would sign a check or legal document, and may be transmitted by the prescriber or the prescriber's agent by facsimile machine to a pharmacy.

(1) The facsimile of the prescription must include the identification number of the facsimile machine which is used to transmit the prescription, the full name of the prescriber and, if applicable, the full name of the prescriber's agent transmitting the prescription to the pharmacy.

(2) The prescription must comply with the requirements of rule 4729:5-5-15 of the Administrative Code.

(3) The original prescription signed by the prescriber from which the facsimile is produced shall not be issued to the patient. The original prescription signed by the prescriber must remain with the patient's records at the location where it was issued for three years from the date of issuance. Following the successful transmission of the prescription, the word "VOID" or "FAXED" shall be written or stamped on the face of the original prescription in a manner that does not destroy any of the original information contained on the prescription.

(4) Outpatient prescriptions for schedule II controlled substances may be transmitted by facsimile in accordance with 21 C.F.R. 1306.11 (5/1/2019) and shall meet the facsimile requirements of this rule.

(C) Outpatient prescriptions may be transmitted by means of an electronic prescription transmission system that complies with the prescription requirements in rule 4729:5-5-15 of the Administrative Code.

(1) An outpatient prescription transmitted by means of an electronic prescription transmission system shall include the full name of the prescriber's agent transmitting the prescription.

(2) A controlled substance outpatient prescription shall only be transmitted by means of an electronic prescription transmission system if the system complies with 21 CFR 1311 (5/1/2019).

(3) Except as provided in paragraphs (C)(4) and (C)(5) of this rule, no prescriptions may be transmitted by means of an electronic prescription transmission system that converts the prescription into a computer-generated fax or scanned image.

(4) A non-controlled prescription may be transmitted by means of an electronic prescription transmission system that converts the prescription into a computer-generated fax or scanned image if all the following apply:

(a) The transmission is conducted by means of a board approved system that meets the prescription requirements of rule 4729:5-5-15 of the Administrative Code.

(b) The prescription transmission system operates within a closed-system. A closed system includes any system whereby prescription information is transmitted directly between:

(i) Any division, subsidiary, parent or affiliated or related company under common ownership and control; or

(ii) One or more contracted entities. Contracted means having a written agreement (to include business associate agreements) between one or more prescribers and a pharmacy and shall not include a third-party intermediary unless otherwise approved by the board.

(5) A non-controlled prescription may be converted into a computer-generated fax by a board approved third-party intermediary only if the conversion is necessitated by a temporary telecommunication outage of the third-party intermediary or receiving pharmacy.

8) Substance Abuse and Mental Health Resources for Healthcare Professionals

1) Substance Abuse and Mental Health Resources for Healthcare Professionals

Observation
The healthcare profession is not immune to substance use disorder and mental health conditions. Such medical conditions impair a healthcare professional's competency, ability, and judgment. Substance use disorder and/or mental health conditions that are left untreated may not only cause a healthcare professional to risk their career, but may also endanger the life of a patient. These medical conditions can be effectively treated, and it is possible for healthcare professionals that are in treatment or recovery to return to practice.

The State of Ohio Board of Pharmacy encourages all healthcare professionals who may be struggling with substance use disorder or mental health condition to seek help. The following are resources that can assist healthcare professionals in getting help: (The resources listed here are for informational purposes only and do not constitute an endorsement by the State of Ohio Board of Pharmacy. They do not represent a complete list of the resources available)

Ohio Careline 1-800-720-9616, emotional support, with referral to other resources if needed.
Crisis text line, text "4hope" to 741 741 to speak with a crisis counselor.
Treatment Bridge 1-877-275-6364, for addiction and mental health services.
National Suicide prevention dial 988, or call 1-800-273-8255.
Ohio Domestic Violence Network 1-800-934-9840
Pharmacist Rehabilitation Organization (www.ohiopro.org) for pharmacists and pharmacy interns.
Ohio Physicians Health Program (www.ophp.org)

9) Inspection Affirmation

1) Inspection Affirmation

Observation
*This document only addresses compliance with the rules or laws specifically identified above.

As the person in charge at the time of this inspection, I affirm that I have reviewed this inspection report with the Specialist/Agent/Inspector, and understand its content.

If this inspection report requires a written response, I understand, per OAC 4729:5-3-03, that either of the following must be submitted to the State of Ohio Board of Pharmacy within 30 days of this inspection:
(1) The action(s) the licensee or applicant has taken to correct the violation(s) and the date of implementation of the corrective action(s); or
(2) An explanation disputing the observed violations.

I understand that if I am not the responsible person documented on this site's Ohio terminal distributor of dangerous drugs license, I will ensure the responsible person is provided a complete copy of this inspection report in a timely manner.

I further acknowledge that a written response does not release the licensee listed in this inspection report from potential disciplinary action.

Responses must be either emailed (with a copy of the inspection report) to WRITTENRESPONSE@PHARMACY.OHIO.GOV or mailed to 77 South High Street, 17th Floor, Columbus, Ohio 43215.

Summary

Written Response Required

Reviewed by Seth DePasquale



(signature)

JJ OH Inspection 4.28.25 Corrective Action

2.3) Drugs compounded in a pharmacy (OAC 4729:7-2-03)

12) Are labels for drugs compounded in anticipation of a patient specific prescription contain the required information?

Corrective Action: All labels have been updated with the appropriate information and labeled upon compound completion.

2.6.2) Personnel Training and Evaluation

4) Do SOPs describe training requirements for personnel who do not compound and only perform functions such as in-process

Corrective Action: A new training program has been updated for all non-compounding staff that perform any function with the compounded product. A new binder will be created to document and track all training that will be required annually.

2.6.4) Buildings and Facilities

5) Is temperature monitoring equipment calibrated or verified for accuracy?

Corrective Action: Manual temperature logs have been added to all fridges and monitored twice a day. Manual temperature checks will be used to verify the accuracy of the TempStick that are used for constant monitoring. Additionally, JJ is adding a yearly verification of TempStick with an ice bath.

2.6.6.2) Components

5) COMPONENTS OTHER THAN APIs: Do other components used in compounding comply with USP 795?

Corrective Action: We have updated our intake policy to make sure we have CoA on all components that come in regardless of where they come from. We have reached out and received the CoAs on the products that were previously missing.

2.7.10.3) Sterilization by Filtration

1) Are filters used for sterilization of CSPs appropriate for pharmaceutical use?

Corrective Action: We have switched to a new filter that has literature of all required testing. Volume filtered is documented <385ml to 1150ml. All filters used will be documented with the bubble point test on the master formulary.

https://internationalfilterproducts.com/cdn/shop/files/D65RDS065S020LFLM-PH-ETO_-_Technical_Data_Sheet_08f30a29-9110-4bdc-ab9f-399b56633da8.pdf?v=9596934681704851525

2) Does the pharmacy have filters that are physically and chemically compatible with all ingredients in a filtered CSP?

Corrective Action: Filter literature shows that all excipients are compatible with the filter. Testing potency is done before and after usage to ensure no retention. Added the name of the filter, lot, expiration date, and bubble point test results, and pH on all master formulary records.

2.7.11) Master Formulation and Compounding Records

2) Do master formulas contain the required information?

Corrective Action: All testing was previously performed added in a section of the MFR to document results on the records. Added the name of the filter, lot, expiration date, and bubble point test results, and pH on all master formulary records.

2.7.12) Release Inspections and Testing

5) Are the proper number of containers tested for sterility?

Corrective Action: We have revised our MFR to reflect USP 797 and all batch size is now limited to 250 units and as per 71, appropriate samples will be sent for testing.

4) Additional Information/Observations

2) Does the pharmacy repackage?

Corrective Action: Confirmed with compounding pharmacists that no IV bag is being used. We have added a repackaging document to be filled out at the time of the repackaging. Pharmacy is moving forward with switching to vials and is going to be filled directly from the batch to eliminate the need for repackaging. Patient education will be created and sent to all patients to ensure proper injection.

3) Additional Information/Observations

Corrective Action: To the best of our understanding, the outpatient prescriptions we receive contain all the elements required by Ohio Administrative Code Rule 4729:5-5-15. Pharmacists are responsible for verifying that prescriptions are complete and valid prior to dispensing.

Board of Pharmacy

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836 | http://www.pharmacy.ohio.gov

License 021513150

Jungle Jim's Pharmacy

5484 Dixie Highway
Fairfield, OH 45014
Butler County

Terminal - Pharmacy - Category 3

USP 800 and 825 Inspection

April 28, 2025

Written Response Required

Written Response Required Details

3.6.5.4.2) Nonsterile Compounding

3) Is the C-PEC placed in a C-SEC that has at least 12 ACPH?

License 021513150 - Jungle Jim's Pharmacy

Full

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836
http://www.pharmacy.ohio.gov

Completed by Sarah Nash
Start 4/28/2025 6:30 PM
End 4/28/2025 7:24 PM

Organization

Name	License Type	Category
Jungle Jim's Pharmacy	Terminal - Pharmacy - Category 3	
License Number	**Business Type**	**DEA Number**
021513150	SP - Specialty Pharmacy	[redacted]
Responsible Person	**Hours of Operation**	
Ronald Ferguson RPh		

Contact

Address	Primary Number	Fax Number	Website
5484 Dixie Highway Fairfield, OH 45014 Butler County	(513) 858-3784	(513) 858-3807	

Personnel

Name	Initials	Position	I.D. No.	Phone	Email
Seth DePasquale		Pharmacist			s.depasquale@junglejlmrx.com
Ronald Ferguson RPh		Pharmacist	[redacted]		ron@gogomeds.com
Andrew Whelan					awhelan@gogomeds.com

1) *Initial Inspection Information

1) Personnel conducting inspection

Observation
Compliance Specialist Sarah Nash, PharmD. RPh.

2) Were multiple inspection guides used during this inspection?

Yes

Observation
A complete copy of this inspection will include: Outpatient Pharmacy Inspection and USP 797 Inspection to complete an NABP Blueprint-style inspection.

Any copy of this inspection is considered incomplete if all documents listed are not available for review.

3.3) Drugs compounded in a pharmacy (OAC 4729:7-2-03)

4) Does the pharmacy compound non-antineoplastic hazardous drugs listed in NIOSH table 1, and/or compounds with hazardous drug preparations listed in NIOSH table 2 or 3?

Yes.

3.6.2) List of Hazardous Drugs

1) Does the facility maintain a list of hazardous drugs? Warning

No.

Observation
Staff not aware of a hazardous drug list.

Corrective Action
USP 800| Effective 1/1/2020
The National Institute for Occupational Safety and Health (NIOSH) maintains a list of antineoplastic and other HDs used in healthcare.
▲For the purposes of this chapter, the term antineoplastic only refers to antineoplastic drugs included in Table 1 of the most current NIOSH List
.▲ (RB 1-Jul-2020) An entity must maintain a list of HDs, which must include any items on the current NIOSH list that the entity handles.
The entity's list must be reviewed at least every 12 months. Whenever a new agent or dosage form is used, it should be reviewed against the entity's list.

3) Does the facility stock drugs on the NIOSH list that must follow the requirements of this chapter?

Yes. The facility stocks hazardous drug APIs.

3.6.4) Responsibilities of Personnel Handling Hazardous Drugs

1) Does the facility have a designated person who oversees compliance with USP 800?

Yes. The designated person is qualified and trained.
Yes. The designated person develops and implements appropriate procedures.
Yes. The designated person oversees compliance with USP 800 and applicable laws/rules.
Yes. The designated person ensures competency of personnel.
Yes. The designated person ensures environmental control of the storage and compounding areas.
Yes. The designated person is responsible for risk prevention policies.
Yes. The designated person is responsible for oversight of facility monitoring.
Yes. The designated person is responsible for maintaining reports of testing/sampling performed in the facility.
Yes. The designated person is responsible for acting on the results of facility testing/sampling.

2) Do personnel who handle HDs understand the fundamental practices and precautions in the work environment?

Yes. Personnel continually evaluate HD procedures.
Yes. Personnel continually evaluate the quality of HDs.
Yes. Personnel continually minimize personnel exposure.
Yes. Personnel continually minimize contamination of the work environment.
Yes. Personnel continually minimize contamination of patient-care environments.

3.6.5.1) General Provisions

2) Does the facility have designated areas for HD handling? Warning

No.

Observation
Hazardous drugs are not stored separately from other, non-hazardous products.

Corrective Action
USP 800 | Effective 07/01/2020
Designated areas must be available for:
Receipt and unpacking
Storage of HDs
Nonsterile HD compounding (if performed by the entity)
Sterile HD compounding (if performed by the entity)

3.6.5.3) Storage

1) Are HDs stored in a manner that prevents spillage?

Yes.

3) Are sterile and non-sterile HDs stored together?

Yes. HDs used in sterile and nonsterile compounding are stored together in a nonsterile area.

3.6.5.4.2) Nonsterile Compounding

2) Are C-PECs used for nonsterile HD manipulation meet USP 800 specifications?

Yes. C-PECs have redundant HEPA filters in series.

Yes. The C-PEC is a Containment Ventilated Enclosure.

Note: A C-PEC used only for nonsterile compounding does not require unidirectional airflow. The critical environment does not need to be ISO classified.

* **3) Is the C-PEC placed in a C-SEC that has at least 12 ACPH? Written Response Required**

No.

Observation

Non-sterile hazardous compounding occurs in one of the two non-sterile compounding rooms. Of note, there are two air vents on the ceiling - one is pulling air and one is pushing air. There is no air pressure monitoring of the room.

Corrective Action

USP 800 | Effective 07/01/2020

The C-PEC must be placed in a C-SEC that has at least 12 ACPH. Table 2 summarizes the engineering controls required for nonsterile HD compounding.

Table 2 (below) summarizes the engineering controls required for nonsterile HD compounding.

C-PEC: Externally vented (preferred) or redundant–HEPA filtered in series
Examples: CVE, Class I or II BSC, CACI

C-SEC:
Externally vented
12 ACPH
Negative pressure between 0.01 and 0.03 inches of water column relative to adjacent areas

3.6.5.5) Containment Supplemental Engineering Controls

1) Does the facility use CTSDs for compounding and/or administration?

No. The facility does not use CTSDs for HD compounding.

3.6.7) Personal Protective Equipment

1) Does the facility reuse PPE?

No. Disposable PPE is not re-used.

2) Does the facility have SOPs for PPE based on risk exposure and activities performed?

Yes. Gowns, head, hair, shoe covers, and two pairs of chemotherapy gloves are required for compounding sterile and nonsterile HDs.

3) Do SOPs for PPE include all HD handling?

Yes. SOPs include handling of HDs during receipt.
Yes. SOPs include handling of HDs during storage.
Yes. SOPs include handing of HDs during transport.
Yes. SOPs include handling of HDs during compounding (sterile and nonsterile).
Yes. SOPs include handling of HDs during deactivation/contamination, cleaning and disinfecting.
Yes. SOPs include handling of HDs during spill control.
Yes. SOPs include handling of HDs during waste disposal.

4) GLOVES: Does the facility where appropriate gloves at appropriate times?

Yes. Chemotherapy gloves are ASTM Standard D69878 (or its successor).
Yes. Chemotherapy gloves are worn for handling all HDs, including non-antineoplastic and reproductive risk only HDs.
Yes. Chemotherapy gloves are powder free.
Yes. Chemotherapy gloves are inspected for physical defects before use.
Yes. Chemotherapy gloves are changed every 30 minutes or as recommended by the manufacturer.
Yes. Chemotherapy gloves are changed when torn, punctured, or contaminated.
Yes. Hands are washed after removing gloves.

5) GOWNS: Does the facility use gowns of appropriate composition?

Yes. Gowns are disposable.
Yes. Gowns are shown to resist permeability by HDs.
Yes. Gowns close in the back.
Yes. Gowns are long sleeved with closed cuffs that are elastic or knit.

7) GOWNS: Are gowns worn and changed at appropriate intervals?

Yes. Gowns are changed per the manufacturer's information for permeation of the gown.
Yes. Gowns are changed immediately after a spill or splash.
Yes. Gowns worn in HD handling areas are not worn to other areas of the facility.

3.6.8) Hazard Communication Program

1) Has the facility established policies and procedures to ensure worker safety during all aspects of HD handling?

Yes. SOPs ensure effective training for HD labeling.
Yes. SOPs ensure effective training for HD transport.
Yes. SOPS ensure effective training for HD storage.
Yes. SOPs ensure effective training for HD disposal.
Yes. SOPs ensure effective training in the use of Safety Data Sheets (SDS).

2) Does the hazard communication program contain all required plan elements?

Yes. Personnel of reproductive capability confirm in writing that they understand the risks of handling HDs.

3.6.9) Personnel Training

1) Are employees appropriately trained to handle HDs?

Yes. Personnel handling HDs are trained based on their job function.

Yes. Training occurs before the employee independently handles HDs.

Yes. The effectiveness of training is demonstrated by the employee.

Yes. Personnel competencies are reassessed at least every 12-months.

Yes. HD training and competency assessment are documented.

Observation

Recommend specifying hazardous drug-related competency with more specifics to ensure thorough training for each employee.

2) Does the HD training program contain all required elements?

Yes. the program contains a review of the entities SOPs related to the handling of HDs

Yes. The program contains the proper use of PPE.

Yes. The program reviews how to respond to known or suspected HD exposure.

Yes. The program covers spill management.

Yes. The program covers the proper disposal of HDs and trace-contaminated materials.

3.6.11) Labeling, Packaging, Transport, and Disposal

1) Does the facility have an SOP for labeling, packaging, transport, and disposal of HDs?

Yes. SOPs address the prevention of accidental exposures or spills.

Yes. SOPs address personnel training on response to exposure.

Yes. SOPs address the use of a spill kit.

3.6.13) Compounding

1) Does the facility use a plastic-backed preparation mat on the C-PEC compounding work surface?

No.

Observation

Not required.

2) Is compounding equipment dedicated for use with HDs?

Yes. Disposable equipment is dedicated for use with HDs.

3) Are APIs or other powdered HDs handled in a C-PEC?

Yes. APIs and other powdered HDs are handled in a C-PEC during particle generating activities.

3.6.15) Deactivating, Decontaminating, Cleaning, and Disinfecting

1) Does the facility have SOPs for HD cleaning?

Yes. All areas where HDs are handled are deactivated, decontaminated, and cleaned.
Yes. All reusable equipment and devices used for HD handling are deactivated, decontaminated and cleaned.
Yes. In addition to HD cleaning SOPs, the facility complies with USP 795 for cleaning nonsterile compounding areas.
Yes. Procedures for cleaning include agents used.
Yes. Procedures for cleaning include cleaning frequency.
Yes. Procedures for cleaning include documentation requirements.

2) Are personnel who perform deactivation, decontamination, cleaning and disinfection trained in appropriate procedures and PPE?

Yes. There is documentation that personnel are trained to perform HD cleaning.
Yes. All personnel who perform HD cleaning wear PPE resistant to the cleaning agents used.
Yes. PPE for cleaning includes two pairs of chemotherapy gloves.
Yes. PPE for cleaning includes impermeable disposable gowns.
Yes. Eye protection and face shields are used if splashing is likely.
Yes. If warranted by the activity, respiratory protection is used.

4) DEACTIVATION: Are proper agents used for deactivation?

Yes. Agents render HDs inert or inactive.

Observation
Pre-Empt is used as the deactivation agent.

5) DECONTAMINATION: Are C-PEC surfaces and products within decontaminated appropriately?

Yes. HD containers are wiped with a decontaminating agent prior to entry into the C-PEC.
Yes. Solutions used for wiping HD packaging does not alter the product label.
Yes. The worksurface of the C-PEC is decontaminated between compounding of different HDs.
Yes. The C-PEC is decontaminated at least daily (when used).
Yes. The C-PEC is decontaminated any time a spill occurs.
Yes. The C-PEC is decontaminated before and after certification.
Yes. The C-PEC is decontaminated any time voluntary interruption occurs.

7) CLEANING: Does the facility clean after deactivation and decontamination?

Yes. The facility uses a germicidal detergent to clean objects and surfaces exposed to HDs and other contaminants.

Observation
Pre-Empt is the cleaning agent. Since this product is used for both deactivation and cleaning, **is the product used twice back to back to achieve required cleaning?**
USP 800 | Effective 07/01/2020
Cleaning is a process that results in the removal of contaminants (e.g., soil, microbial contamination, HD residue) from objects and surfaces using water, detergents, surfactants, solvents, and/or other chemicals. Cleaning agents used on compounding equipment should not introduce microbial contamination. No cleaning step may be performed when compounding activities are occurring.

8) DISINFECTION: Does the facility disinfect areas intended to be sterile after cleaning.

Yes. All surfaces are cleaned prior to disinfection.
Yes. The facility uses an EPA registered disinfectant and/or sterile alcohol to disinfect.

Observation
70% IPA is used as the disinfectant.

3.6.16) Spill Control

1) Are personnel trained in spill management?

Yes. Personnel required to clean HD spills receive training in spill management.
Yes. Training includes the use of PPE for

3.6.17) Documentation and Standard Operating Procedures

1) Are SOPs appropriately drafted and reviewed?

Yes. SOPS are reviewed every 12 months by the designated person.
Yes. Annual SOP review is documented.
Yes. Revisions in forms or records are made as needed.
Yes. Revisions in forms or records are communicated to all personnel handling HDs.

5) Additional Information/Observations

1) Standard Operating Procedures

Observation
Did not review specific hazardous-related SOPs during inspection. Staff explained SOPs exist for the various required elements. Recommended pharmacy perform a thorough review of SOPs to ensure appropriate details are present, especially regarding staff training, as well as accuracy based upon USP Chapter <800).

9) Substance Abuse and Mental Health Resources for Healthcare Professionals

1) Substance Abuse and Mental Health Resources for Healthcare Professionals

Observation
The healthcare profession is not immune to substance use disorder and mental health conditions. Such medical conditions impair a healthcare professional's competency, ability, and judgment. Substance use disorder and/or mental health conditions that are left untreated may not only cause a healthcare professional to risk their career, but may also endanger the life of a patient. These medical conditions can be effectively treated, and it is possible for healthcare professionals that are in treatment or recovery to return to practice.

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National Suicide prevention dial 988, or call 1-800-273-8255.
Ohio Domestic Violence Network 1-800-934-9840
Pharmacist Rehabilitation Organization (www.ohiopro.org) for pharmacists and pharmacy interns.
Ohio Physicians Health Program (www.ophp.org)

10) Inspection Affirmation

1) Inspection Affirmation

Observation
*This document only addresses compliance with the rules or laws specifically identified above.

As the person in charge at the time of this inspection, I affirm that I have reviewed this inspection report with the Specialist/Agent/Inspector, and understand its content.

If this inspection report requires a written response, I understand, per OAC 4729:5-3-03, that either of the following must be submitted to the State of Ohio Board of Pharmacy within 30 days of this inspection:
(1) The action(s) the licensee or applicant has taken to correct the violation(s) and the date of implementation of the corrective action(s); or
(2) An explanation disputing the observed violations.

I understand that if I am not the responsible person documented on this site's Ohio terminal distributor of dangerous drugs license, I will ensure the responsible person is provided a complete copy of this inspection report in a timely manner.

I further acknowledge that a written response does not release the licensee listed in this inspection report from potential disciplinary action.

Responses must be either emailed (with a copy of the inspection report) to WRITTENRESPONSE@PHARMACY.OHIO.GOV or mailed to 77 South High Street, 17th Floor, Columbus, Ohio 43215.

Summary

Written Response Required

Reviewed by Seth DePasquale

(signature)

JJ OH Inspection 4.28.25 Corrective Action

3) Is the C-Pec placed in a C-SEC that has at least 12 ACPH?
Corrective Action: We have reached out to Harrigan, the HVAC company, and have informed them of our need for 2 pressure gauges. Additionally, JJ will have LCS certifying the non-sterile HD room to comply with USP 800 standards. The expected installation date is in June.

Board of Pharmacy

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836 | http://www.pharmacy.ohio.gov

License 021513150

Jungle Jim's Pharmacy

5484 Dixie Highway
Fairfield, OH 45014
Butler County

Terminal - Pharmacy - Category 3

Outpatient Pharmacy Guide (Updated 4/4/25)

April 28, 2025

Written Response Required

Written Response Required Details

13.4) *Record keeping (OAC 4729:5-5-04)

10) Do prescriptions entered into a computer system that are not dispensed meet the requirements of rule?

License 021513150 - Jungle Jim's Pharmacy

Full

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836
http://www.pharmacy.ohio.gov

Completed by Sharon Shields
Start 4/28/2025 12:30 PM
End 4/28/2025 4:24 PM

Organization

Name
Jungle Jim's Pharmacy

License Type
Terminal - Pharmacy - Category 3

Category

License Number
021513150

Business Type
SP - Specialty Pharmacy

DEA Number
[redacted]

Responsible Person
Ron Ferguson, R.Ph.

Hours of Operation

Contact

Address
5484 Dixie Highway
Fairfield, OH 45014
Butler County

Primary Number
(513) 858-3784

Fax Number
(513) 858-3807

Website

Personnel

Name	Initials	Position	I.D. No.	Phone	Email
Ciera Arles Barfield		Certified Pharmacy Technician	[redacted]	[redacted]	[redacted]
Ron Ferguson, R.Ph.		Responsible Person			ron@gogomeds.com
Ream Sarah Naser		Certified Pharmacy Technician			[redacted]
Jordan David Phelps, PharmD, MBA		Pharmacist			j.phelps@junglejimrx.com
Eric Hollingshead Smith		Pharmacist			[redacted]

1) *Initial Inspection Information

4) *Does the TDDD have a valid registration issued by the Drug Enforcement Administration?

Yes

Observation
BJ9143354 expires 12/31/2025

5) Is the Responsible Person present during the inspection?

Yes

6) Does the TDDD distribute dangerous drugs outside of Ohio?

Yes

Observation
Pharmacy ships dangerous drugs to all states except Minnesota, Alabama, Arkansas, and Washington DC.

13.2.1) Minimum Standards (OAC 4729:5-5-02)

1) Does the TDDD provide sufficient tools and equipment in updated and good repair?

Yes

2) Does the TDDD provide pharmacy personnel access to the required references?

Yes: Internet access to the board's website, Ohio laws and administrative codes, code of laws of the United State of America, and code of federal regulations

Yes: Access to hard copy or internet access to appropriate pharmacy reference materials

Yes: Access of telephone number of a poison control center

3) Does the TDDD ensure pharmacy personnel are sufficiently trained to safely and adequately perform their assigned duties?

Yes

4) Does the TDDD maintain a stock of drugs sufficient to compound and prepare the types of prescriptions offered?

Yes

5) Does the TDDD maintain stock of prescription containers necessary to dispense drugs in accordance with federal and state laws?

Yes

6) *Does the TDDD ensure all areas where drugs and devices are stored and prepared are dry, well-lit, well-ventilated, and maintained in a clean, sanitary, and orderly condition?

Yes

7) *Are hours of operation of the pharmacy department posted?

Yes

8) *Are all employees of the pharmacy identified by a name tag?

Yes: Name tag includes job title

13.3) *Filing and storage of prescriptions (OAC 4729:5-5-03)

3) Are electronically transmitted prescriptions maintained?

Yes

4) Do electronic systems used to maintain prescription images or data meet the requirements of the rule?

Yes: Contains security features to prevent unauthorized access to the records

Yes: Contains daily back-up functionality to protect against loss of records

13.4) *Record keeping (OAC 4729:5-5-04)

* **10) Do prescriptions entered into a computer system that are not dispensed meet the requirements of rule? Written Response Required**

No

Observation

Pharmacy is not entering the complete prescription data (directions) into the computer system for prescriptions that are placed on hold on the patient profile.

Corrective Action

Ensure complete prescription information into the system when placing prescriptions on hold.

Rule 4729:5-5-04 | Record keeping. Effective 12/1/20

(H) Prescriptions entered into a computer system that are not dispensed shall meet all of the following requirements:
(1) The complete prescription information must be entered in the computer system;
(2) The information must appear in the patient's profile;
(3) There is positive identification of the person who is responsible for entering the prescription information into the system and the pharmacist responsible for verifying the prescription information in accordance with paragraph (A) of this rule;
(4) The prescription must be assigned a prescription number; and
(5) The original prescription is filed according to rule 4729:5-5-03 of the Administrative Code.

13.5) Prescription format requirements (OAC 4729:5-5-05)

1) HARD COPY: Do hard copy prescriptions meet the requirements of the rule?

Yes: No more than three non-controlled substance prescription orders per prescription form

Yes: No controlled substances on preprinted prescriptions with multiple selections

13.6) Labeling of drugs dispensed on prescription (OAC 4729:5-5-06)

1) Does the label affixed to the drug dispensed contain the required information?

Yes: Meets requirement of rule

13.7) Patient profiles (OAC 4729:5-5-07)

1) PATIENT: Do patient profile systems maintain the required patient information?

Yes: Meets requirement of the rule

Observation
Observed label to contain the required information.

2) DRUGS: Do the patient profiles systems maintain the required patient drug therapy record?

Yes: Contains all prescriptions dispensed by the pharmacy within the last 12 months
Yes: Contains original prescription number
Yes: Contains date of issuance of the original prescription by the prescriber
Yes: Contains full name and address of the prescriber, including the physical address of the prescriber's practice location
Yes: Contains prescriber's credential (MD, DDS, DVM, etc.), if indicated on the prescription
Yes: Contains directions for use
Yes: Contains brand name or generic name and the name of the manufacturer or distributor or NDC of the drug or device dispensed
Yes: Contains strength, dosage form, and quantity of the drug or device dispensed
Yes: Contains prescriber's DEA number, if applicable
Yes: Contains total number of refills authorized by the prescriber
Yes: Contains date of dispensing
Yes: Contains refill history of the prescription

3) Is a reasonable effort made to obtain a patient's medical history necessary to conduct a prospective drug utilization review?

Yes

4) Are patient profiles maintained for not less than one year from the date of the last entry in the profile record?

Yes

13.10) *Manner of processing a prescription (OAC 4729:5-5-10)

1) *CONTROLLED SUBSTANCES: Are front of hard copy prescriptions for controlled substances notated to indicate receipt by the pharmacy?

Other: See Observation Below

Observation
The only controlled substance filled by the pharmacy at the time of inspection is testosterone. Most prescriptions are sent to the pharmacy electronically. Discussed the requirement to notate the front of any hard copy controlled substance prescriptions to indicate receipt by the pharmacy.

Rule 4729:5-5-10 | Manner of processing a prescription. Effective 12/1/20

(C) Prescriptions:

(1) The front of hard copy prescriptions for controlled substance dangerous drugs shall be clearly notated to indicate receipt by the pharmacy in a manner that does not destroy any of the original information contained on the prescription but prevents the unauthorized duplication of the prescription.

2) Is the date of dispensing of new and refill prescriptions recorded?

Yes

3) ORAL: Do pharmacists make a record of the full name of the prescriber and prescriber's agent, if applicable, for oral prescripitons?

Yes

6) FACSIMILE: Is a printed copy or an electronic copy of a faxed prescription maintained?

Yes: Electronically stored

Observation
Pharmacy receives all faxes electronically.

13) REMINDER: Valid Prescription and Corresponding Responsibility

Observation
A prescription, to be valid, must be issued for a legitimate medical purpose by an individual prescriber acting in the usual course of the prescriber's professional practice. The responsibility for the proper prescribing is upon the prescriber, but a corresponding responsibility rests with the pharmacist who dispenses the prescription. An order purporting to be a prescription issued not in the usual course of bona fide treatment of a patient is not a prescription and the person knowingly dispensing such a purported prescription, as well as the person issuing it, shall be subject to the penalties of law.

13.23) *Security, control and storage of dangerous drugs in an outpatient pharmacy (OAC 4729:5-5-23)

1) *Does a pharmacist provide adequate supervision of the pharmacy and records?

Yes

2) Is the pharmacy separated from the merchandising or public areas?

Yes

3) Is a pharmacist physically present at the pharmacy?

Yes: Responsible for security of pharmacy

Yes: Supervises pharmacy personnel

7) *How is the pharmacy secured when a pharmacist cannot be present?

A physical barrier with suitable locks

An alarm system approved by the board

9) Are items requiring pharmacist supervision stored outside of the pharmacy?

No

10) *KEYS/CODES: Does only pharmacists have access to keys or other methods of gaining access to the pharmacy?

Yes

11) RECORDS: Are records relating to the distribution of dangerous drugs only maintained in the pharmacy?

Yes

15) *DROP-BOX: Are prescription orders deposited into a secured area within the building?

Not Applicable

17) *DRIVE-THRU: Does the pharmacy provide services by means of a drive-thru facility?

No: No drive-thru facilities

18) *REFRIGERATORS/FREEZERS: Do refrigerators and/or freezers used for storage of drugs and devices comply with the requirements of the rule?

Yes: Temperature logs with daily observations, at a minimum, are maintained

Yes: Temperature monitoring system capable of detecting and alerting staff of an excursion are maintained

Yes: There is a policy and procedure to respond to any out of range temperature readings or excursions

Yes: There is a policy no food or beverage is to be stored with the drugs

Observation

Pharmacy uses both electronic temperature monitoring and paper temperature logs. Electronic monitoring is via Temp Stick. Pharmacy began using Temp Stick in January 2025. Temp Stick alerts in the event of a temperature excursion.

13.24) *Drug inventory records and other record keeping provisions (OAC 4729:5-5-24)

2) TEMPERATURE MONITORING: Do records of temperature control monitoring include the required information?

Yes: Temperature log includes date and time of observation, the full name or the initials of the individual performing the check, and the temperature recorded

Yes: Temperature Monitoring System maintains a report with date and time of observation and temperature recorded

Yes: Temperature Monitoring System alerts of temperature excursions maintains report that includes the date, time, temperature recorded, and length of each excursion

Observation

Pharmacy uses both electronic temperature monitoring and paper temperature logs. Electronic monitoring is via Temp Stick. Pharmacy began using Temp Stick in January 2025. Temp Stick alerts in the event of a temperature excursion. Pharmacy has paper temperature logs for at least three years.

28) Substance Abuse and Mental Health Resources for Healthcare Professionals

1) Substance Abuse and Mental Health Resources for Healthcare Professionals

Observation
The healthcare profession is not immune to substance use disorder and mental health conditions. Such medical conditions impair a healthcare professional's competency, ability, and judgment. Substance use disorder and/or mental health conditions that are left untreated may not only cause a healthcare professional to risk their career, but may also endanger the life of a patient. These medical conditions can be effectively treated, and it is possible for healthcare professionals that are in treatment or recovery to return to practice.

The State of Ohio Board of Pharmacy encourages all healthcare professionals who may be struggling with substance use disorder or mental health condition to seek help. The following are resources that can assist healthcare professionals in getting help: (The resources listed here are for informational purposes only and do not constitute an endorsement by the State of Ohio Board of Pharmacy. They do not represent a complete list of the resources available)

Ohio Careline 1-800-720-9616, emotional support, with referral to other resources if needed.
Crisis text line, text "4hope" to 741 741 to speak with a crisis counselor.
Treatment Bridge 1-877-275-6364, for addiction and mental health services.
National Suicide prevention dial 988, or call 1-800-273-8255.
Ohio Domestic Violence Network 1-800-934-9840
Pharmacist Rehabilitation Organization (www.ohiopro.org) for pharmacists and pharmacy interns.
Ohio Physicians Health Program (www.ophp.org)

29) Inspection Affirmation

1) Inspection Affirmation

Observation
*This document only addresses compliance with the rules or laws specifically identified above.

As the person in charge at the time of this inspection, I affirm that I have reviewed this inspection report with the Specialist/Agent/Inspector, and understand its content.

If this inspection report requires a written response, I understand, per OAC 4729:5-3-03, that either of the following must be submitted to the State of Ohio Board of Pharmacy within 30 days of this inspection:
(1) The action(s) the licensee or applicant has taken to correct the violation(s) and the date of implementation of the corrective action(s); or
(2) An explanation disputing the observed violations.

I understand that if I am not the responsible person documented on this site's Ohio terminal distributor of dangerous drugs license, I will ensure the responsible person is provided a complete copy of this inspection report in a timely manner.

I further acknowledge that a written response does not release the licensee listed in this inspection report from potential disciplinary action.

Responses must be either emailed (with a copy of the inspection report) to WRITTENRESPONSE@PHARMACY.OHIO.GOV or mailed to 77 South High Street, 17th Floor, Columbus, Ohio 43215.

Summary

Written Response Required

Reviewed by Eric Hollingshead Smith

(signature)

JJ OH Inspection 4.28.25 Corrective Action

13.4) *Record keeping (OAC 4729:5-5-04)

10) Do prescriptions entered into a computer system that are not dispensed meet the requirements of rule?

Corrective Action: Jungle Jim's Pharmacy has updated the policy to include directions for any script going onto patient profile. This makes the prescription fully filled in through Pioneer.

eLicense Ohio
Professional Licensure

License Look Up

5/8/2026 11:28 AM

JUNGLE JIM'S PHARMACY

License Number	021513150
Status	Active
Sub-Status	
Board	Board of Pharmacy
License Type	Terminal - Pharmacy - Category 3
License Issue Date	2/22/05
License Expiration Date	3/31/27
License Effective Date	4/1/25
Street Address	5484 DIXIE HIGHWAY
City	FAIRFIELD
State	OH
Zipcode	45014
Country	United States
Board Action	Yes

Supervised By:

Supervisor Name	Supervisor License	Status	Start Date	End Date
Richard Vogel	03337284	Active	Wed Mar 25 00:00:00 GMT 2026	

Current date & time: **5/8/2026 11:28 AM**

1868

Disclaimer: The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

4QQ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) * Current license #: PH_____	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other:	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☒ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Nutrishare, LLC

Physical Address: 4310 E. Cotton Center Blvd., Suite#110

City: Phoenix State: AZ Zip: 85040

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (866) 955-5807 Toll Free # (NAC 639.708, NRS 639.23286): (800) 466-3876

Fax: (888) 626-3344 Contact Email: AZlicensing@nutrishare.com

Website: www.nutrishare.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Lawrence Christopher Moore

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24338

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Lawrence Christopher Moore	NV Pharmacist Registration #: 24338
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials: NA	%: NA
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): PLP Infusion Holdings, LLC

Corporation/Organization Name: Nutrishare

Mailing Address: 4310 E. Cotton Center Blvd, Suite#110

City: Phoenix State: AZ Zip: 85040

Telephone: (866) 955-5807 Email: AZlicensing@nutrishare.com

Contact Person Name: Lawrence Christopher Moore

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the COO & President (title) for Nutrishare, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Stephen J. Holbrook

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

11/19/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Stephen J. Holbrook

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Stephen J. Holbrook

Original signature of Authorized Person (copies or stamps not accepted)

11/19/2025

Date

Board Use Only	Date Received: 1/26/26	Amount: 500.00/V#35034

- Name and Contact Information of Managing Members:
  - **Name:** Austin Pulsipher
    Phone: [redacted]
    Address: [redacted] Elk Grove, CA [redacted]
  - **Name:** Stephen Holbrook
    Phone: ([redacted]
    Address: [redacted] Elk Grove, CA [redacted]

STATE OF ARIZONA
ARIZONA CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

Nutrishare, LLC

ACC Business ID: **23887587**

a **Foreign Limited Liability Company**, was authorized to transact business or conduct affairs in the state of Arizona on 6th day of November, 2025;

That, according to the records of the Arizona Corporation Commission, said Foreign Limited Liability Company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above-named business as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **20th day of July, 2026**

Douglas R. Clark

DOUGLAS R. CLARK,
EXECUTIVE DIRECTOR

Business ID.: 23887587
Certificate No.: 2607200152577191
Certificate may be verified online at:
arizonabusinesscenter.azcc.gov

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NUTRISHARE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JULY, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NUTRISHARE, LLC" WAS FORMED ON THE THIRTIETH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6048826 8300

SR# 20263725006

Authentication: 204526005

Date: 07-15-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Nutrishare, LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 4310 E. Cotton Center Blvd, Suite #110

City Phoenix State AZ Zip 85040

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (866) 955-5807 Website www.nutrishare.com

Licensing Company Email AZlicensing@nutrishare.com

Section 2: Personal Information

First Lawrence Middle Christopher Last Moore

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City Phoenix State AZ Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Midwestern University - College of Pharmacy Glendale		08/07 - 06/10	
Address	**City**	**State**	**Zip**
19555 N. 59th Ave	Glendale	AZ	85308
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
California State University - San Marcos		08/00 - 05/06	
Address	**City**	**State**	**Zip**
333 S. Twin Oaks Valley Rd	San Marcos	CA	92096
Diploma/Degree obtained, if any			
Biological Science - Molecular Cellular Biology			

School Name		From - To (MM/YY – MM/YY)	
Rancho Bernardo High School		08/96 - 06/00	
Address	**City**	**State**	**Zip**
13010 Paseo Lucido	San Diego	CA	92128
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/20 - 01/26	[redacted]	Phoenix	AZ	[redacted]
02/20 - 08/20		Tempe	AZ	
06/15 - 02/20		Chandler	AZ	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Optum Infusion Services			01/15 - 09/25	
Business Address		**City**	**State**	**Zip**
485 N. Juniper Dr		Chandler	AZ	85226
Phone	**Title**		**Number of Employed Hours**	
888-705-4470	Regional Clincal Pharmacist		22,186	
Description of Duties				
Employed as a Staff Pharmacist initially then promoted to Supervisor then Director of Pharmacy and ultimately to Regional Clinical Pharmacist. Oversight of dispensing, distribution, and record keeping of patient perscriptions.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Lawrence Moore, certify that as the designated representative for

_____,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. LM I am at least 21 years of age;
3. LM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. LM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. LM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. LM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. LM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Lawrence Christopher Moore

Print Name (First, Last)

Original Signature (electronic copies or stamps not accepted)

12/26/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lawrence Christopher Moore

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/26/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Lawrence Moore, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/26/2025

Date

Subscribed and Sworn to before me this 26th day of December, 2025

Notary Public Signature

BINIAM D EGIGAYEHU
Notary Public - Arizona
Maricopa County
Commission # 620182
My Commission Expires January 27, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1. General Information

Pharmacy Name: Nutrishare, LLC

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 4310 E. Cotton Center Blvd, Suite #110

City: Phoenix State: AZ Zip: 85040

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (866) 955-5807 Toll Free # (NAC 639.708, NRS 639.23286): (866) 955-5807

Fax: (888) 626-3344 Contact Email: AZlicensing@nutrishare.com

Website: www.nutrishare.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Lawrence Christopher Moore

Supervising/Managing Pharmacist NV Pharmacist Registration #: 24338

Name of Designated Person(s) as defined by revised USP-797 guidelines: Lawrence Christopher Moore

Email of Designated Person(s): AZlicensing@nutrishare.com

Telephone of Designated Person(s): (866) 955-5807

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ■ Category 2 ☐ Category 3

If you marked **"Category 3"**, you must also complete **section 4.**

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ☐ Yes ■ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ■ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? 11/05/2026

6. What is the frequency of the recertification for the ISO classified areas? Every 6 months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ☐ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Monthly

10. Will you be performing sterile hazardous drug compounding? Yes ■ No

If you marked **"Yes"**, you must also complete **section 3.**

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:
TPN, Ceftrtiaxone, Cefazolin, Ceftazidime, Cefepime, Zosyn, Meropenem, Ertapenem, Vancomycin, Daptomycin, Linezolid, Azithromycin, Clindamycin, Unasyn, Hydration with added Electrolytes,

12. What laboratory performs your sterility or endotoxin testing?

Name: ARL Bio Pharma

Address: 840 Research Parkway Ste. 546

City: Oklahoma City State: OK Zip: 73104

Telephone: 800-393-1595

13. What is your procedure for visual inspection of compounded sterile products?
Compounded sterile preparations are evaluated against a black and white background for the presence of particulate matter.

14. How often do you perform glove fingertip and medial fill testing?
Both are perfomed on a semi-annual basis (every 6 months).

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:
Initial training involves first the completion of Didactic training with a focus on the following: Aseptic Technique, Hand Hygiene and Garbing, Environmental Controls, Cleaning and Disinfection, Sterile Compounding Calculations, Review of Primary & Secondary Engineering Controls , Materials Transfer, Sterile COmpounding Categories and Beyond-Use Dating, Quality Asurance and Quality Control, Viable Sampling Air & Surface. Once the personnel has completed the Didactic Training they will exhibit compentency in practice via Obersvational audit of all aspects, GFT, and Media Fill.

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
Daily cleaning is perfomed using sterile TB1-3300 followed by serile 70% IPA for the PEC and SEC . Monthly clean is performed using sterile Peridox RTU followed by sterile 70% IPA. Please note that our Pharmacy will not compound hazardous drugs. Cleaning is performed from cleanest to dirtiest and top to bottom. In the PEC cleaning occurs in the following order: Ceiling of PEC / top surface, Rear vertical surface, Side walls (wiping from top bottom), IV bar and hooks, Work surface (wiping back front), Equipment inside PEC. In the SEC cleaning is performed in the following order: ceilings (monthly), walls (top to bottom (monthly)), Pass-through, Work tables, Shelving, carts, and storage surfaces, Counters and horizontal surfaces, and Floors (starting at the cleanest corner and moving toward the exit). Cleaning of the PEC occurs at the beginning of each compounding shift, before each new batch or product preparation, every 30 minutes during continuous compounding, after spills and when contamination is suspected.

17. Who performs the sterile compounding process at your facility?

Licensed and Trained Pharmacist or Technicians.

18. Who is responsible and accountable for the sterile compounding process at your facility?
Designated Person - Lawrence Moore

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
When products are shipped or mailed they undergo a packout using materials and ice packs that will preserve the sterilty , stability and the labels storage requirements. The packout will maintain a cold temperature in order to preserve the integrity of the compounded sterile preparation inside.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility?		
2. Are you complying with all USP 800 guidelines?	Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	Yes	No
4. Is your BSC or CACI vented 100% to the outside?	Yes	No
5. Do you have a negative pressure buffer room at your facility?	Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? Yes No

4. What is the frequency for completing volumetric active air sampling?

5. What is the frequency for completing surface sampling?		
6. What is the frequency for using sporicidal agents?		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	Yes	No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lawrence Moore

Name of Person who Completed the Form

Director of Pharmacy / Designated Person

Title

Signature (copies or stamps not accepted)

12/26/2025

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

DEMOGRAPHICS

AZ permit# :	AZ Permit Exp.Date :	Business Name :
Y010180	10/31/2026	Nutrishare, LLC

Address : 4310 E Cotton Center Blvd

Zip :	City :	State :
85040	Phoenix	AZ

Phone :	Fax :	Email :
(800) 466-3876	(888) 626-3344	azlicensing@nutrishare.com

Inspection Date :	PIC :	Pic License Exp Date :
07/08/2026	Lawrence Christopher Moore	10/31/2027

DEA # :	DEA # Exp. date :	DEA Inventory Annual Date :
[redacted]	10/31/2028	05/01/2026

Inspection Reviewed With :	Reviewers License# :	Inspection type :
Lawrence Moore	S018197	Routine

Inspection Conducted By : Nancy Chang

Facility Data

# Rxs/Week	RPh Hours/Week	# Rxs/Hours
6 patients	80	0.075

PERMITS

1	Arizona	☑ S ☐ N/I ☐ V ☐ N/A ARS § 32-1933(A); R4-23-606(A)

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2	DEA Registered, but no controlled substances in stock. Zero reporting daily.	☑ S ☐ N/I ☐ V ☐ N/A ARS § 36-2522(A)(2); 21 CFR 1301.35(c)
3	Suppliers All 3 major wholesalers (e.g., Cardinal, McKesson & ABC).	☑ S ☐ N/I ☐ V ☐ N/A ARS § 32-1929; R4-23-601(A); R4-23-604(A); R4-23-605(A); R4-23-607(A)

LICENSES

1	Pharmacists 2 pharmacists	☑ S ☐ N/I ☐ V ☐ N/A ARS § 32-1925(A); R4-23-201(A)
2	Interns / Graduate interns	☐ S ☐ N/I ☐ V ☑ N/A ARS § 32-1923(B); R4-23-301(G)
3	Technicians / Trainees 1 technician and no trainee.	☑ S ☐ N/I ☐ V ☐ N/A ARS § 32-1925(A); R4-23-1101(A); R4-23-1102(D); R4-23-1103(B)(2)
4	Current renewal licenses maintained	☑ S ☐ N/I ☐ V ☐ N/A ARS § 32-1933(B)

PHARMACY

1	Drug storage and security Only the pharmacists have keys to the main entrance door with an alarm system set by the pharmacists daily.	☑ S ☐ N/I ☐ V ☐ N/A R4-23-609(G)(H)

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2	Personnel and security procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-610
3	Facilities	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-611(A)
4	Drug supply	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-611(B)
5	Quarantine expired drugs	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-611(B)(4)
6	Equipment Reminder to have signage for the clean and dirty equipment areas.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-612
7	Policies and procedures Reminder: The review dates need to be documented.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-610(A); R4-23-611(B)

TECHNICIANS

1	Training program	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1105(B)(D)
2	Training program - compounds Reviewed	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1105(C)
3	Activities - trainees	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-1104(A)

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4	Activities - technicians	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1104(A)(B)
5	Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1104(F)(G)

COUNSELING

1	Documentation	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(G)(H)
2	Oral consultation	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(C)(D)(E)

oral consultation via phone with all initial intake and as needed. 24-hour pharmacy phone line is available.

3	Written information	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(C)(I)

PRESCRIPTION AUDIT

1	Prescription files	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1964; ARS § 36-2525(C)(1)(2)
2	Prescription label	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1968(D); ARS § 36-2525(L)
3	CII prescriptions	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968; 36-2525(A) to (G); R4-23-407(A)
4	CIII - CV prescriptions	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968; 36-2525(A)(C)(2)(H)(I); R4-23-407(A)

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5	Non-controlled prescriptions	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1968; R4-23-407(A)
6	Transfers The Initial transfer of 5 patients from the sister facility out of state.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-407(D)
7	Telephone	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1968(A)(5); R4-23-402(A)(1)(2)
8	Refill authorizations None observed	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968(A)(6); R4-23-402(A)(13); R4-23-407(E)(5)
9	Facsimile Fax orders are scanned and saved electronically.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-407(E)
10	Electronically transmitted no e-transmission capability at this time	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-407(F); R4-23-408(H)
11	Patient information	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(A)(3)(4)
12	Allergies / medical conditions Obtained at the initial order intake time.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(A)(3)(b)
13	Brand / generic	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1963.01

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14	Foreign prescriptions	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1969
15	Prescription blank advertising prohibited	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-404(B); ARS § 32-1901.01(B)(25)
16	Prescription audit-numbers reviewed on-line.		

COMPUTER REQUIREMENTS

1	Security	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(F)
2	Log books / printout	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(C)(4)
3	Reports	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(B)(5)(6)
4	Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(A)

IMMUNIZATIONS

1	Certification	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(D)(K); R4-23-411(A)
2	Recordkeeping	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(F)(3); R4-23-411(F)(I)
3	Reporting requirements	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(F); R4-23-411(F)(2)

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4	Current certificate maintained	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-411(C)(2)
5	Administration without a prescription	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(A)(B); R4-23-411(A)
6	Prescription only administration	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(C)(I); R4-23-411(A)(4); (B); (I)

MECHANICAL STORAGE / COUNTING DEVICES

1	Cell identification	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(A)(1)
2	Paper / electronic log	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(A)(2)(3)
3	Training	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(C)(1)(D)
4	Maintenance	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(C)(2)(D)
5	Accuracy validation testing	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(C)(3)(D)
6	Return by approval only	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(B)(G)
7	Policies and procedures	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(E)

MECHANICAL COUNTING DEVICES

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

1	Training	☐ S ☐ N/I ☑ V ☐ N/A	R4-23-616(A)(1)(B)
2	Maintenance	☐ S ☐ N/I ☑ V ☐ N/A	R4-23-616(A)(2)(B)
3	Accuracy validation testing	☐ S ☐ N/I ☑ V ☐ N/A	R4-23-616(A)(3)(B)
4	Policies and procedures	☐ S ☐ N/I ☑ V ☐ N/A	R4-23-616(C)

CONTROLLED SUBSTANCE RECORDS

1	CIIs purchase / sale / disposal	☐ S ☐ N/I ☑ V ☐ N/A	ARS § 36-2523(A); ARS § 36-2524; R4-23-601(D);R4-23-1003(A)(4)(B)
2	CIII - CVs purchase / sale / disposal	☐ S ☐ N/I ☑ V ☐ N/A	ARS § 36-2523(A); R4-23-601(D); R4-23-612(11); R4-23-1003(A)(4)
3	Inventory 5/1/2026 inventory with zero reporting.	☐ S ☐ N/I ☑ V ☐ N/A	ARS § 36-2523(B); R4-23-1003
4	Audit	☐ S ☐ N/I ☑ V ☐ N/A	ARS § 36-2523
5	DEA 106 Theft/Loss reporting	☐ S ☐ N/I ☑ V ☐ N/A	R4-23-1003(A)(2); 21 CFR 1301.76(b)

MISCELLANEOUS

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1	Badges - name / title	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(K); R4-23-671(B)(4); R4-23-1104(E)
2	Sales of drugs to practitioners	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1981(7)(d); R4-23-601(D); R4-23-1003(A)(4)
3	Schedule V register	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 36-2525(J)
4	Delivery Red Letter courier for local deliveries. FedEx for out-of-state shipments.	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1901.01(B)(23); R4-23-402(I)
5	CQA training / Policies and procedures Quarterly reviewed and discussed at staff meeting.	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1973; R4-23-620
6	Non-controlled substances purchase / sale / disposal	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-601(D)
7	Dextromethorphan sales restrictions	☐ S ☐ N/I ☐ V ☑ N/A	ARS 32-1978
8	Federal medication guides	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR part 208
9	Pharmacy to pharmacy transfer of drugs (intracompany) PO order issued with from and to addresses.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-601(D); R4-23-1003(A)(4)

METHAMPHETAMINE PRECURSORS

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1	Storage	☐ S ☐ N/I ☑ V ☐ N/A	ARS § 32-1977(B)
2	Documentation	☐ S ☐ N/I ☑ V ☐ N/A	ARS § 32-1977(C); 21 CFR 1314
3	Self-certification	☐ S ☐ N/I ☑ V ☐ N/A	21 CFR 1314.35; 21 CFR 1314.40

SHARED SERVICES

1	Current resident / nonresident permit Agreement is in place but no shared services performed at this time.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(A)
2	Same owner / written contract / common electronic file	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(B)
3	Notification to patients	☐ S ☐ N/I ☑ V ☐ N/A	R4-23-621(C)
4	Maintain manual / electronic records	☐ S ☐ N/I ☑ V ☐ N/A	R4-23-621(D)
5	Work outside pharmacy	☐ S ☐ N/I ☑ V ☐ N/A	R4-23-621(F)
6	Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(E)

COMPOUNDING PRACTICES (GENERAL)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

1	Documentation product compounded	☑ S ☐ N/I ☐ V ☐ N/A R4-23-410(C)(1)(e); R4-23-410(I)(K)
2	Patient label Compounding is designated on the labels	☑ S ☐ N/I ☐ V ☐ N/A R4-23-410(I)(4)
3	Beyond-use dates 9 days refrigerated for most CSPs(e.g., TPNs, hydration and antibiotics).	☑ S ☐ N/I ☐ V ☐ N/A R4-23-410(I)(4)(b); R4-23-410(B)(3)(d)
4	Equipment	☑ S ☐ N/I ☐ V ☐ N/A R4-23-410(F)(G)
5	Product produced in excess	☐ S ☐ N/I ☐ V ☑ N/A R4-23-410(B)(2); R4-23-410(J)
6	Component removed from original container	☑ S ☐ N/I ☐ V ☐ N/A R4-23-410(I)(6)
7	Compounds for medical practitioners	☐ S ☐ N/I ☐ V ☑ N/A R4-23-410(B)(3); R4-23-601(D); R4-23-1003(A)(4)
8	Patient written list	☑ S ☐ N/I ☐ V ☐ N/A R4-23-410(I)(5)
9	Protective apparel	☑ S ☐ N/I ☐ V ☐ N/A R4-23-410(C)(2)(c)
10	Facility The facility has a clean storage non=iso room, iso 7 ante-room, iso 7 buffer room and 4 vertical hoods.	☑ S ☐ N/I ☐ V ☐ N/A R4-23-410(E)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

11	Components for compounding/storage	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-410(B)(H)
12	Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-410(D)(G)(H)(I)(K)

STERILE COMPOUNDING

1	Compounding area	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-670(A)(E)(F)
2	Equipment Apex automated compounding devices In each hood.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-670(B)
3	Sterile product reference	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-670(B)(6)
4	Certification hood / environment recent certification in May 2026; The sweat concrete floor was remodeled and the room was recertified.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-670(D)(14)(g)
5	Documentation routine cleaning / maintenance	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-670(D)(14)(g)
6	Personnel protective clothing	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-670(E)(3)(F)(2)
7	Annual / semi-annual media fill tests	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-670(E)(4)(F)(3)
8	Documentation of product compounded	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

9	Beyond-use dates	☑ S ☐ N/I ☐ V ☐ N/A R4-23-670(D)(14)(d); R4-23-410(B)(3)(d)
10	Process / product validation testing Excusions were remediated and documented.	☑ S ☐ N/I ☐ V ☐ N/A R4-23-670(D)(14)(f)
11	Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A R4-23-670(C)(D)

AUDIT

Date Of Inventory : 05/01/2026

Inventory Taken : Open

Date Of Audit : 07/08/2026

Name & Strength of Drug	Initial Inventory	Total Purchased	Total Accounted For	Closing Inventory	Sales (Rx & log)	Total Can Account for	Difference	Percentage
No Controlled Substances. Zero inventory.								

NOTES

Pharmacy hours: M-F 8 am - 5 pm.

Reminders:
Signage is needed for the clean and dirty equipment areas
To document the date when policies and procedures were reviewed

AFFIRMATION

Status : Satisfactory

Representative Email : nchang@azpharmacy.gov

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 04/10/2025
Receipt
Number: 2025196698
Receipt Amount $: 480.00

Pharmacy - Limited Service

PERMIT NO
Y010180

EXPIRES
10/31/2026

Issued to : Nutrishare, LLC
PLP Infusion Holdings LLC
9850 KENT ST ELK GROVE, CA 95624

Nutrishare, LLC
4310 E COTTON CENTER BLVD SUITE 110
PHOENIX, AZ 85040

EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Nutrishare, LLC
LICENSE NUMBER : Y010180
EXPIRES : 10/31/2026

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

Arizona State Board of Pharmacy

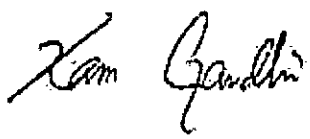
Physical Address: 1110 W. Washington St., Suite 260, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749
www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/registration/permit but serves as the primary source of verification.

Name :	Nutrishare, LLC
Address :	4310 E Cotton Center Blvd Suite 110 Phoenix AZ 85040
Registration No :	Y010180
Permit Type :	Pharmacy
Sub Type :	Limited Service
Date Issued :	09/19/2025
Expiration Date :	10/31/2026
Status :	OPEN

Discipline : No



Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 07/20/2026

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Nutrishare, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 4310 E. Cotton Center Blvd., Suite #110

City Phoenix State AZ Zip 85040

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (866) 955-5807 Website www.nutrishare.com

Licensing Company Email AZlicensing@nutrishare.com

Section 2: Personal Information

First Austin Middle David Last Pulsipher

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]

City Folsom State CA Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.179)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Temecula Valley High School			08/01 - 06/06	
Address	City		State	Zip
31555 Rancho Vista Rd.	Temecula		CA	92592
Diploma/Degree obtained, if any				
High School Diploma				
School Name			From - To (MM/YY – MM/YY)	
Yale University			08/06 - 06/12	
Address	City		State	Zip
38 Hillhouse Ave.	New Haven		CT	06511
Diploma/Degree obtained, if any				
Bachelor of Arts				
School Name			From - To (MM/YY – MM/YY)	
Harvard Business School			08/17 - 05/19	
Address	City		State	Zip
111 Western Ave.	Boston		MA	02163
Diploma/Degree obtained, if any				
Master of Business Administration				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address	City		State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/21 - Present	[redacted]	Folsom	CA	[redacted]
06/21 - 12/21		Folsom	CA	
01/20 - 06/21		Las Vegas	NV	
07/19 - 01/20		Mountain View	CA	
06/17 - 07/19		Boston	MA	
01/15 - 06/17		Mountain View	CA	
06/14 - 01/15		Mountain View	CA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Nutrishare LLC			07/21-Present
Business Address	**City**	**State**	**Zip**
9850 Kent Street	Elk Grove	CA	95624
Phone	**Title**		
916-478-7811	President & CFO		
Description of Duties			
CFO and President of national home infusion company			

Business Name			From - To (MM/YY – MM/YY)
Sidewalk Infrastructure Partners			07/19-12/19
Business Address	**City**	**State**	**Zip**
10 Jay St Floor 10	Brooklyn	NY	11201
Phone	**Title**		
N/A	Vice President		
Description of Duties			
Investment professional in technology and infrastructure.			

Business Name			From - To (MM/YY – MM/YY)
American Infrastructure MCP Funds			8/14-07/17
Business Address	**City**	**State**	**Zip**
950 Tower Lane Suite 750	Foster City	CA	94404
Phone	**Title**		
650-854-6000	Associate		
Description of Duties			
Investment professional in operationally intensive real estate.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Austin Pulsipher

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/24/2025

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Sacramento

I, AUSTIN PULSIPHER, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/24/2025

Date

Subscribed and Sworn to before me this 24TH day of NOVEMBER 2025

Notary Public Signature

See Attached Notarial Certificate

(Seal)

CALIFORNIA NOTARIAL CERTIFICATE
(JURAT)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of SACRAMENTO

Subscribed and sworn to (or affirmed) before me on this 24TH day of NOVEMBER, 2025, by AUSTIN PULSIPHER, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____ (Seal)

MGC1 KEVIN RANGEL
COMM. # 2536552
NOTARY PUBLIC - CALIFORNIA
SACRAMENTO COUNTY
COMM. EXPIRES OCT. 24, 2029 MGC1

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Nutrishare, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 4310 E. Cotton Center Blvd, Suite #110

City Phoenix State AZ Zip 85040

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (866) 955-5807 Website www.nutrishare.com

Licensing Company Email AZlicensing@nutrishare.comm

Section 2: Personal Information

First Stephen Middle James Last Holbrook

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Folsom State CA Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Harvard Business School		08/17 - 05/19	
Address	**City**	**State**	**Zip**
111 Western Ave	Boston	MA	02163
Diploma/Degree obtained, if any			
MBA			
School Name		**From - To (MM/YY – MM/YY)**	
Brigham Young University		08/06-04/12	
Address	**City**	**State**	**Zip**
212 Hinckley Center	Provo	UT	84602
Diploma/Degree obtained, if any			
Bachelor of Science - Business			
School Name		**From - To (MM/YY – MM/YY)**	
Francis Howell High School		08/02-05-06	
Address	**City**	**State**	**Zip**
7001 MO-94	St Charles	MO	63304
Diploma/Degree obtained, if any			
High School Degree			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/22-Current	[redacted]	Folsom	CA	[redacted]
07/21-01/22		Folsom	CA	
08/20-07/21		Las Vegas	NV	
05/19-/08/20		Las Vegas	NV	
08/17-05/19		Boston	MA	
06/14-06/17		Littleton	CO	

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Nutrishare			07/21-Current
Business Address	**City**	**State**	**Zip**
9850 Kent St	Elk Grove	CA	95624
Phone	**Title**		
800.466.3876	President & COO		

Description of Duties

Responsible for overall performance of company in relation to customers, employees, and business partners.

Business Name			From - To (MM/YY – MM/YY)
Peak Legacy Partners			01/20-07/21
Business Address	**City**	**State**	**Zip**
11017 Summer Storm Ct	Las Vegas	NV	89144
Phone	**Title**		
847.612.1843	Co-Founder, Managing Director		

Description of Duties

Manage investment firm in pursuit of a business acquisition.

Business Name			From - To (MM/YY – MM/YY)
McKinsey & Company			05/18-07/18
Business Address	**City**	**State**	**Zip**
2021 McKinney Ave #1800	Dallas	TX	75201
Phone	**Title**		
214.665.1200	Summer Associate		

Description of Duties

Provide client services as consultant with global management consulting firm.

Business Name			From - To (MM/YY – MM/YY)
DaVita			08/12-07/17
Business Address	**City**	**State**	**Zip**
2001 16th St Mall	Denver	CO	80202
Phone	**Title**		
(720) 631-2100	Analyst		

Description of Duties

Analyze data.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Stephen Holbrook

Print Name (First, Last)

Stephen Holbrook — 11/24/2025

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Sacramento

I, Stephen Holbrook, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Stephen Holbrook — 11.24.2025

Original Signature — **Date**

Subscribed and Sworn to before me this 24TH day of NOVEMBER 2025.

Notary Public Signature

See Attached Notarial Certificate

(Seal)

CALIFORNIA NOTARIAL CERTIFICATE
(JURAT)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of SACRAMENTO

Subscribed and sworn to (or affirmed) before me on this 24TH day of NOVEMBER, 20 15, by STEPHEN HOLBROOK, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____ (Seal)

MGC1 KEVIN RANGEL
COMM. # 2536552
NOTARY PUBLIC - CALIFORNIA
SACRAMENTO COUNTY
COMM. EXPIRES OCT. 24, 2029 MGC1

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	■ New Pharmacy	■ Retail/Community	■ Retail/Community
■ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: [redacted]
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			■ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH_____		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Premium Health Care Pharmacy

Physical Address: 2400 SW 69th Ave Suite 120

City: Miami State: Florida Zip: 33155

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 3054135070 Toll Free # (NAC 639.708, NRS 639.23286): 8333160036

Fax: 3058593482 Contact Email: credentials@phcpharmacy.com

Website: https://www.phcpharmacy.com/

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Adam Walters

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20416

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Adam Walters	NV Pharmacist Registration #: 20416
Name: Carlos Ruiz	NV Pharmacist Registration #: 08645
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: Keila Hoover	Credentials: Owner/CEO	%: 100
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida

Parent Company (if any): _____

Corporation/Organization Name: Premium Health Care LLC

Mailing Address: 2400 SW 69th Ave Suite 120

City: Miami State: FL Zip: 33155

Telephone: 305-413-5070 Email: credentials@phcpharmacy.com

Contact Person Name: Adam Walters

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Managing Pharmacist for NV (title) for Premium Health Care Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Adam Walters

Print Name of Authorized Person

Adam Walters

Original signature of Authorized Person (copies or stamps not accepted)

9/12/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Adam Walters

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Adam Walters

Original signature of Authorized Person (copies or stamps not accepted)

09/12/2025

Date

Board Use Only	Date Received: 10/27/25	Amount: $500.00

PREMIUM HEALTH Care
RETAIL & COMPOUND PHARMACY

2400 SW 69th Ave
Suite 120
Miami, Fl 33155

833-316-0036
credentials@phcpharmacy.com

Nevada Board of Pharmacy,

Premium Health Care LLC DBA Premium Health Care Pharmacy will comply with all Nevada Board of Pharmacy laws. Dr. Keila Hoover, owner and CEO, no longer practices medicine, and will not practice medicine for any patients in the state of Nevada.

Thank you,

Adam Walters
Pharmacist
Premium Health Care Pharmacy

PREMIUM HEALTH Care
RETAIL & COMPOUND PHARMACY

2400 SW 69th Ave
Suite 120
Miami, Fl 33155

833-316-0036
credentials@phcpharmacy.com

Corporate Organization Chart

Nevada Board of Pharmacy,

Premium Health Care LLC DBA Premium Health Care Pharmacy is 100% owned and managed by Keila Hoover. Her address is [redacted] Coral Gables, FL [redacted]. Her date of birth is [redacted] Her title is Owner/CEO. Her business address is 2400 SW 69th Ave Suite 120, Miami, FL 33155. Her phone number is [redacted]

Thank you,

Carlos Ruiz,
Pharmacist Manager
Premium Healthcare Pharmacy

State of Florida
Department of State

I certify from the records of this office that PREMIUM HEALTHCARE LLC is a limited liability company organized under the laws of the State of Florida, filed on June 8, 2017.

The document number of this limited liability company is L17000125770.

I further certify that said limited liability company has paid all fees due this office through December 31, 2025, that its most recent annual report was filed on April 27, 2025, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-eighth day of April, 2025



Secretary of State

Tracking Number: 5576277496CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Premium Health Care Pharmacy

Pharmacy/Wholesaler License # (if applicable): PH33479

Physical Address: 2400 SW 69th Ave Suite 120

City: Miami State: FL Zip: 33155

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 305-413-5070 Website: https://www.phcpharmacy.com/

Licensing Company Email: credentials@phcpharmacy.com

Section 2: Personal Information

First: Adam Middle: Lee Last: Walters

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Miami State: FL Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Nova Southeastern University		08/06 to 05/13	
Address	**City**	**State**	**Zip**
3300 S University Dr	Fort Lauderdale	FL	33328
Diploma/Degree obtained, if any			
Pharm.D.			

School Name		From - To (MM/YY – MM/YY)	
West Monroe High School		08/02 to 05/06	
Address	**City**	**State**	**Zip**
201 Riggs Street	West Monroe	LA	71292
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/15 to 05/25	[redacted]	Miami Beach	FL	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Premium Health Care Pharmacy			05/22 to 09/25	
Business Address		**City**	**State**	**Zip**
2400 SW 69th Ave		Miami	FL	33155
Phone	**Title**		**Number of Employed Hours**	
305-413-5070	Pharmacist		6000	
Description of Duties				
I prepared both sterile and non-sterile compounded medications in compliance with USP <795>, <797>, and <800> standards, ensuring safety, accuracy, and quality in every product. I verified prescriptions, oversaw quality assurance, and coordinated shipments of compounded medications to patients and providers in multiple states.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Adam Walters, **certify that as the designated representative for**

Premium Health Care Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ALW I am at least 21 years of age;
3. ALW I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ALW I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ALW I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ALW I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ALW I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Adam Walters

Print Name (First, Last)

Adam Walters

Original Signature (electronic, copies or stamps not accepted)

09/12/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Adam Walters

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/12/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Miami-Dade

I, Adam Walters, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

09/12/2025

Date

Subscribed and Sworn to before me this 12TH (MM) day of September, 2025.

Notary Public Signature

Notary Public State of Florida
Melody Navarro
My Commission HH 588398
Expires 8/29/2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Premium Health Care Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH33479

Physical Address: 2400 SW 69th Ave Suite 120

City: Miami State: Florida Zip: 33155

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 305-413-5070 Website: https://www.phcpharmacy.com/

Licensing Company Email: credentials@phcpharmacy.com

Section 2: Personal Information

First: Keila Middle: Last: Hoover

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Coral Gables State: FL Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
American University of the Caribbean			08/01 – 05/03	
Address		City	State	Zip
1 University Drive		Cupecoy Sint Maarten		Netherlands
Diploma/Degree obtained, if any				
Doctor of Medicine				

School Name			From - To (MM/YY – MM/YY)	
American University of the Caribbean			08/99 – 04/01	
Address		City	State	Zip
1 University Drive		Cupecoy	Sint Maarten	Netherlands
Diploma/Degree obtained, if any				
Master of Science				

School Name			From - To (MM/YY – MM/YY)	
University of Miami			08/96 – 05/99	
Address		City	State	Zip
1320 S Dixie Hwy		Coral Gables	FL	33146
Diploma/Degree obtained, if any				
Bachelor of Science in Biology				

School Name			From - To (MM/YY – MM/YY)	
Florida International University			08/96 – 05/97	
Address		City	State	Zip
11200 SW 8th St		Miami	FL	33199
Diploma/Degree obtained, if any				
Undergraduate				

School Name			From - To (MM/YY – MM/YY	
Miami Coral Park Senior High			08/92 to 05/96	
Address		City	State	Zip
8865 SW 16th St		Miami	FL	33165
Diploma/Degree obtained, if any				
High School Diploma				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/14 – 10/25	[redacted]	Coral Gables	Florida	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Premium Health Care			July 2019 – Present	
Business Address		**City**	**State**	**Zip**
2400 SW 69th Ave		Miami	Florida	33155
Phone	**Title**			
305-413-5070	Owner/CEO			

Description of Duties
As Owner and CEO of a sterile compounding pharmacy and clinic, I lead operations and ensure compliance with USP <797>, <800>, and regulatory standards while upholding quality and patient safety. I oversee licensure, accreditation, finances, staff, and provider relationships to support efficient, ethical, and patient-focused care.

Business Name			From - To (MM/YY – MM/YY)	
Miami Clinical Research			July 2014 to Present	
Business Address		**City**	**State**	**Zip**
2400 SW 69th Ave		Miami	FL	33155
Phone	**Title**			
305-413-5070	Owner/CEO			

Description of Duties
Principal investigator for Miami Clinical Research.

Business Name			From - To (MM/YY – MM/YY)	
Premium HealthCare Et Al.			July 2008 to Present	
Business Address		**City**	**State**	**Zip**
2400 SW 69th Ave		Miami	FL	33155
Phone	**Title**			
305-413-5070	Owner/CEO			

Description of Duties
Network Medical Centers and Multispeciality Pavilion. Founder and CEO.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Hoover, Keila
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/10/2025
Date

Please have this section completed in the presence of a Notary Public.

State of FLORIDA, ss. County of Miami-Dade

I, KEILA HOOVER, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/10/2025
Date

Subscribed and Sworn to before me this 10TH day of OCTOBER, 2025

Notary Public Signature

Notary Public State of Florida
Melody Navarro
My Commission HH 588398
Expires 8/29/2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Premium Health Care Pharmacy

NV Pharmacy or Outsourcing facility license # (if applicable): PH33479

Physical Address: 2400 SW 69th Ave Suite 120

City: Miami State: Florida Zip: 33155

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 305-413-5070 Toll Free # (NAC 639.708, NRS 639.23286): 833-316-0036

Fax: 305-859-3482 Contact Email: credentials@phcpharmacy.com

Website: https://www.phcpharmacy.com/

Nevada Business License # (if applicable)

Supervising/Managing Pharmacist Name (NRS 639.220): Adam Walters

Supervising/Managing Pharmacist NV Pharmacist Registration #: 20416

Name of Designated Person(s) as defined by revised USP-797 guidelines: Adam Walters

Email of Designated Person(s): credentials@phcpharmacy.com

Telephone of Designated Person(s): 305-413-5070

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ☐ Category 2 ☒ Category 3

If you marked **"Category 3"**, you must also complete **section 4.**

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ■ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ■ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? 05/21/2025

6. What is the frequency of the recertification for the ISO classified areas? every 6 months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ☒ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? weekly

10. Will you be performing sterile hazardous drug compounding? ■ Yes No

If you marked **"Yes"**, you must also complete **section 3.**

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:
CJC/Ipamorelin, Gonadorelin, Ipamorelin, PT-141 (Bremelanotide), Sermorelin and Sermorelin/Ipamorelin, Thymosin Alpha-1, Vasoactive Intestinal Peptide (VIP), Ascorbic Acid, B-Complex, Biotin, Dexpanthenol, Glutamine, Glutathione, Glycine, Hydroxocobalamin, Methylcobalamin, Cyanocobalamin, L-Arginine, L-Carnitine, Taurine, Thiamine, Niacinamide, Pyridoxine, NAD+, Magnesium Chloride, Magnesium Sulfate, Calcium Chloride, Calcium Gluconate, Zinc Chloride, Zinc Sulfate, Triamcinolone (Kenolog), Ondansetron, Famotidine, Ketorolac, Dexamethasone, Methylprednisolone, compounded Testosterone injections, Semaglutide, and Tirzepatide.

12. What laboratory performs your sterility or endotoxin testing?

Name: ARL Bio Pharma

Address: 840 Research Parkway, Ste. 546

City: Oklahoma City State: OK Zip: 73104

Telephone: (800) 393-1595

13. What is your procedure for visual inspection of compounded sterile products?
The procedure for visual inspection of compounded sterile products involves a thorough examination of each CSP under proper lighting and in a controlled environment in accordance with USP <797> guidelines. Each container is checked for integrity, cracks, leaks, or faulty seals, and labeling is verified for accuracy, including drug name, strength, volume, and beyond-use date. The solution is inspected for clarity, color, and absence of particulates, with suspensions or emulsions assessed for uniformity. Syringes and needles are examined for proper attachment, smooth plunger movement, and absence of air bubbles. Any product failing inspection is immediately quarantined, documented, and reported to the Pharmacist-in-Charge, with corrective actions taken before release.

14. How often do you perform glove fingertip and medial fill testing?
Glove fingertip and media fill testing is performed every 3 months for all personnel at Premium Health Care Pharmacy.

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:
The initial and ongoing training program at Premium Health Care for personnel performing sterile compounding is designed to ensure competency, safety, and compliance with USP <797> and <800> standards. Initial training includes comprehensive instruction on aseptic technique, proper garbing and hand hygiene, use of primary and secondary engineering controls, preparation procedures for sterile and non-sterile compounded products, handling hazardous drugs, and environmental monitoring. Personnel must demonstrate competency through written assessments, practical skills evaluations, and media-fill or simulated compounding exercises before performing tasks independently. Ongoing training involves regular refresher courses, annual competency assessments, observation of aseptic technique, updates on policy or procedural changes, and continuing education on sterile compounding standards. All training is documented, and performance is monitored through routine audits and quality assurance checks to ensure compliance and maintain sterile technique proficiency.

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
At Premium Health Care Pharmacy, the cleaning procedure for primary and secondary engineering controls is performed to maintain aseptic conditions and comply with USP <797> standards. Primary engineering controls, such as laminar airflow workbenches or biological safety cabinets, are cleaned at the start of each shift, before and after compounding, and immediately after any spill. Secondary engineering controls, including compounding areas and cleanroom surfaces, are cleaned daily and as needed. The cleaning process involves a multi-step approach: surfaces are first cleaned with a detergent or general-purpose cleaning agent to remove debris, followed by disinfection using 70% isopropyl alcohol for routine disinfection. Sporicidal agents are used periodically, typically weekly or after a contamination event, to eliminate bacterial spores, while deactivation and decontamination agents are applied as needed for hazardous drug handling areas. All cleaning activities are documented, including the date, time, personnel performing the task, and the agents used.

17. Who performs the sterile compounding process at your facility?

Sterile compounding is performed by trained pharmacists and technicians under the Pharmacist-in-Charge.

18. Who is responsible and accountable for the sterile compounding process at your facility?
At Premium Health Care, Carlos Ruiz, the Pharmacist-in-Charge, is responsible and accountable for the sterile compounding process.

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
At Premium Health Care, compounded sterile products are shipped using FedEx with ice packs, cotton, and other cushioning materials to maintain temperature, protect against damage, and ensure product safety and efficacy during transit.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? At Premium Health Care, primary engineering controls used for sterile compounding include vertical and horizontal laminar airflow workbenches, compounding aseptic isolators, and biological safety cabinets to maintain sterile conditions and protect both the product and personnel.		
2. Are you complying with all USP 800 guidelines?	■ Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	■ Yes	No
4. Is your BSC or CACI vented 100% to the outside?	■ Yes	No
5. Do you have a negative pressure buffer room at your facility?	■ Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	■ Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	■ Yes	No
8. Will you be utilizing a closed system transfer device?	■ Yes	No
9. If yes, list the name of the device: Premium Health Care uses the BD PhaSeal closed system transfer device for handling and compounding hazardous drugs.		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers? Premium Health Care provides patients and consumers with clear instructions on the proper handling, storage, and disposal of hazardous drug products and containers. This includes guidance to avoid direct contact with the medication, use of gloves if required, safe storage away from children and pets, and returning or disposing of unused medications or empty containers according to local regulations or pharmacy-provided take-back programs. Additionally, counseling emphasizes following all labeling and safety instructions to maintain personal safety and prevent environmental contamination.

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?
At Premium Health Care, the initial training process for new employees prior to compounding sterile hazardous drugs includes comprehensive instruction on aseptic technique, proper garbing and hand hygiene, safe handling of hazardous drugs, use of primary and secondary engineering controls, and environmental monitoring procedures. Trainees review written policies and standard operating procedures, observe experienced personnel, and complete hands-on practice using simulated compounding exercises. Competency is assessed through written tests, practical skills evaluations, and media-fill or mock compounding exercises, and employees must demonstrate proficiency before independently handling sterile hazardous drugs.

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:
Premium Health Care Pharmacy compounds a variety of Category 3 sterile products, including CJC/Ipamorelin, Gonadorelin, Ipamorelin, PT-141 (Bremelanotide), Sermorelin and Sermorelin/Ipamorelin, Thymosin Alpha-1, Vasoactive Intestinal Peptide (VIP), Ascorbic Acid, B-Complex, Biotin, Dexpanthenol, Glutamine, Glutathione, Glycine, Hydroxocobalamin, Methylcobalamin, Cyanocobalamin, L-Arginine, L-Carnitine, Taurine, Thiamine, Niacinamide, Pyridoxine, NAD+, Magnesium Chloride, Magnesium Sulfate, Calcium Chloride, Calcium Gluconate, Zinc Chloride, Zinc Sulfate, Triamcinolone (Kenolog), Ondansetron, Famotidine, Ketorolac, Dexamethasone, Methylprednisolone, compounded Testosterone injections, Semaglutide, and Tirzepatide.

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?
The required frequency for ongoing competency testing is every 3 months for all active sterile compounding personnel (technicians and pharmacists), which includes garbing, gloved fingertip and thumb sampling, and media fill testing. For pharmacists and technicians who provide direct oversight but are not actively compounding, the requirement is every 1 year.

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? ■ Yes No

4. What is the frequency for completing volumetric active air sampling?
Volumetric active air sampling is done once a month.

5. What is the frequency for completing surface sampling? Surface sampling is done once a week.		
6. What is the frequency for using sporicidal agents? Sporicidal agents are used once a week.		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	■ Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	■ Yes	No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Adam Walters

Name of Person who Completed the Form

Pharmacist

Title

Adam Walters

Signature (copies or stamps not accepted)

10/03/2025

Date

Board Use Only	Date Received: 10/27/25 Date Approved: _____ Approved By: _____

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV797 USP Sterile Compounding

www.FloridaHealth.gov

File # 27924
Insp # 197465

NAME	PERMIT NUMBER	DATE OF INSPECTION
PREMIUM HEALTH CARE, LLC	33645	06/26/2025
DOING BUSINESS AS		
PREMIUM HEALTH CARE PHARMACY		
STREET ADDRESS	**TELEPHONE #**	**EXT**
2400 SW 69TH AVE STE 120	305-413-5070	
CITY	**COUNTY**	**STATE/ZIP**
MIAMI	MIAMI-DADE	FL/33155

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours 8:00 AM - 6:00 PM
Monday Y	Tuesday Y
Wednesday Y	Thursday Y
Friday Y	Saturday Y
Saturday Hours CLOSED	Sunday Y
Sunday Hours CLOSED	

Registered Pharmacist / Intern / Tech

License # RPT72573	Licensee Name Osniel Alvarez Cabrales
License Type Pharmacy Tech	
License # PS19826	Licensee Name Carlos Alberto Ruiz
License Type Registered Pharmacists	
License # PS59741	Licensee Name Stephanie Llambes
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # [redacted]	

License Relations

Pharmacy Affiliate

HOOVER, KEILA	License #

Special Sterile Compounding

PREMIUM HEALTH CARE, LLC	License # 33479

INV797 - USP Sterile Compounding
(Revision 1, USP 797 2022. August 2024)
A. INTRODUCTION & SCOPE – ALL CATEGORIES

DESIGNATED PERSON: A designated person(s) is identified who is responsible and accountable for the performance and operation of the facility and personnel involved in the preparation of CSPs. [USP 797 Section 1.1.3]	Yes

IMMEDIATE USE COMPOUNDING: When preparing immediate use preparations, written SOPs are in place for all requirements and all criteria are met including 1. aseptic technique, processes, and procedures; and, 2. personnel are trained and demonstrate competency in aseptic processes as they relate to assigned tasks and SOP's, 3. the preparation is performed in accordance with evidence-based information for physical and chemical compatibility of the drugs, 4. the preparation involves not more than 3 different sterile products, 5. Any unused starting component from a single-dose container is discarded, 6. Administration begins within 4 hours following the start of preparation and, 7. Unless directly administered by the preparer or administration is witnessed by the preparer, the CSP is labeled with the names and amounts of all active ingredients, the name or initials of the preparer and the 4 hour period within which administration must begin. [USP 797 Section 1.3] ****per SOP. SOP in draft format pending review by designated person.*	Yes
BAG & VIAL SYSTEM: Docking of vial and bag systems for future activation and administration is performed in an ISO 5 environment and BUDs are not longer than those specified in the manufacturer's labeling. [USP 797 Section 1.4]	N/A
REPACKAGING: Repackaging of sterile products or preparations from its original container into another container are prepared according to all applicable USP 797 requirements. [USP 797 Section 1.1.2]	Yes

B. COMPONENT BUDs (Single and Multi-dose Containers) – ALL CATEGORIES

SINGLE DOSE CONTAINERS (SDCs): SDCs are entered or punctured only in an ISO Class 5 or cleaner air and are used up to 12 hours after initial entry or puncture if the labeled storage requirements during that 12-hour period are maintained. [USP 797 Section 15.1]	N/A
AMPULES: Opened SINGLE DOSE AMPULES are used immediately and not stored for any time period. [USP 797 Section 15.1]	N/A
MULTIDOSE CONTAINERS (MDCs): Upon initially entering or puncturing a conventionally manufactured MDC, the MDC is not used for more than 28 days unless otherwise specified by the manufacturer on the labeling. [USP 797 Section 15.2]	Yes
PHARMACY BULK PACKAGES: Conventionally manufactured pharmacy bulk packages are entered or punctured only in an ISO Class 5 PEC and must be used according to the manufacturer's labeling. [USP 797 Section 15.3]	Yes
SINGLE DOSE COMPONENT CSPs & STOCK SOLUTIONS: When single-dose CSPs or CSP stock solutions are used as a component to compound additional CSPs, the original compounded single-dose component CSP or CSP stock solution is entered or punctured in ISO Class 5 or cleaner air and is stored under the conditions upon which its BUD is based (e.g., refrigerator or controlled room temperature). Once punctured, the component CSP is used for sterile compounding for up to 12 hours or its assigned BUD, whichever is shorter, and any remainder is discarded. [USP 797 Section 16.2]	Yes

C. CSP LABELING – ALL CATEGORIES

CSP LABEL REQUIREMENTS: CSP immediate container label prominently and legibly displays 1) assigned internal identification number; 2) active ingredient(s) and their amount(s), or concentration(s); 3) storage conditions if other than controlled room temperature; 4) BUD; 5) dosage form; 6) total amount or volume; 7) statement if CSP is a single dose container (when space permits) or multi-dose container. Labeling of CSP displays 1) route of administration, 2) special handling instructions, 3) warning statements, and the compounding facility name and contact information if the CSP is sent outside of the facility in which it was compounded. [USP 797 Section 13]	Yes
ADDITIONAL REQUIREMENTS FOR A CLASS II OR III FACILITY: 1) Identification of responsible compounding personnel and/or dispensing pharmacist;2) labels for batch-prepared CSPs must also include: Control or lot number, auxiliary labeling (including precautions); and device-specific instructions. Patient specific medications must also include patient's name, location the medication is to be delivered to and directions for use. [USP 797 Section 13] [F.A.C.64B16-28.108(10)]	N/A
LABELING SOP: SOPs describe labeling procedures and are followed to prevent labeling errors and CSP mix-ups. [USP 797 Section 13]	Yes
LABEL VERIFICATION: CSP labels are verified to ensure that they conform with the prescription or medication order, MFR (if required), and the CR. [USP 797 Section 13]	Yes

D. PERSONNEL PREPARATION & OBSERVATION – ALL CATEGORIES

UNNECESSARY ITEMS: Personnel remove outer garments (e.g., bandanas, coats, hats, jackets, sweaters, vests); cosmetics, and all hand, wrist, and other exposed jewelry, including piercings that may interfere with effectiveness of garbing. Items not necessary for compounding (e.g., food, drinks, mints, gum, earbuds, headphones) are not introduced into the compounding environment. Accommodations are documented. [USP 797 Section 3.1]	Yes
NAILS: Nails are clean and trimmed. Nail products (e.g., polish, artificial nails, and extenders) are not worn. Personnel clean under nails under warm running water with a disposable nail cleaner. Hands and forearms are washed with soap and water for at least 30 seconds prior to entering a compounding area. [USP 797 Section 3.2]	Yes
REQUIRED PPE GARBING ORDER & STORAGE: Personnel garb (don and doff) in an order that reduces risk of contamination per SOP. Required garb, manner of storage, and order or garbing is documented in SOP's. The minimum required PPE when preparing CSPs includes a garment with sleeves that fit around wrists and enclosed neck, shoe covers, head/facial hair cover, face mask, and sterile powder-free gloves. All PPE is low lint for Category 1 & 2 compounding or sterile if Category 3. Gowns and other garb are stored in a manner that minimizes contamination (e.g., away from sinks) and within a classified area or SCA. [USP 797 Section 3.3]	Yes
INAPPROPRIATE HAND HYGIENE PRACTICES: Brushes and hand dryers are not used, and soap containers are not refilled or topped off. [USP 797 Section 3.2]	Yes
ALCOHOL-BASED HAND RUB: Hands are sanitized with alcohol-based hand rub prior to donning gloves. Handrub is used prior to donning garb when hand hygiene is done outside of a classified area. [USP 797 Section 3.3]	Yes
STERILE GLOVES USED: Sterile gloves are donned in classified room or SCA. Skin is not exposed inside ISO 5 PEC (e.g., gloves are not donned or doffed). [USP 797 Section 3.3]	Yes
SANITIZATION OF STERILE GLOVES: Sterile 70% IPA is applied to gloves prior to compounding and regularly throughout the compounding process. [USP 797 Section 3.3]	Yes
SANITIZATION OF ITEMS INTRODUCED INTO PEC: Items are wiped with sterile 70% IPA and sterile low-lint wipers just prior to being introduced into the PEC and allowed to dry before use. [USP 797 Section 8.2]	Yes
CRITICAL SITES (e.g., vial stoppers, ampule necks, and intravenous bag septum's) are wiped with sterile 70% IPA in the PEC to provide both chemical and mechanical actions to remove contaminants. The sterile 70% IPA is allowed to dry before personnel enter or puncture stoppers and septum's or break the necks of ampules. [USP 797 Section 8.3]	Yes
MATERIALS AND EQUIPMENT DISINFECTION: Before any item is introduced into the clean side of anteroom(s), placed into pass-through chamber(s), or brought into the SCA, it is wiped with a sporicidal disinfectant, EPA-registered disinfectant, or sterile 70% IPA using low-lint wipers by personnel wearing gloves. Dwell time is followed. [USP 797 Section 8.1 & 9.1]	Yes

E. EQUIPMENT, SUPPLIES, & COMPONENTS – ALL CATEGORIES

DAILY ACD ACCURACY ASSESSMENT: An accuracy assessment is conducted for Automated Compounding Devices (ACDs) or similar equipment before the first use and again each day the equipment is used to compound CSPs. A daily record of accuracy measurements is maintained. Corrective actions are implemented if accuracy measurements are outside of manufacturer's specifications. [USP 797 Section 9.1]	N/A

EQUIPMENT SOPs: Written SOPs for the calibration, maintenance, cleaning, and use of equipment are established and are based on the manufacturer's recommendations. Procedures are followed and records are maintained. [USP 797 Section 9.1]	N/A

F. SEGREGATED COMPOUNDING AREA: Category 1

CATEGORY 1 MAXIMUM BUDs & COMPOUNDING AREA REQUIREMENTS: Category 1 CSPs are compounded in an ISO class 5 PEC located within a SCA and are assigned a BUD of 12 hours or less at controlled room temperature or 24 hours or less when refrigerated. [USP 797 Section 1.5, 4.2.1] ****per SOP. SOP in draft format pending review by designated person.*	Yes
DEDICATED AREA FOR SCA: The SCA is separated from areas not directly related to compounding, and all surfaces (walls, floors, counters, and equipment) are clean, uncluttered, and dedicated to compounding. [USP 797 Section 4.2.1]	Yes
SCA LOCATION: The SCA is located away from unsealed windows, doors that connect to the outdoors, and traffic flow, all of which may adversely affect the air quality in the PEC. SCA is not located where environmental control challenges (e.g., restrooms, warehouses, or food preparation areas) could negatively affect the air quality of the PEC within the SCA. A sink is not located within 1 meter of PEC. [USP 797 Section 4.2.1]	Yes
ITEMS WITHIN SCA: Only furniture, equipment, and other materials necessary for performing compounding activities are located within the SCA. [USP 797 Section 4.2.1]	Yes

G. FACILITIES & SECONDARY ENGINEERING CONTROLS – Categories 2 and 3

STERILE SUITE CONSTRUCTION: The ISO-classified anteroom and buffer room are separated from the surrounding unclassified areas of the facility by fixed walls and doors, and controls are in place. [USP 797 Section 4.2.1]	Yes
HEPA FILTERED AIR: Air supplied to the cleanroom suite is introduced through HEPA filters located in the ceiling of the buffer room and anteroom. [USP 797 Section 4.2.1]	Yes
AIR RETURNS: Air returns in the cleanroom suite are low on the wall unless a visual smoke study demonstrates an absence of stagnant airflow. [USP 797 Section 4.2.1]	Yes
LINE OF DEMARCATION: The anteroom has a line of demarcation to separate the clean side from the dirty side. [USP 797 Section 4.2.1]	Yes
SURFACES & WALLS: The surfaces of ceilings, walls, floors, doors, door frames, fixtures, shelving, work surfaces, counters, and cabinets in the classified area are smooth, impervious, free from cracks and crevices, and non-shedding. Walls are constructed of/or covered with durable material. [USP 797 Section 4.3.1]	Yes
CEILINGS & FLOORS: Inlaid panels of ceilings are caulked around each panel to seal them to the support frame. Junctures between the ceiling and the walls and between the walls and the floor are sealed to eliminate cracks and crevices where dirt can accumulate. Floors include coving to the sidewall, or the juncture between the floor and the wall are caulked. [USP 797 Section 4.3.1]	Yes
LEDGES & OVERHANGS: Overhangs and ledges are easily cleanable, and the exterior lens surface of ceiling light fixtures are smooth, mounted flush, and sealed. [USP 797 Sections 4.3.1]	Yes
FURNITURE, EQUIPMENT, & MATERIALS: Only furniture, equipment, and other materials necessary for performing compounding activities are permitted in a classified area or SCA. Tacky mats are not placed within ISO-classified areas. Carts used to transport components or equipment into classified areas are constructed from nonporous materials with cleanable casters and wheels. [USP 797 Sections 4.2.1 & 4.5]	Yes
TEMPERATURE & HUMIDITY MONITORING: Temperature and humidity in the cleanroom suite are controlled through a heating, ventilation, and air conditioning (HVAC) system. The temperature and humidity are monitored in each room of the cleanroom suite each day that compounding is performed, either manually or by a continuous recording device. They are documented at least once daily or stored in the continuous recording device and are retrievable and are reviewed as described in the facility's SOP. [USP 797 Section 4.2]	Yes
PRESSURE DIFFERENTIATION MONITORING & DOCUMENTATION: Facility maintains a minimum differential positive pressure of 0.020-inch water column between the nonhazardous buffer room to anteroom and anteroom to unclassified area. A pressure differential monitoring device is used to continuously monitor the pressure differentials. Quantitative results from the pressure monitoring device are reviewed and documented at least daily on the days when compounding is occurring. [USP 797 Sections 4.2.5]	Yes
PEC LOCATION: PECs are located in a buffer room in a manner that minimizes conditions that could increase the risk of microbial contamination (strong air currents, personnel traffic, or air streams from HVAC system(s)) and allows for cleaning around the PEC. [USP 797 Sections 4.2.2 & 4.2.3]	Yes
INTEGRATED VERTICAL LAMINAR FLOW ZONES: IVLFZ is separated from ISO Class 7 area with a physical barrier and there is full coverage of HEPA filters above the work surface. [USP 797 Section 4.2.3]	Yes

H. CERTIFICATION AND RECERTIFICATION – ALL CATEGORIES

PEC & SEC CERTIFICATION: PECs are certified initially and every 6 months to meet ISO Class 5 or better conditions, during dynamic operating conditions. SECs are certified initially and every 6 months to meet ISO Class 7 or 8 or better conditions, during dynamic operating conditions (including presterilization activities if applicable). Anterooms providing access to positive-pressure buffer rooms are at least ISO 8 and at least ISO 7 for anterooms providing access to negative-pressure buffer rooms. ISO Class 7 rooms maintain a minimum of 30 total HEPA-filtered ACPH during dynamic operating conditions, at least 15 ACPH come from the HVAC through HEPA filters located in the ceiling. ISO Class 8 rooms maintain a minimum of 20 total HEPA-filtered ACPH during dynamic operating conditions; 15 ACPH must come from the SEC. The ACPH from HVAC, ACPH contributed from the PEC, and the total ACPH are documented on the certification report. HEPA filter integrity testing for both SECs & PECs is conducted initially and every 6 months as part of total particle testing. Classified areas are recertified when changes occur that could affect airflow or air quality [USP 797 Sections 4.1, 4.2.4, 4.2.6, & 5.0]	Yes
DOCUMENTATION OF PERSONNEL PRESENT DURING CERTIFICATION: The number of personnel present in each PEC and SEC during total particle counts and dynamic airflow smoke-pattern tests is documented on the certification report. [USP 797 Section 5.0]	Yes
PEC DYNAMIC SMOKE PATTERN TEST: Smoke pattern tests are performed under dynamic conditions initially to demonstrate minimal disruption in airflow and repeated if equipment is placed in a different location. Smoke pattern tests are performed under dynamic conditions every 6 months to demonstrate unidirectional airflow and sweeping action over and away from the preparation(s). [USP 797 Section 5.0]	Yes
ROBOTICS / ROBOTIC ENCLOSURES: Robotic enclosures used as a PEC or placed within a PEC have a dynamic airflow smoke pattern test is performed initially and at least every 6 months that confirms 1) the robotic device is properly integrated into the facility, 2) there is no turbulence or refluxing at any critical site(s), 3) room air does not enter the PEC where sterile products and/or preparations may be exposed, and 4) all processes can be performed without introducing contamination to the DCA(s). [USP 797 Section 4.2.3]	N/A
MONITORING DEVICE CERTIFICATION: Temperature and humidity monitoring devices are verified for accuracy at least every 12 months or as required by the manufacturer. [USP 797 Section 4.2]	Yes
CONTAINMENT DEVICES USED FOR PRESTERILIZATION PROCEDURES: CVEs, BSCs, or CACIs used for presterilization procedures are certified at least once every 6 months. Presterilization procedures do not adversely affect the required air quality of the SEC as demonstrated during certification under dynamic operating conditions. [USP 797 Section 4.2.6]	Yes

CERTIFICATION REPORT REVIEW BY DESIGNATED PERSON: All certification and recertification records are reviewed by the designated person(s). A corrective action plan is implemented and documented in response to any out-of-range results on certification report and data reviewed to confirm that the actions taken have been effective. [UPS 797 Section 5.0]	No

I. RABS

LOCATION: If used to prepare Category 2 or Category 3 CSP's RABS are located in a cleanroom suite with an ISO Class 7 or better buffer room with an ISO Class 8 or better anteroom. [USP 797 Section 4.2.3]	
RECOVERY TIME: When a RABS is used, the recovery time after opening the transfer chamber to achieve ISO Class 5 air is documented and internal procedures are developed to ensure that adequate recovery time is allowed after opening and closing the RABS. [USP 797 Section 4.2.3]	
STERILE GLOVES: are worn over gloves attached to RABS sleeves. [USP 797 Section 3.3]	

J. CATEGORY 2 CSPs WITHOUT STERILITY TESTING

CATEGORY 2 COMPOUNDING ENVIRONMENT: Category 2 CSPs are compounded in an ISO class 5 PEC located within an ISO classified anteroom and buffer room. [USP 797 Sections 4.1 & 14.3]	Yes
CATEGORY 2 BUDs FROM STERILE COMPONENTS WITHOUT STERILITY TESTING: Category 2 CSPs compounded aseptically from all sterile starting components and in the absence of sterility testing do not exceed the following BUDs: 4 days room temperature, 10 days refrigerated, or 45 days frozen. A shorter BUD is assigned when the stability of the CSP or its components is less than the maximum BUDs stated above. [USP 797 Section 14.3]	Yes
CATEGORY 2 BUDs FROM NONSTERILE COMPONENTS WITHOUT STERILITY TESTING: Category 2 CSPs compounded aseptically from one or more nonsterile starting components and in the absence of sterility testing do not exceed the following BUDs: 1 day room temperature, 4 days refrigerated, or 45 days frozen. A shorter BUD is assigned when the stability of the CSP or its components is less than the maximum BUDs stated above. [USP 797 Section 14.3]	Yes

K. CATEGORY 2 EXTENDED BUD REQUIREMENTS

CATEGORY 2 BUDs FOR ASEPTICALLY PROCESSED CSPs WITH STERILITY TESTING: Category 2 CSPs compounded aseptically, and which have passed sterility testing do not exceed the following BUDs: 30 days room temperature, 45 days refrigerated, or 60 days frozen. A shorter BUD is assigned when the stability of the CSP or its components is less than the maximum BUDs stated above. [USP 797 Section 14.3]	Yes
CATEGORY 2 BUDs FOR TERMINALLY STERILIZED CSPs WITHOUT STERILITY TESTING: Category 2 CSPs terminally sterilized and in the absence of sterility testing do not exceed the following BUDs: 14 days room temperature, 28 days refrigerated, or 45 days frozen. A shorter BUD is assigned when the stability of the CSP or its components is less than the maximum BUDs stated above. [USP 797 Section 14.3]	Yes
CATEGORY 2 BUDs FOR TERMINALLY STERILIZED CSPs WITH STERILITY TESTING: Category 2 CSPs terminally sterilized, and which have passed sterility testing do not exceed the following BUDs: 45 days room temperature, 60 days refrigerated, or 90 days frozen. A shorter BUD is assigned when the stability of the CSP or its components is less than the maximum BUDs stated above. [USP 797 Section 14.3]	Yes
ANTIMICROBIAL EFFECTIVENESS TESTING FOR MULTI-DOSE CSPs: Aqueous multiple-dose CSPs (e.g., injectables and ophthalmics) pass USP <51> compliant antimicrobial effectiveness testing once for each unique formulation and each container closure system in which it is packaged. Bracketing studies are allowed. [USP 797 Section 14.5 & 16.1]	Yes
CONTAINER CLOSURE TESTING: Container closure integrity testing is performed once for each unique CSP formulation and container closure system in which it is packaged. For multi-dose (i.e., preserved CSPs), container integrity testing is performed per fill volume for each unique CSP formulation and container closure system. [USP 797 Sections 14.3.3 & 14.5]	Yes
MULTI-DOSE, NON-PRESERVED AQUEOUS CSPs: Multi-dose, non-preserved aqueous CSPs (i.e., topical, or ophthalmic solutions) are assigned are prepared as a Category 2 CSP, for use by a single patient, and labeled to indicate that once opened, the CSP must be discard after 24 hours if stored at controlled room temperature or 72 hours when stored under refrigeration. [USP 797 14.5]	Yes
MULTI-DOSE CSPs USED AS A COMPONENT: Meet the criteria for anti-microbial effectiveness testing (see <51>) if aqueous, are stored under the conditions upon which the BUD is based, Multiple-dose CSP after initially entered or punctured, are not used for longer than the assigned BUD or 28 days, whichever is shorter. [USP 797 Sections 14.5 & 16.1]	Yes
OUTSOURCED STERILITY TESTING: Sterility testing is performed for all Catagory 2 CSPs assigned a BUD requiring sterility testing according to USP <71> or a validated alternative and noninferior method. Membrane Filtration as described in USP <71> is the preferred method when the formulation allows. [USP 797 Section 12.2]	Yes
INHOUSE STERILITY TESTING: Sterility testing is according to USP <71> or a validated alternative and noninferior method. Membrane filtration is used if appropriate and filters are rinsed according to USP <71>. Direct inoculation is done only when membrane filtration cannot be carried out. Volume inoculated does not exceed 10% of the culture media volume. Growth promotion test has been done on the media with the 5 specified organisms (not more than 100 CFU) according to USP <71>. TSB or SCD is incubated at 20-25C for 14 days; FTM is incubated at 30-35C for 14 days. (2 incubators present).	N/A
METHOD SUITABILITY TEST: A Method Suitability Test (or equivalent validation for alternative testing methods) is performed to validate suitebility of the sterility testing method. [USP 797 Section 12.2]	Yes
MAXIMUM BATCH SIZE: The maximum batch size for all CSPs requiring sterility testing is 250 final yield units. [USP 797 Section 12.2]	Yes
INVESTIGATION OF STERILITY TEST FAILURES: Sterility tests resulting in failure undergo prompt investigation into possible causes and requires identification of the microorganism(s) as well as evaluation of sterility testing procedure, compounding facility, process, and/or personnel that may have contributed to the failure. Impact to other CSPs is assessed. Investigation and resulting corrective actions are documented. [USP 797 Section 12.2]	Yes
STERILITY TESTING QUANTITY & VOLUME DETERMINATION: The minimum quantity of each container tested for sterility is per USP <71> Table 2 and the number of containers tested in relation to the batch size is per USP <71> Table 3. For 1-39 CSPs compounded as single batch, sterility testing is performed on a number of containers or units equal to 10% of the number of CSPs prepared rounded to the next whole number. [USP 797 Section 12.2]	Yes
ENDOTOXIN TESTING: Category 2 injectable CSPs compounded from one or more nonsterile component(s) and assigned a BUD that requires sterility testing are tested for bacterial endotoxins. [USP 797 Section 12.3]	Yes
ENDOTOXIN LIMITS: In the absence of a bacterial endotoxin limit in an official USP–NF monograph or other CSP formula or scientifically supported source, the CSP does not exceed the endotoxin limit calculated as described in USP <85> for the appropriate route of administration for humans or largest recommend dose per weight for nonhuman species. [USP 797 Section 12.3]	Yes

L. CATEGORY 3 CSPs, BUDs, & RELATED REQUIREMENTS

CATEGORY 3 REQUIREMENTS: All requirements associated with Category 3 compounding (e.g., garbing, cleaning, environmentel monitoring) apply to all personnel entering the buffer room where Category 3 CSPs are compounded and always apply regardless of whether Category 3 CSPs are compounded on a given day. [USP 797 Section 14.4.2]	Yes

STERILE/SINGLE USE GARB: When compounding Category 3 CSPs, skin is not exposed in buffer room (i.e., face and neck are covered) and all low lint outer garb is sterile, including sterile sleeves over RABS gauntlet sleeves. Disposable garb items are not reused. [USP 797 Section 3.3]	Yes
STERILIZED/REUSABLE GARB: Non-disposable garb is not reused without being laundered and resterilized with a validated cycle. Disinfection procedures described in facility SOPs are followed before reusing goggles, respirators, and other equipment. [USP 797 Section 3.3]	N/A
CATEGORY 3 BUDs FOR ASEPTICALLY PROCESSED CSPs: Category 3 CSPs aseptically processed, sterility tested, and passing all applicable tests (including stability indicating assay, endotoxin, and other dosage form appropriate tests) do not exceed the following BUDs: 60 days room temperature, 90 days refrigerated, or 120 days frozen. Shorter BUDs are assigned when physical or chemical stability of the CSP is less than the maximum allowable Category 3 BUDs for aseptically processed CSPs. [USP 797 Section 14.4.3]	Yes
CATEGORY 3 BUDs FOR TERMINALLY STERILIZED CSPs: Category 3 CSPs aseptically processed, sterility tested, and passing all applicable tests (including stability indicating assay, endotoxin, and other dosage form appropriate tests) do not exceed the following BUDs: 90 days room temperature, 120 days refrigerated, or 180 days frozen. Shorter BUDs are assigned when physical or chemical stability of the CSP is less than the maximum allowable Category 3 BUDs for terminally sterilized CSPs. [USP 797 Section 14.4.3]	Yes
MAXIMUM BATCH SIZE: Category 3 CSP batch sizes do not exceed 250 final yield units. [USP 797 Section 12.2]	Yes
STABILITY INDICATING ASSAYS: All Category 3 CSP formulations are supported by data obtained using a validated stability-indicating analytical method that can distinguish active ingredients from degradants and impurities and quantify the amount of active ingredient. CSPs are prepared according to the exact formulation, components, and packaged in a container closure system of the same materials of composition. Facilities have documentation of the stability study, its results, and the method validation available for review. [USP 797 Section 14.3.3]	Yes
STERILITY TESTING: All category 3 CSPs and batches undergo sterility testing performed according to USP <71> or a validated alternative and noninferior method. [USP 797 Sections 12.2 & 14.4.4]	Yes
METHOD SUITABILITY TEST: A Method Suitability Test (or equivalent validation for alternative testing methods) is performed to validate suitability of the sterility testing method for each formulation. [USP 797 Section 12.2]	Yes
STERILITY TESTING QUANTITY & VOLUME DETERMINATION: The minimum quantity of each container tested for sterility is per USP <71> Table 2 and the number of containers tested in relation to the batch size is per USP <71> Table 3. For 1-39 CSPs compounded as single batch, sterility testing is performed on a number of containers or units equal to 10% of the number of CSPs prepared rounded to the next whole number. [USP 797 Section 12.2]	Yes
INVESTIGATION OF STERILITY TEST FAILURES: Sterility tests resulting in failure undergo prompt investigation into possible causes and requires identification of the microorganism(s) as well as evaluation of sterility testing procedure, compounding facility, process, and/or personnel that may have contributed to the failure. Impact to other CSPs is assessed. Investigation and resulting corrective actions are documented. [USP 797 Section 12.2]	Yes
ENDOTOXIN TESTING: Category 3 injectable CSPs compounded from one or more nonsterile component(s) are tested for bacterial endotoxins. [USP 797 Section 12.3]	Yes
ENDOTOXIN LIMITS: In the absence of a bacterial endotoxin limit in an official USP–NF monograph or other CSP formula or scientifically supported source, the CSP does not exceed the endotoxin limit calculated as described in USP <85> for the appropriate route of administration for humans or largest recommend dose per weight for nonhuman species. [USP 797 Section 12.3]	Yes
PARTICULATE MATTER TESTING: Category 3 injectable CSPs undergo USP <788> (Particulate Matter in Injections) and ophthalmic solutions undergo USP <789> (Particulate Matter in Ophthalmic Solutions) test once per formulation with acceptable results. [USP 797 Section 14.3.3]	Yes
ANTIMICROBIAL EFFECTIVENESS TESTING FOR MULTI-DOSE CSPs: Aqueous multiple-dose CSPs (e.g., injectables and ophthalmic) pass USP <51> compliant antimicrobial effectiveness testing once for each unique formulation and each container closure system in which it is packaged. Bracketing studies are allowed. [USP 797 Section 14.5 & 16.1]	Yes
CONTAINER CLOSURE TESTING: Container closure integrity testing is performed once for each unique CSP formulation and container closure system in which it is packaged. For multi-dose (i.e., preserved multi-dose CSPs), container closure integrity testing is also performed per fill volume for each unique CSP formulation and container closure system. [USP 797 Sections 14.3.3 & 14.5]	Yes
MULTI-DOSE, NON-PRESERVED AQUEOUS CSPs: Multi-dose, non-preserved aqueous CSPs (i.e., topical, or ophthalmic solutions) are prepared for use by a single patient, and labeled to indicate that once opened, the CSP must be discard after 24 hours if stored at controlled room temperature or 72 hours when stored under refrigeration. [USP 797 14.5]	Yes
MULTI-DOSE CSPs USED AS A COMPONENT: Meet the criteria for anti-microbial effectiveness testing (see <51>) if aqueous, are stored under the conditions upon which the BUD is based, Multiple-dose CSP after initially entered or punctured, are not used for longer than the assigned BUD or 28 days, whichever is shorter. [USP 797 Sections 14.5 & 16.1]	Yes

M. PERSONNEL TRAINING & COMPETENCIES - ALL CATEGORIES

TRAINING PROGRAM & SOP: Facility maintains a written training program and corresponding SOP which defines required trainings, frequency of training and the process for evaluating the performance of individuals who compound, have direct oversight of compounding personnel, perform in-process checks, final verification and dispensing of CSP's. The training program equips personnel with the appropriate knowledge and training in the required skills necessary to perform their assigned tasks. [USP 797 Section 2]	Yes
INITIAL DIDACTIC TRAINING & SKILLS ASSESSMENT: Before beginning to compound CSPs independently or have direct oversight of compounding personnel, personnel complete training and can demonstrate knowledge of principles and competency of skills for performing sterile manipulations and achieving and maintaining appropriate environmental conditions as applicable to their assigned job functions. [USP 797 Section 2.1]	Yes
INITIAL GLOVED FINGERTIP & HAND HYGIENE/GARBING COMPETENCY: Before beginning to compound independently or have direct oversight of compounding personnel, personnel successfully complete an initial gloved fingertip (GFT) competency no fewer than 3 separate times, with a documented visual audit while performing hand hygiene and garbing procedures. GFT samples are collected before applying sterile 70% IPA to gloves. [USP 797 Section 2.2]	Yes
INITIAL MEDIA FILL & ASEPTIC TECHNIQUE ASSESSMENT: Before beginning to compound independently or have direct oversight of compounding personnel, personnel who compound or have direct oversight of compounding successfully complete an initial aseptic manipulation competency evaluation which consists of a visual observation, media-fill testing followed by a gloved fingertip and thumb sampling on both hands, and surface sampling of the direct compounding area. [USP 797 Section 2.3]	Yes
GFT & MEDIA FILL INCUBATION: Documentation includes the name of the person evaluated, evaluation date and time, media and components used to include their manufacturer or supplier, expiration dates and lot numbers, starting temperature for each interval of incubation, dates of incubation, the results, and the names or other identification of the observer and the person who reads and documents the results. [USP 797 Section 2.3]	Yes
ONGOING CATEGORY 1 AND 2- GFT & GARBING ASSESSMENT: After initial garbing competency evaluations, compounding personnel complete garbing competency evaluation and GFT every 6 months for Category 1 and Category 2 CSP's. Direct oversight personnel who do not compound complete garbing competency and GFT every 12 months. GFTs are appropriately incubated. [USP 797 Section 2.2]	Yes
ONGOING CATEGORY 1 AND 2- MEDIA FILL & ASSESSMENT: After initial aseptic manipulations competency evaluations, compounding personnel complete aseptic technique competency, media fill, GFTs, and surface sampling of DCA every 6 months for Category 1 and Category 2 CSP's. Direct oversight personnel who do not compound complete media fill every 12 months. GFTs and surface samples are appropriately incubated. [USP 797 Section 2.3]	Yes

ONGOING KNOWLEDGE & COMPENTENCY OF CORE SKILLS: Training and knowledge assessment of sterile compounding principles or core skills is completed at least every 12 months. [USP 797 Section 2.1]	Yes
FAILED COMPETENCY INVESTIGATION: Initial and ongoing competency assessment failures are investigated, remediated, and documented in a Corrective Action Plan. [USP 797 Sections 2.2 & 2.3]	N/A
STAFF TRAINING IN VIABLE AIR AND SURFACE SAMPLING: Personnel are trained and competent in air and surface sampling procedures to ensure accurate and reproducible sampling. [USP 797 Section 6.1]	N/A
CLEANING PERSONNEL: Cleaning and disinfecting activities are performed by trained and appropriately garbed personnel using facility-approved agents and procedures. Cleaning personnel demonstrate knowledge and competency of core skills related to cleaning, disinfection, and maintenance of environmental conditions initially and at least once every 12 months. [USP 797 Sections 7 & 2.1]	Yes

FACILITY COMPOUNDS CATEGORY 3

ONGOING CATEGORY 3 GFT & GARBING ASSESSMENT: After initial garbing competency evaluations, compounding personnel complete garbing competency and GFT every 3 months for Category 3 CSP's. Direct oversight personnel who do not compound complete garbing competency and GFT every 12 months. GFTs are appropriately incubated. [USP 797 Section 2.2]	Yes
ONGOING CATEGORY 3 ASEPTIC PROCESSING COMPETENCY: Aseptic competency is repeated at least one time every 3 months for personnel compounding Category 3 CSPs. The simulation must capture elements that could potentially affect the sterility of the CSP. Immediately following the media-fill test, gloved fingertip and thumb sampling is performed on both hands and surface sampling of the direct compounding area. Direct oversight personnel who do not compound must complete media fill every 12 months. [USP 797 Section 2.3]	Yes

N. MICROBIOLOGICAL AIR AND SURFACE MONITORING: ALL CATEGORIES

ENVIRONMENTAL MONITORING PROGRAM & SOPs: The microbiological air and surface monitoring program is clearly described in the facility's SOPs, which includes a diagram of the sampling locations, procedures for collecting samples, frequency of sampling, size of samples (e.g., surface area, volume of air), time of day of sampling in relation to activities in the compounding area, and action levels that trigger corrective action. [USP 797 Section 6]	Yes
VIABLE AIR SAMPLING: Volumetric active air sampling using an impaction air sampler collecting at least 1000L of air is conducted in each classified area [e.g., ISO Class 5 PEC and ISO Class 7 and 8 room(s)] during dynamic operating conditions and is completed at least every 6 months. [USP 797 Section 6.2]	Yes
AIR IMPACTION DEVICE: Device is serviced and calibrated according to the manufacturer's recommendations. [USP 797 Section 6.1]	Yes
SURFACE SAMPLING: Microbiological surface sampling is conducted in all classified areas and pass-through chambers under dynamic operating conditions and performed at least once monthly. [USP 797 Section 6.3]	Yes
GROWTH MEDIA: A general microbiological growth media that supports the growth of bacteria and fungi is used and a COA from the manufacturer is available. Growth media used for surface sampling contains neutralizing agents (e.g., lecithin and polysorbate 80). [USP 797 Sections 6.2 & 6.3]	Yes
MEDIA INCUBATION: Samples are incubated at 30°C - 35°C for 48 hours and 20°C - 25°C for an additional 5 days; if dual growth media are used, incubate one media device at 30°C - 35°C for 48 hours and the second media device at 20°C - 25°C for 5 days. The incubator temperature is monitored during incubation, either manually or by a continuous recording device, and results are reviewed and documented as described in the facility's SOPs. Incubators are placed in a location outside of the sterile compounding area. [USP Sections 6.2.2 (Box 5) & 6.3.2 (Box 6)]	Yes
ENVIRONMENTAL MONITORING TREND ANALYSIS: Regular review of sampling data is performed to detect trends and review of trending data is documented. [USP 797 Section 6.1]	Yes
CORRECTIVE ACTION: When microbial growth exceeds action levels, the cause is investigated, and corrective action is taken; corrective actions taken are reviewed for effectiveness. An attempt to identify microorganisms at the genus level is made. [USP Sections 6.2.3 & USP 6.3.3]	Yes

FACILITY COMPOUNDS CATEGORY 3

CATEGORY 3-VIABLE AIR SAMPLING: Volumetric air sampling is completed within 30 days prior to the commencement of any Category 3 compounding and at least monthly thereafter regardless of the frequency of compounding Category 3 CSPs.Air sampling sites are selected in all classified areas. [USP 797 6.2.1] ****per SOP. SOP in draft format pending review by designated person.*	Yes
CATEGORY 3-SURFACE SAMPLING: Surface sampling for any Category 3 CSPs, is completed in all classified areas, and pass-through chambers connecting to classified areas, prior to assigning a BUD longer than BUD limits for Category 2 CSPs (defined in Table 13 of USP 797) and at least weekly on a regularly scheduled basis regardless of the frequency of compounding Category 3 CSPs. [USP 797 6.2.2]	Yes
CATEGORY 3-BATCH SURFACE SAMPLING: Surface sampling is conducted within the PEC used to prepare Category 3 CSPs, at the end of each batch before cleaning and disinfection occurs, unless a self-enclosed robotic device is used. When a self-enclosed robotic device is used as the PEC, surface sampling is conducted at least once daily at the end of compounding operations before cleaning and disinfection occurs. [USP 797 Section 6.3.2]	Yes

O. CLEANING AND DISINFECTING: ALL CATEGORIES

CLEANING SOPS: The frequency, method(s), documentation requirements, and location(s) of cleaning, disinfecting, and applying sporicidal disinfectants are described in written SOPs; use of agents is in accordance with manufacturer's instructions, procedures, and in adherence with minimum wet contact times. SOPs describe the time period during which, once opened, sterile cleaning and disinfecting agents, supplies, and sterile 70% IPA may be reused. Sterile water is used to dilute concentrated cleaning agents used inside of PECs (if applicable). Cleaning and disinfecting agents are EPA-registered. If a one-step disinfectant cleaner is not used, surfaces are cleaned prior to being disinfected. [USP 797 Section 7] ****per SOP. SOP in draft format pending review by designated person.*	Yes
DAILY PEC CLEANING & DISINFECTION WITH STERILE AGENTS: Equipment and all interior surfaces of the PEC are cleaned and disinfected daily on days when compounding occurs and when surface contamination is known or suspected. Sterile 70% IPA is applied after cleaning, disinfecting, or after one-step disinfectant cleaner or sporicidal agent application to remove residue. [USP 797 Section 7]	Yes
CATEGORY 1 AND 2-MONTHLY PEC SPORICIDAL DISINFECTION: Equipment and all interior surfaces of the PEC, including underneath of removable work trays, are cleaned with a sporicidal agent monthly. [USP 797 Section 7]	Yes
DAILY SEC & SCA CLEANING & DISINFECTION: Work surfaces, floors, sink surfaces, and pass-through chambers are cleaned and disinfected daily on days when compounding occurs. [USP 797 Section 7]	Yes
CATEGORY 1 AND 2 -MONTHLY PEC, SEC & SCA SPORICIDAL DISINFECTION: Equipment and all interior surfaces of the PEC, including underneath of removable work trays, work surfaces, pass-through chambers, storage shelving and bins, equipment outside of PEC's, sink surfaces, floors, ceilings*, walls, doors, and doors frames at least once monthly. SCA ceilings (if applicable) are only cleaned, disinfected, and have sporicidal agents applied when visibly soiled and when surface contamination is known or suspected. [USP 797 Section 7]	Yes
PEC SANITIZATION WITH STERILE 70% IPA: Sterile 70% IPA is applied to the horizontal work surface, including removable trays, immediately before initiating compounding and at least every 30 minutes. If a compounding process takes more than 30 minutes, the work surface is disinfected immediately after the end of the compounding process. Sterile 70% IPA is allowed to dry. [USP 797 Section 7]	Yes

CLEANING SUPPLIES & TOOLS: All cleaning and disinfecting supplies (e.g., wipers, sponges, pads, and mop heads), except for tool handles and holders, are low lint. Supplies used inside PECs are sterile. [USP 797 Section 7.1.2]	Yes
REUSABLE CLEANING TOOLS: Reusable cleaning tools (e.g., mop frames) are made of cleanable materials and are cleaned and disinfected before and after each use. Reusable tools are dedicated for use in the classified areas or SCA and are not removed. Mops used in HD compounding areas, are dedicated for use only in those areas. [USP 797 Section 7.1.2]	Yes

FACILITY COMPOUNDS CATEGORY 3

WEEKLY SPORICIDAL CLEANING OF PECs & SECs: Weekly cleaning using a sporicidal agent is performed on all internal surfaces of PEC and equipment in PEC's, on work surfaces outside the PEC, pass-through chambers, and floors. [USP 797 Section 7] ****per SOP. SOP in draft format pending review by designated person.*	Yes
MONTHLY SEC SPORICIDAL DISINFECTION: A sporicidal disinfectant is applied to storage shelving and bins, equipment outside of PEC's, sink surfaces, ceilings, walls, doors, and doors frames at least once monthly. [USP 797 Section 7]	Yes

P. COMPOUNDING CSPs FROM NONSTERILE COMPONENTS OR SUPPLIES – CATEGORY 2 & 3

PRESTERILIZATION ACTIVITY CONTAINMENT ENCLOSURES: Pre-sterilization procedures, such as weighing and mixing of nonsterile components, occur in ISO Class 8 or better environment (e.g., anteroom or buffer room) and are performed in single-use containment glove bags, CVEs, BSCs, or CACIs. [USP 797 Section 4.2.6]	Yes
LOCATION OF STERILE & NONSTERILE PECs: PECs used for sterile and nonsterile compounding (e.g., pre-sterilization procedures) are placed in separate rooms unless the buffer room can maintain an ISO Class 7 classification during particulate generating activities. Co-located PECs are at least 1 meter apart and particle-generating activities are not performed during sterile compounding processes [USP 797 Section 4.2.1; USP 800 Section 5.3]	Yes
COMPONENT SOPs: Written SOPs address the selection, receipt, evaluation, handling, storage, and documentation of all CSP components including ingredients and container closures. [USP 797 Section 9.3]	Yes
COMPONENT QUALITY & COA: APIs and components comply with the criteria in the USP-NF (if one exists for inactive components) and have a COA including specifications and test results showing the API or component meets expected quality. APIs and other components labeled "not for pharmaceutical use", "not for injectable use", "not for human use", or equivalent are not used in CSPs. [USP 7 Section 9.3.1]	Yes
API MANUFACTURERS: APIs are manufactured by an FDA-registered facility in the U.S. or comply with the laws and regulations of the applicable regulatory jurisdictions outside of the U.S. [USP 797 Section 9.3.1]	Yes
COMPONENT STORAGE: Components are handled and stored in a manner that prevents contamination, mix-ups, and deterioration and under temperature, humidity, and lighting conditions consistent with those indicated in official monographs or specified by the suppliers and/or manufacturers. [USP 797 Section 9.3.4]	Yes
STERILE, DEPYROGENATED SUPPLIES: Supplies in direct contact with CSPs are sterile and depyrogenated. A COA or similar conformance documentation is reviewed. [USP 797 Section 9.3.1]	Yes
COMPONENT RECEIPT: Upon receipt, the external packaging of components is examined and components of unacceptable quality or showing deterioration are promptly labeled as rejected and segregated from active stock. APIs and components are inspected for a visible manufacturer expiration date. Components lacking expiration dates are assigned an expiration date no more than 1 year after receipt and both the date of receipt and facility assigned expiration date is clearly marked on the component packaging. [USP 797 Section 9.3.2]	Yes
STERILIZATION OF INJECTABLES WITHIN 6 HOURS OF COMPLETION: Injectable CSPs containing nonsterile components or that come into contact with nonsterile devices (e.g., containers, tubing) during compounding are sterilized within 6 hours of completion. [USP 797 Section 10] ****timestamps available on logs*	Yes

Q. STERILIZATION OF CSPs - CATEGORY 2 & 3

STERILIZING FILTERS: Sterilizing filters used are sterile, depyrogenated, have a nominal pore size of 0.22 µm or smaller, and are appropriate for pharmaceutical use. Sterilizing filters are certified by the manufacturer to retain at least 10,000,000 microorganisms of a strain of Brevundimonas diminuta per square centimeter of upstream filter surface area. Filters are chemically and physically compatible with all ingredients in the CSP (e.g., water-miscible alcohols may damage filter integrity); chemically stable at the pressure and temperature conditions that will be used; and have enough capacity to filter the required volumes. [USP 797 Section 10.2]	Yes
BUBBLE POINT TESTING: Sterilizing filters are subjected to the manufacturers' recommended integrity testing, such as a post-use bubble point test. If multiple filters are required for the compounding process, each of the filters passes a filter-integrity test. [USP 797 Section 10.2] For failed BP testing, CSP is discarded or, after investigating, refiltered not more than one time. [USP 797 Section 10.2]	Yes
CSP PREFILTRATION: When CSPs are known to contain excessive particulate matter, prefiltration is performed using a filter of larger nominal pore size (e.g., 1.2 µm) or a separate filter of larger nominal pore size placed upstream of (i.e., prior to) the sterilizing filter. [USP 797 Section 10.2]	Yes
CSP TERMINAL STERILIZATION SOP includes: 1) A description of CSP terminal sterilization process(es), including the temperature, pressure (if applicable), duration, permissible load conditions for each cycle, and the use of biological indicators and endotoxin challenge vials (ECVs). 2) Personnel training and competency assessment on sterilization methods and equipment. 3) Schedule and method for establishing and verifying the effectiveness of methods selected. [USP 797 Section 10]	Yes
STEAM OR DRY HEAT STERILIZATION CYCLES FOR CSPs: Sterilization cycles allow for an exposure duration that includes sufficient time for the entire contents of the CSP to reach and remain at the sterilizing temperature during the duration of the sterilization period. CSPs sterilized vial steam are placed in the autoclave to allow steam to reach CSPs without entrapment of air. CSPs sterilized via dry heat are placed with sufficient space between materials to allow for hot air circulation. Sterilization cycle parameters (e.g., temperature, pressure, and duration) and load configuration(s) are documented. [USP 797 Section 10.3 & 10.4]	N/A
BIOLOGICAL INDICATOR USE: The effectiveness of steam or dry heat sterilization of CSPs is verified and documented for each sterilization run or load by using appropriate biological indicators (e.g., Gsobacillus stearothermophilus for steam, Bacillus atrophaeus for dry heat) and other confirmation methods. [USP 797 Section 10.3]	N/A
STEAM & DRY HEAT CSP PREFILTRATION: Immediately before filling containers that will be sterilized via steam, or dry heat, CSP solutions are passed through a filter with a nominal pore size of not larger than 1.2 µm for removal of particulate matter. [USP 797 Section 10.3]	N/A
CALIBRATED DATA RECORDER: A calibrated date recorder or chart is used to monitor each steam or dry heat sterilization cycle and to examine for cycle irregularities (e.g., deviations in temperature or pressure). The calibrated oven is equipped with temperature controls and a timer. [USP 797 Section 10.3 & 10.4]	Yes

R. STERILIZATION & DEPYROGENATION OF SUPPLIES & CONTAINER CLOSURE SYSTEMS - CATEGORY 2 & 3

STERILIZATION & DEPYROGENATION SOP's include: 1) A description of sterilization and depyrogenation process(es) used to sterilize and/or depyrogenated compounding supplies and container closure systems, including the temperature, duration, permissible load conditions for each cycle, and the use of biological indicators and endotoxin challenge vials (ECVs). 2) Personnel training and competency assessment on sterilization and depyrogenation methods and equipment used by the facility. 3) Schedule and method for establishing and verifying the effectiveness of methods selected. [USP 797 Section 10]	Yes
DEPYROGENATION VIA DRY HEAT: Dry heat depyrogenation is used to render glassware, metal, and other thermostable containers and components pyrogen free. The exposure period includes sufficient time for items to reach the depyrogenation temperature; items remain at the depyrogenation temperature for the duration of the depyrogenation period. [USP 797 Section 10.1 & USP 1228.4]	Yes
DEPYROGENERATION VIA RINSING: Non-thermostable items are sterilized via a validated sterilization method and cycle: these items are also depyrogenated by multiple rinses with sterile, nonpyrogenic water (e.g., Sterile Water for Injection or Sterile Water for Irrigation) and then thoroughly drained or dried immediately before use in compounding. [USP 797 Section 10 & 10.1]	Yes
DEPYROGENATION PROCESS VALIDATION: The effectiveness of the dry heat depyrogenation cycle(s) is established initially and verified annually using Endotoxin Challenge Vials (ECVs) to demonstrate the cycle achieves a greater than or equal to 3-log endotoxin reduction. The effectiveness of the depyrogenation cycle is re-established if there are changes to the cycle parameters . Cycle verifications are documented. [USP 797 Section 10.1]	Yes
STERILIZATION CYCLE VALIDATION: When performed onsite, the efficacy of sterilization cycles used for supplies or container closure systems are established and documented. Each sterilization run or load is verified and documented by using appropriate biological indicators (e.g., spores of Geobacillus stearothermophilus) and other confirmation methods. [USP 797 Section 9.3.1 & USP 1229]	Yes

S. MASTER FORMULATION AND COMPOUNDING RECORDS – ALL CATEGORIES

MASTER FORMULATION RECORD (MFR): A MFR is created for all CSPs prepared from nonsterile ingredient(s) or CSPs prepared for more than one patient and any changes or alterations to an MFR are approved and documented per facility's SOPs. [USP 797 Section 11.1]	Yes
MFR DOCUMENTATION: An MFR includes at least the following: 1) Name, strength or activity, and dosage form of the CSP; 2) Identities, amounts of all ingredients, and, if applicable, relevant characteristics of components; 3) Type and size of container closure system(s); 4) Complete instructions for preparing the CSP including equipment, supplies, a description of the compounding steps, and any special precautions; 5) Physical description of the of the final CSP; 6) BUD and storage requirements; 6) Stability reference; 7) Quality control procedures; 8) other information as needed to describe the compounding process and ensure repeatability. [USP 797 Section 11.1 (Box 9)]	Yes
COMPOUNDING RECORD (CR): A CR is created for all Category 1, Category 2, and Category 3 CSPs. A CR is created for immediate-use CSPs prepared for more than one patient. A CR includes at least the following: 1) Name, strength or activity, and dosage form of the CSP; 2) Date and time of preparation of the CSP; 3) Assigned internal identification number (e.g., prescription, order, or lot number); 4) A method to identify the individuals involved in the compounding process and individuals verifying the final CSP; 5) Name of each component; 6) Vendor, lot number, and expiration date for each component for CSPs prepared for more than one patient and for CSPs prepared from nonsterile ingredient(s); 7) Weight or volume of each component; 8) Strength or activity of each component; 9) Total quantity compounded; 10) Final yield; 11) Assigned BUD and storage requirements; 12) Results of QC procedures. And, if applicable, 13) MFR reference for the CSP; and 14) Calculations made to determine and verify quantities and/or concentrations of components. [USP 797 Section 11.2]	Yes
STERILIZATION CYCLE DOCUMENTATION: The date, run, and load numbers of the steam or dry heat sterilizer used to sterilize a CSP are documented on the CR if applicable. [USP 797 Sections 10.3 & 10.4]	Yes

T. RELEASE INSPECTION AND TESTING – ALL CATEGORIES

RELEASE TESTING PROCEDURES: All release testing procedures (e.g., visual inspections and testing) are included in facility documentation such as MFRs and SOPs. [USP 797 Section 12] ****per SOP. SOP in draft format pending review by designated person.*	Yes
VISUAL INSPECTION: CSPs are visually inspected before release and dispensing to determine whether the 1) physical appearance of the CSP is as expected (e.g., free of inappropriate visible particulates or other foreign matter, discoloration, or other defects), 2) container closure integrity is intact (e.g., checking for leakage, cracks in the container, or improper seals), 3) CSP and its labeling match the prescription or medication order. [USP 797 Section 12.1]	Yes
DELAYED DISPENSING VISUAL INSPECTION: When CSPs are not released or dispensed on the day of preparation, a visual inspection is conducted immediately before its release to ensure the CSP is free from any defects such as precipitation, cloudiness, or leakage, which could develop during storage. [USP 797 Section 12.1]	Yes
CSP REJECTION & QUARANTINE: CSPs found to be of unacceptable quality (e.g., observed defects) are promptly rejected, clearly labeled as rejected, and segregated from active stock. [USP 797 Section 12.1]	Yes
INVESTIGATION OF OOS RESULTS: Out-of-specifications results and defects indicating sterility or stability problems are investigated to determine the root cause and a corrective action plan is implemented and documented per facility SOPs. [USP 797 Section 12 & 12.1]	Yes

U. CSP HANDLING, STORAGE, PACKAGING, SHIPPING, & TRANSPORT – ALL CATEGORIES

STORAGE AREA TEMPERATURE MONITORING: Temperature in CSP & component storage areas is monitored at least once daily and recorded on a log on days when the facility is open or by a continuous temperature recording device; temperature data is readily retrievable. Monitoring equipment is calibrated or verified for accuracy as recommended by the manufacturer or every 12 months. When CSPs have been exposed to temperature excursions above or below storage temperature limits for the CSP, a Designated Person determines whether the CSP has retained its integrity or quality. [USP 797 Sections 9.3 & 19.1]	Yes
CSP PACKAGING: CSP packaging and shipping materials are selected to protect CSPs from damage, leakage, contamination, degradation, adsorption and prevent inadvertent exposure to transport personnel. [USP 797 Section 19.2]	Yes
SHIPPING & TRANSPORTING: Modes of transport are selected that are expected to deliver properly packaged CSPs in an undamaged, sterile, and stable condition. Special handing instructions are provided and/or affixed to the exterior of the container when applicable. [USP 797 Section 19.2]	Yes

V. STERILE QUALITY PROGRAM, SOP's & DOCUMENTATION- ALL CATEGORIES

QA/QC PROGRAM & SOPs: A Quality Assurance (QA) and Quality Control (QC) program is documented in facility SOPs and formally establishes a system of 1) adherence to procedures, 2) prevention and detection of errors and other quality problems, 3) evaluation of complaints and adverse events, and 4) appropriate investigations and corrective actions. The QA/QC SOPs describe the roles, duties, and training of personnel responsible for each aspect of the QA program. [USP 797 Section 18] ****per SOP. SOP in draft format pending review by designated person.*	Yes
INVESTIGATIONS & CAPAs: A designated person(s) follows up to ensure investigations are conducted and corrective actions are taken if problems, deviations, failures, or errors are identified or when complaints or adverse reactions are reported. A complete record of each reported complaint and adverse reaction is created and retained. Investigations and corrective actions are documented. [USP 797 Sections 17, 18.2, & 18.3]	Yes
ADR & COMPLAINT DOCUMENTATION: A complete record of each reported complaint and adverse reaction is created and retained per USP 797. [USP 797 Section 18.1]	Yes

RECALL PROCEDURES & SOP: If CSPs are dispensed or administered before the results of release testing are known, procedures are in place to immediately notify the prescriber of a failure of specifications with a potential to cause patients harm; determine the severity of the problem and urgency for implementation/completion of recall; identify patients (or other points of distribution) who have received affected CSP; recall any unused dispensed CSPs; quarantine remaining stock in the pharmacy; investigate if other lots are affected and recalled if needed; conduct investigation and document reason for the failure. Recalls are reported to the appropriate regulatory body as required by the laws and regulations of the applicable regulatory jurisdiction. [USP 797 Section 18]	Yes
ANNUAL SOP & QA/QC COMPLIANCE REVIEW: Facility sterile compounding SOPs are reviewed every 12 months by the Designated Person(s); the review is documented. Changes to SOP are made only by the Designated Person and documented. Acknowledgement of revisions to SOP's are communicated to all personnel. The overall QA/QC Program is reviewed at least once every 12 months by the Designated Person(s); the review is documented, and corrective actions are taken if needed. [USP 797 Section 17 & 18] ***per SOP. SOP in draft format pending review by designated person.*	Yes

W. HAZARDOUS DRUG HANDLING & COMPOUNDING – ALL CATEGORIES

DESIGNATED PERSON: The entity has a Designated Person who is qualified and trained to be responsible for implementing appropriate HD procedures, overseeing compliance with USP 800 requirements, ensuring environmental control of the storage and compounding areas, monitoring HD facility operations, testing, and acting on results. [USP 800 Section 4]	Yes
HAZARD COMMUNICATION PROGRAM (HCP): Facility has SOPs to ensure effective training regarding proper labeling, transport, storage, and disposal of HDs and use of Safety Data Sheets. The HCP and HD SOPs include a written plan describing 1) how USP 800 requirements are implemented, 2) HD chemical container labeling with the identity of the material and appropriate hazard warnings, 3) readily accessible location of HD chemical SDSs known and accessible by all personnel, 4) HD risk training and information provided to all personnel with HD exposure risk before initial HD handling work assignment and whenever hazard changes, 5) personnel of reproductive capability written acknowledgement of understanding of HD handling risks. [USP 800 Section 8]	Yes
LIST OF HAZARDOUS DRUGS & ASSESSMENT OF RISK: Facility maintains a list of HDs that includes any items on the current NIOSH that the entity handles. The list is reviewed every 12 months and whenever a new agent or dosage form is used. All HD drugs follow the requirements of USP 800 unless an assessment of risk (AOR) is performed. If an assessment of risk approach is taken, the entity must documents what alternative containment strategies and/or work practices are being employed for specific dosage forms to minimize occupational exposure. The AOR minimally contains the type of HD, dosage form, risk of exposure, packaging, and manipulation considerations. The HD drug list & AOR is reviewed at least every 12 months and whenever a new agent or dosage form is used. [USP 800 Section 2]	Yes
CONTAINMENT REQUIREMENTS: All antineoplastic HDs requiring manipulation and HD active pharmaceutical ingredients (APIs) on the NIOSH list follow all the requirements of USP 800. [USP 800 Section 2, Box 1]	Yes
HD HANDLING, RECEIPT & STORAGE SOPs: SOPs are created and followed for the safe handling of HDs used by the facility. [USP 800 Section 17]	Yes
HD HANDLING AREAS, SIGNAGE, & ACCESS: Signage designating HD handling areas are prominently displayed and access to HD handling areas is restricted to authorized personnel. Designated areas are available for receipt, unpacking, storage, and sterile compounding of HDs. [USP 800 Section 5]	Yes
HD STORAGE: HDs are stored to prevent spillage or breakage, off floors, and in areas appropriate for natural disasters. Antineoplastic HDs and HD API are stored separately from non-HDs to prevent contamination and personnel exposure. HD storage areas are externally ventilated and negative-pressure rooms with at least 12 ACPH. Refrigerated antineoplastic HDs are stored in a dedicated refrigerator, in e negative pressure area with at least 12 ACPH. Pass through refrigerators are not used. [USP 800 Section 5.2]	Yes
STERILE HDs COMPOUNDED IN A C-SCA: C-SCA maintains a minimum of 12 ACPH of HEPA- filtered air and has negative pressure to adjacent areas of -0.01" w.c. to -0.03" w.c. [USP 800, sections 5.3.2 Table 3]	Yes
C-SEC DESIGN AND ENGINEERING CONTROLS: The C-SEC has fixed walls physically separated from other preparation areas, is externally ventilated has 30 ACPH, and negative pressure to adjacent areas of -0.01" w.c. to -0.03" w.c. [USP 800 Section 5.3.2 Table 3]	Yes
C-SEC ACCESS: The Ante Room used for entry into the negative pressure buffer room has fixed walls and maintains a minimum of 30 ACPH of HEPA-filtered air, positive pressure of +0.02" w.c. to all adjacent unclassified areas, and ISO7 or better classification. Alternatively, a negative-pressure HD buffer entered exclusively through a positive pressure non-HD buffer room contains a line of demarcation (LOD) within the negative-pressure buffer room for donning/doffing HD PPE and a method a transport of HDs, HD CSPs, and HD waste into and out of the HD buffer (e.g., pass-through chamber). Pass through chambers are included in semi-annual facility certification. [USP 800 Section 5.3.2]	Yes
C-SEC SINK & SAFETY EQUIPMENT: A sink is available for hand washing and an eyewash station and/or other emergency safety precautions meeting applicable laws and regulations are readily available and located where operation does not interfere with ISO classifications. Sinks are located at least 1 meter from the entrance into the buffer room (or at least 1 meter from the C-PEC in a C-SCA). [USP 800 Sections 5.3 & 5.3.2]	Yes
C-PEC LOCATION, VENTING, & OPERATION: All C-PECs used for sterile HD compounding (e.g., CACIs or BSCs), are located within a C-SEC or C-SCA, externally vented, and maintain an ISO 5 or better air quality. C-PECs operate continuously if supplying some or all the negative pressure in the C-SEC or if used for sterile compounding. During power outages, repairs, or relocation, C-PEC use is suspended immediately. Once C-PEC power is restored, all PEC surfaces are decontaminated, cleaned, and disinfected, and compounding is not resumed until the manufacturer's specified recovery time has elapsed. [USP 800 Section 5.3.2]	Yes
REQUIRED HD PPE: When compounding HDs, gowns, head, hair, shoe covers, and two pairs of chemotherapy gloves are donned per facility SOPs. Chemotherapy gloves are tested to ASTM standard D6978 (or its successor) and are powder free and two pair of chemotherapy gloves are donned per SOP. Gloves are inspected for physical defects. Gloves are changed when torn, punctured, or contaminated. Personnel wash hands with soap and water after removing gloves. HD gowns are disposable, resistant to permeability by HDs, close in back, are long sleeved, closed cuff, and seamless. Gowns are changed per manufacturer's permeation information; if no data is available, HD gowns are change every 2-3 hours or immediately after a spill or splash. Gowns are limited to HD handling areas and are donned over the sterile compounding garment. When compounding, a second pair of shoe covers is donned before entering the C-SEC and doffed when exiting the C-SEC. HD PPE is disposed of appropriately prior to exiting the C-SEC. Chemotherapy gloves and sleeve covers (if used during compounding) are carefully removed and discarded immediately into an appropriate waste container inside of the C-PEC or contained in a sealable bag for discarding outside of the C-PEC. Reusable PPE is decontaminated and cleaned after each use. [USP 800 Section 7]	Yes
EYE AND FACE PROTECTION: Appropriate eye (goggles) and face protection (face shield) are worn when there is a risk for spills or splashes or when working outside of a C-PEC. Surgical masks are not used when respiratory protection is required per SOP and/or AOR as protection from HD exposure. [USP 800 Section 7.4]	Yes
HD TRAINING & COMPETENCY ASSESSMENT: Personnel who handle HDs are trained and demonstrate competency initially before independently handling HDs, annually, and when a new HD medication, process, SOP, or equipment is introduced. Training minimally includes an overview of the entity's HD list and their risks; review of HD SOPs; proper use of PPE, equipment, and devices; prevention of HD exposures and spills; HD exposure and spill response; use of a spill kit, PPE, and NIOSH-certified respirators; and HD disposal. Based on job duties, personnel receive additional HD training in HD acquisition and receipt, preparation, compounding, dispensing, labeling, storage, and transport. Training and competency assessments are documented. [USP 800 Sections 8, 9, 11.1, 16, & 17]	Yes
HD ATTESTATION: Personnel of reproductive capability have a written acknowledgement attesting to their understanding of HD handling risks. [USP 800 Section 8]	Yes
DEDICATED HD EQUIPMENT: Disposable or cleanable equipment for compounding (e.g., mortar and pestle, graduated cylinder, spatulas) is dedicated for use with HDs. [USP 800 Section 13]	Yes

NON-HD COMPOUNDING IN A C-PEC: Non-HDs compounded in a HD C-PEC are placed in protective outer wrapping, labeled for PPE handling precautions, and treated as an HD. The C-PEC worksurface is decontaminated between compounding of different HDs. [USP 800 Section 5.3.2 and Table 3]	N/A
DEACTIVATION, DECONTAMINATION, CLEANING & DISINFECTION (D/D/C/D): Areas where HDs are handled and all reusable equipment and devices are deactivated/decontaminated, and cleaned. Sterile compounding areas and devices are subsequently disinfected. Written procedures for decontamination, deactivation, cleaning, and disinfection are available and followed. Procedures include agents used, dilutions (if used), frequency, and documentation requirements. Agents selected are appropriate for the type of HD contamination(s), location, and surface materials. Sterile 70% IPA is used to remove residue left on sterile surfaces and compounding areas by decontaminating agents. [USP 800 Section 15]	Yes
D/D/C/D TRAINING & PPE REQUIREMENTS: Personnel are trained in deactivation/decontamination, cleaning, and disinfection to protect themselves and the environment from contamination. Personnel wear appropriate PPE resistant to cleaning agents used, including 2 pairs of ASTM-tested chemotherapy gloves and impermeable disposable gowns. Eye protection and face shields are worn if splashing may occur. [USP 800 Section 15]	Yes
C-PEC D/D/C/D: C-PEC is decontaminated at least daily (when used), after as spill, before and after certification, voluntary interruption, or if ventilation tool is removed. The C-PEC worksurface is decontaminated between compounding of different HDs. The area under the work tray of a C-PEC is deactivated, decontaminated, and cleaned at least monthly. [USP 800 Section 15.2]	Yes
HD LABELING, PACKAGING, TRANSPORT & SPILLS HANDLING: Facility follows SOP for the labeling, handling, packaging, and transport of HDs which addresses the prevention of spills/exposures, training for exposure, and spill handling. HD CSPs are identified as hazardous and labeled with special handling precautions. Labeling process for compounded HD products does not introduce contaminated materials into non-HD areas. [USP 800 Section 11 & 11.2]	Yes
SPILL KITS, & SINGAGE: Spill kits are readily available with appropriate supplies, PPE, and signs to restrict access to affected areas. restriction posted, and documentation of spills occur when needed. [USP 800 Section 16]	Yes

X. LYOPHILIZATION

Sterile preparations prepared for lyophilization are maintained in ISO 5 unidirectional laminar flow air throughout sterilization, filling, and transport to the lyophilizer. [64B16-27.797(5) F.A.C.]	
A recorded smoke study is available and demonstrates that transport from the PEC to the lyophilizer is accomplished in ISO 5 laminar flow air at all times. [64B16-27.797(5) F.A.C.]	
The pharmacy has established and follows policies and procedures for the high-level disinfection of the lyophilizer chamber, piping, and all other areas of the unit which pose a potential risk for contamination of the product. [64B16-27.797(5) F.A.C.]	
The pharmacy validated the high-level disinfection procedure initially, and after changes to the cleaning process or agents. Documentation of studies is available for inspection. [64B16-27.797(5) F.A.C.]	
Validation studies for high level disinfection are performed with the 5-aerobic bacterial and fungal ATCC organisms referenced in USP<71> are conducted by an external vendor unless the firm has an internal laboratory capable of performing the studies. An internal laboratory is separate from the compounding and work areas of the pharmacy to prevent contamination in the pharmacy. [64B16-27.797(5) F.A.C.]	
Policies and procedures are established and followed for cleaning the lyophilizer prior to disinfection and include cleaning agents and schedules. Documentation of cleaning is maintained and available for inspection. [64B16-27.797(5) F.A.C.]	
Policies and procedures are established for the maintenance of the lyophilizer and at a minimum include the manufacturers recommendations. [64B16-27.797(5) F.A.C.]	
The maintenance schedule includes provisions for periodic testing of the chamber for leaks and all other recommended procedures described by the equipment manufacturer. Documentation of routine maintenance is available for inspection. [64B16-27.797(5) F.A.C.]	
SOPs and quality assurance program established to include validation of the filling process, container closure integrity, frequent monitoring of fill volumes, identification of over fills and underfills, assessment of personnel involved in compounding for lyophilization, equipment qualification, formula verification, and evaluation of finished product for conformance to specifications. [64B16-27.797(5) F.A.C.]	
The pharmacy has provisions for sterilizing, with filters, the inert gas or air used for backfilling during the vacuum release phase. These Sterilizing filters undergo the manufacturers recommended integrity test. [64B16-27.797(5) F.A.C.]	
Media fills are conducted every six months using the maximum batch size and demonstrate the filling, transport to the lyophilizer, loading and stoppering operations. Media is NOT frozen during the media fill operation. [64B16-27.797(5) F.A.C.]	
Personnel preparing sterile compounds for lyophilization wear sterile Personal Protective Equipment that covers all exposed skin. [64B16- 27.797(5) F.A.C.]	
Glove Fingertip Sampling is performed with every batch after fill and transport into the lyophilizer on all personnel compounding for lyophilization. The results are incorporated into the batch record. [64B16-27.797(5) F.A.C.]	
In-process acceptance criteria such as color, moisture limits and visual appearance are established for each lyophilized product. [64B16- 27.797(5) F.A.C.]	
A 100% visual examination of the finished product is conducted to determine that the product conforms to the established visual criteria and is incorporated into the batch record. [64B16-27.797(5) F.A.C.]	
Finished product testing is conducted on all batches. Procedures have been established for selecting test samples from the batch and are written and followed. Such procedures may include location of vials in the lyophilizer and positions in the fill line. [64B16-27.797(5) F.A.C.]	
Finished product testing includes sterility testing using a USP<71> method unless an alternative test method has been validated and shown to be equivalent or better. Diluents used to reconstitute the sample vials for testing are preservative free. [64B16-27.797(5) F.A.C.]	
Each batch of lyophilized product with a beyond use date that falls within the USP<797> guidelines and is not tested for sterility, has viable air and surface sampling that is collected in critical areas of ISO 5 locations as well as sampling of the gloves and sleeves of personnel documented in the batch record. [64B16-27.797(5) F.A.C.]	
Every lyophilized product has established endotoxin levels Each batch of lyophilized product is tested for endotoxin in accordance with USP<85> and confirmed to fall within the set limits and documented in the batch record. [64B16-27.797(5) F.A.C.]	
Potency, radiochemical purity, or applicable test to assure label claim is conducted on every batch and documented in the batch record. In lieu of potency testing, weight-based verification may occur based on formula verification. Potency testing shall be based on the USP monograph if one is available. [64B16-27.797(5) F.A.C.]	

Y. SPECIAL PARENTERAL ENTERAL & EXTENDED SCOPE

Technicians properly identified. [64B16-27.100 (2) F.A.C.]; [64B16-27.4001 F.A.C.]; [64B16-27.410 F.A.C.]; [64B16- 27.420 F.A.C.].	
Medication is properly labeled for dispensing to patient. [64B16-28.108(2) F.A.C.]	
Outdated medications removed from active stock. [64B16-28.110 F.A.C.]; [64B16-28.1191 F.A.C.]	

Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and quarterly summarization of Quality Related Events are available for inspection. [64B 16 27.300 F.A.C.]; [766.101 (1) (a)(l) F.S.]	
Pharmacy maintains patient profile with allergy information and medications dispensed. [64B16-27.800, F.A.C.]	
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c) F.S.]; [21CFR1306.05]	
Prescriptions for controlled substances are on counterfeit-proof prescription pads or blanks purchased from a department-approved vendor and the quantity and date meet the requirements of [456.42(2), F.S.].	
Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a), F.S.] [21CFR1304.11] [21CFR1304.04]	
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2) F.S.]; 21CFR 1305.13(e)]; [21CFR1305.22(g)]	
Controlled substance records and prescription information in computer system are retrievable and maintained for 4 years. [21CFR1304.04]; [465.022(12) (a) F.S.]; [21CFR1306.22]; [64B16-28.140 F.A.C.]	
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)]; [64B16-28.140(3)(d) F.A.C]	
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4) (3)(a), F.S.]	
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005 (14) F.S.]	
A special sterile products and parenteral/enteral compounding pharmacy provides telephone accessibility to its pharmacist(s) for its patients at all hours. [64B16-28.820(3)(b)]	
A special sterile products and parenteral/enteral compounding pharmacy provides special handling and packaging of compounded parenteral and enteral preparations when delivering from the pharmacy to the patient or institution as required to maintain stability of the preparations. [64B16-28.820(3)(b)]	

Z. Miscellaneous

BLOOD-DERIVED OR BIOLOGICAL MATERIAL MANIPULATIONS: Compounding activities that require the manipulation of a patient's blood-derived or other biological material (e.g., autologous serum), are clearly separated from other compounding activities and equipment used in CSP preparation activities and controlled by specific SOPs to avoid cross-contamination. [USP 797 Section 1.1.2]	
ALLERGENIC EXTRACTS: Licensed allergenic extracts are mixed and diluted to prepare prescription sets for administration to patients. A prescriptions set is a vial or set or vials of premixed licensed allergenic extracts for subcutaneous immunotherapy that have been diluted with an appropriate diluent for an individual patient. Compounding allergenic extracts 1) minimally complies with all aspects of USP <797> Section 21; 2) involves transfer via sterile needles and syringes of conventionally manufactured sterile allergen products and appropriate conventionally manufactured sterile added substances; and 3) manipulations are limited to penetrating stoppers on vials with sterile needles and syringes and transferring sterile liquids in sterile syringes to sterile vials. If these conditions are not met, compounding of allergenic extracts follows all aspects of USP <797>. [USP 797 Sections 1.1.2 and 21]	

Corrective Action Plan

A corrective action plan is required to be submitted within 30 days for the non-compliant items listed above. [64B16-27.797(5), F.A.C.]	

Remarks:

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signature

KHEIRABI, MARYAM

Date:6/26/2025

Representative:

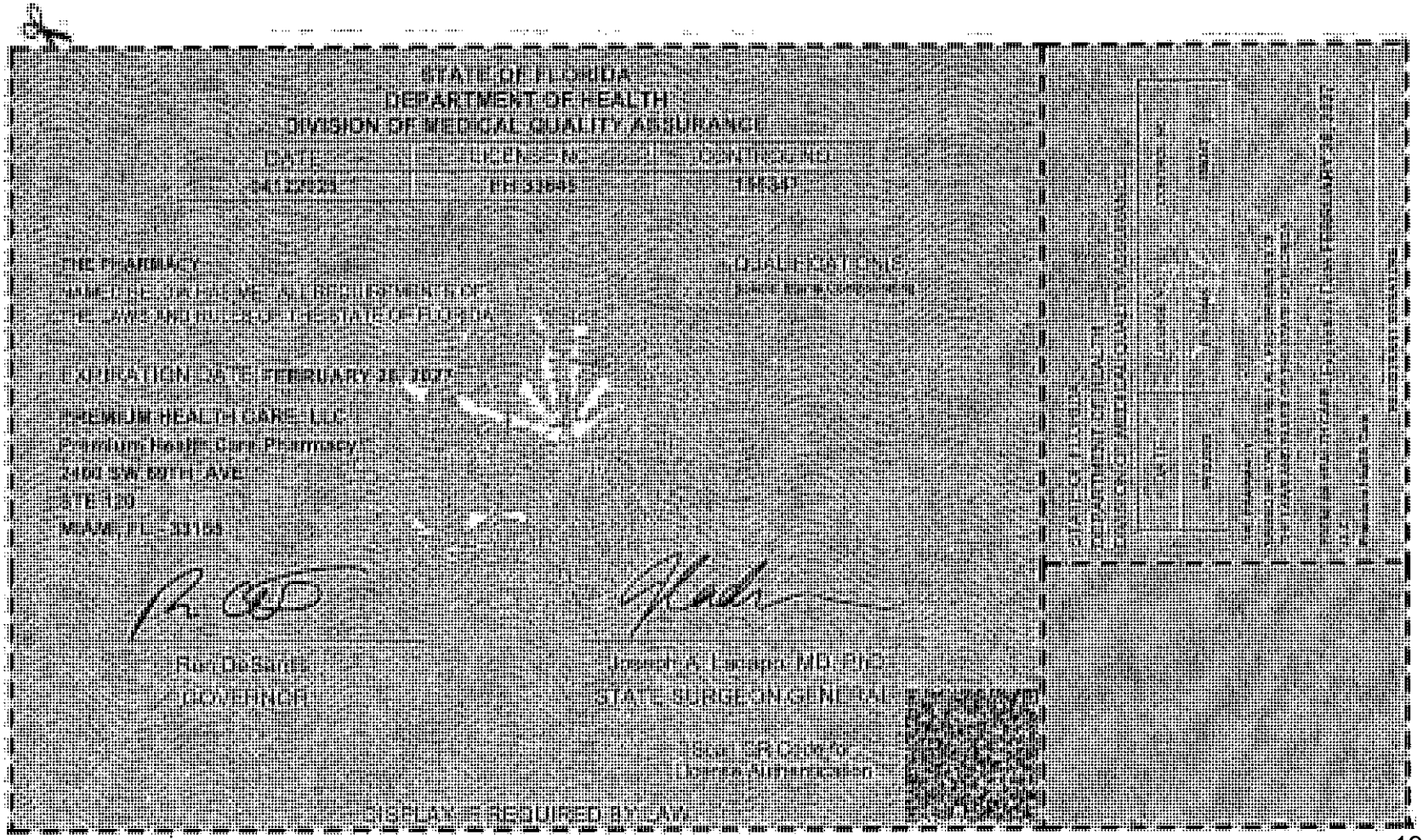
Stephanie Llambes

Date:6/26/2025

Your license number is PH 33645.

Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes and much more.



April 11, 2025

Premium Health Care
2400 Sw 69Th Ave
Suite #120
Miami, FL 33155

RE: License Certification for Premium Health Care, Llc

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health:

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH33479
ORIGINAL CERTIFICATION:	07/20/2021
EXPIRATION DATE:	02/28/2027
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No
LICENSE GRANTED BY:	N/A
OTHER CERTIFICATIONS:	Community Pharmacy, Schedule Ii & Iii

To expedite the verification process, the above format is the standard format for all license certifications. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Gwendolyn B. Freeman

Gwendolyn B. Freeman
Operations and Management Consultant Manager

PREMIUM HEALTH CARE, LLC

Premium Health Care Pharmacy

License Number: PH33645

Data As Of 2/7/2025

Profession	Pharmacy
License	PH33645
License Status	CLEAR/
Qualifications	Special Sterile Compounding
License Expiration Date	2/28/2027
License Original Issue Date	11/02/2021
Address of Record	2400 SW 69TH AVE STE 120 MIAMI, FL 33155
Discipline on File	No
Public Complaint	No

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

Discipline Public Records Request

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:
Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:
1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a $25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
HOOVER, KEILA	PHARMACY AFFILIATE	PHARMACY AFFILIATE		07/09/2021

Click on the License Number to view License Details for that Practitioner

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
PREMIUM HEALTH CARE, LLC	STERILE COMPOUNDING	PHARMACY	33479	7/9/2021

Click on the License Number to view License Details for that Practitioner

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

Florida HEALTH Department of Health

Premium Health Care, LLC

Premium Health Care Pharmacy

License Number: PH33479

Data As Of 2/7/2025

Profession	Pharmacy
License	PH33479
License Status	CLEAR/
Qualifications	Community Pharmacy Schedule II & III
License Expiration Date	2/28/2027
License Original Issue Date	07/20/2021
Address of Record	2400 SW 69th Ave. Ste 120 MIAMI, FL 33155
Discipline on File	No
Public Complaint	No

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

Discipline Public Records Request

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:
Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:
1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a $25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
HOOVER, KEILA	PHARMACY AFFILIATE	PHARMACY AFFILIATE		07/06/2021
PREMIUM HEALTH CARE, LLC	PHARMACY	PHARMACY	33645	07/09/2021
RUIZ, CARLOS ALBERTO	RX DPT MGR/COR/POR	PHARMACIST	19826	07/17/2023

Click on the License Number to view License Details for that Practitioner

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

4SS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☒ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☒ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☒ Sterile Compounding
			☒ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #:		☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Prescription Center

Physical Address: 2252 Coronado St

City: Idaho Falls State: Idaho Zip: 83404

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 208-523-3360 Toll Free # (NAC 639.708, NRS 639.23286): 800-523-3380

Fax: 208-523-3387 Contact Email: rxretail@mvhospital.net

Website: prescriptioncenteridaho.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Whitney Cooley

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 25076

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Whitney Cooley	NV Pharmacist Registration #: 25076
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: See attached	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Idaho

Parent Company (if any): Mountain View Hospital LLC

Corporation/Organization Name: _____

Mailing Address: 2325 Coronado St

City: Idaho Falls State: Idaho Zip: 83404

Telephone: 208-557-2700 Email: wcooley@mvhospital.net

Contact Person Name: Whitney Cooley

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☒ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Director of Pharmacy (title) for Prescription Center (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Whitney Cooley PharmD, Director of Pharmacy

Print Name of Authorized Person

Whitney Cooley

Original signature of Authorized Person (copies or stamps not accepted)

05/01/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Logan Black Chief Operations Officer

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

May 1, 2026

Date

Board Use Only	Date Received: 6/3/26	Amount: 500.00 / V#011448 ✓

Mountain View Hospital
2325 Coronado St. Idaho Falls, Id 83404

Mountain View Hospital LLC Board Members

Greg West MD, Director
Casey Huntsman MD, Director
James Adamson, CEO
Jennifer Baldock, Director
Harry Bane, Director
Kelly Duffin, Director

STATE OF IDAHO

Phil McGrane | Secretary of State
Business Office
450 North 4th Street
PO Box 83720
Boise, ID 83702

January 27, 2026

Request Type: Certificate of Existence/Filing
Request #: 0006626758
Receipt #: 001268627

Issuance Date: 01/27/2026
Copies Requested: 0

Regarding:	**PRESCRIPTION CENTER, LLC**		
Filing Type:	Limited Liability Company (D)	File # :	104732
Formation/Qualification Date:	02/11/1959	Delayed Effective Date:	
Status:	Active-Existing	Formation Locale:	IDAHO
Duration Term:	Perpetual	Inactive Date:	

Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

PRESCRIPTION CENTER, LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

Phil McGrane
Idaho Secretary of State

Processed By: Business Division

Verification #: 038088938

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Prescription Center LLC

Pharmacy/Wholesaler License # (if applicable): Pending Nevada

Physical Address: 2252 Coronado St

City: Idaho Falls State: ID Zip: 83404

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 208-523-3360 Website: prescriptioncenteridaho.com

Licensing Company Email: rxinfo@mvhospital.net

Section 2: Personal Information

First: Whitney Middle: Jeanne Last: Cooley

Alias(es, nicknames, name changes, etc.): Price, Summers

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Roberts State: ID Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Idaho State University College of Pharmacy			2004-2012	
Address	**City**		**State**	**Zip**
921 S 8th Avenue	Pocatello		ID	83209
Diploma/Degree obtained, if any				
Doctor of Pharmacy				
School Name			**From - To (MM/YY – MM/YY)**	
Rigby High School			Graduated 1997	
Address	**City**		**State**	**Zip**
3833 E Rigby High Lane	Rigby		ID	83404
Diploma/Degree obtained, if any				
High School Diploma				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2/2013- current	[redacted]	Roberts	ID	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Prescription Center LLC			2/2019- Present
Business Address	**City**	**State**	**Zip**
2252 Coronado St	Idaho Falls	ID	83404
Phone	**Title**	**Number of Employed Hours**	
208-523-3360	Director of Pharmacy	14,000	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Mountain View Hospital			8/2013- present
Business Address	**City**	**State**	**Zip**
2325 Coronado St	Idaho Falls	ID	83404
Phone	**Title**	**Number of Employed Hours**	
208-557-2738	Director of Pharmacy since 2016 prior Staff Pharmacist	26,000	
Description of Duties			
Staff pharmacy, Director duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

I, Whitney Cooley, PharmD, **certify that as the designated representative for**

Prescription Center LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. WHC I am at least 21 years of age;
3. WHC I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. WHC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. WHC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. WHC I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. WHC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Whitney Cooley

Print Name (First, Last)

Whitney Cooley

Original Signature (electronic, copies or stamps not accepted)

05/01/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Whitney Cooley
Print Name (First, Last)

Whitney Cooley
Original Signature (electronic, copies or stamps not accepted)

05/01/2026
Date

Please have this section completed in the presence of a Notary Public.

State of Idaho, ss. County of Bonneville

I, Jennifer Wilson (Whitney Cooley), being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Whitney Cooley J. Wilson
Original Signature

5/1/2026
Date

Subscribed and Sworn to before me this 1 day of May, 2026.

Jennifer A Wilson
Notary Public Signature

JENNIFER A WILSON
Notary Public - State of Idaho
Commission Number 20190128
My Commission Expires Apr 1, 2031

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Prescription Center LLC

NV Pharmacy or Outsourcing facility license # (if applicable): Pending Pharmacy Application

Physical Address: 2252 Coronado St

City: Idaho Falls State: ID Zip: 83404

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 208-523-3360 Toll Free # (NAC 639.708, NRS 639.23286): 800-523-3308

Fax: 208-523-3387 Contact Email: rxinfo@mvhospital.net

Website: prescriptioncenteridaho.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Whitney Cooley

Supervising/Managing Pharmacist NV Pharmacist Registration #: 25076

Name of Designated Person(s) as defined by revised USP-797 guidelines: Jacob Cooley & Danielle Morton

Email of Designated Person(s): jcooley@mvhospital.net & dmorton@mvhospital.net

Telephone of Designated Person(s): 208-589-0461 & 208-528-7979

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

   ■ Category 1 ■ Category 2 ☐ Category 3

   If you marked **"Category 3"**, you must also complete **section 4.**

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ■ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ■ Aseptic ■ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? April 10th and 11th 2026

6. What is the frequency of the recertification for the ISO classified areas? Every 6 months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Monthly

10. Will you be performing sterile hazardous drug compounding? ■ Yes No

    If you marked **"Yes"**, you must also complete **section 3.**

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

See Attached

12. What laboratory performs your sterility or endotoxin testing?

Name: Eagle Analytical & ARL - Bio Pharma

Address: 11111 S Wilcrest Dr S1000 840 Research Parkway, ste546

City: Houston, TX 77099 Oklahoma City State: OK Zip: 73014

Telephone:

13. What is your procedure for visual inspection of compounded sterile products?

During compounding the compounder observes the product to ensure it does not have any abnormal attributes. After compounding all CSPs a pharmacist performs final verification by checking label's initials, drug used, patient name, dose, followed directions, final containers, diluents, and particulate check prior to releasing.

14. How often do you perform glove fingertip and medial fill testing?

Initially and every 6 months

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

Staff are trained initially prior to working independently and ongoing to include the following, but may include additional depending on job requirements: -Hand hygiene & garbing (3 independently collected sets of initial fingertips, 1 set of after garbing before compounding fingertip sample) - Aseptic technique - Media Fill [specific to job complexity, (1 set after compounding fingertip sample, after compounding DCA surface sample) - Daily cleaning and disinfecting - Monthly cleaning, disinfecting and sporicidial - Proper use of Primary Engineering Control & Secondary Engineering Controls - Proper material handling - Use of equipment per job duties - Achieving &/or maintaining sterility (& apyrogenicity if compounding w/nonsterile components) - Documentation of compounding process MFR & CR - Quality Assurance & Quality Control.

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Daily - on days compounding occurs
- Start of day - PEC - Working from Top - Down, Back - Front (Ceiling, Back, Sides/bar, Deck (and equipment on Deck if any) [Sterile TB1 - 3300 Disinfectant (dwell time) followed by Sterile IPA] - Staging table, repeater pump and pass through [PreEmpt Plus]
- Throughout the day - PEC - TB1 disinfect when surface contamination is suspected, followed by sIPA - sIPA - immediately before compounding, every 30 minutes if compounding takes less than 30 minutes or at conclusion of compounding if process takes longer than 30 minutes
- End of compounding - All high touch surfaces (Tables, intercom, equipment, door handles) - Floors(cleaned from cleanest to dirtiest
- 800 Room uses same methods but sterile Peridox in the hood for daily
cleaner/disinfectant/deactivation/decontamination - sterile water is used after Peridox then sIPA
Monthly
- Sterile Peridox used inside all PECs, Peridox is used on all other surfaces followed by sterile water and a dry wipe (inside PECs sIPA). Cleanest to dirtiest [Ceiling, walls, furniture (all contents), outside of hoods, inside PECs, Floors]

17. Who performs the sterile compounding process at your facility?

Trained Pharmacists and Pharmacy Technicians

18. Who is responsible and accountable for the sterile compounding process at your facility?

Jacob Cooley - Director of Outpatient Pharmacy

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

Cold Chain studies have proven the following: Fridge - A 10x10 box with 1.5" thick cotton insulated liner is packed with 2 frozen 8 oz ice packs and (2) buffer pads, medication prescription product with paperwork and WarmMark time-temp tag (8°C). Room Temp - same as fridge without ice packs and using WarmMark time-temp tag (25°C).

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? Biological Safety Cabinet- ISO 5		
2. Are you complying with all USP 800 guidelines?	■ Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	■ Yes	No
4. Is your BSC or CACI vented 100% to the outside?	■ Yes	No
5. Do you have a negative pressure buffer room at your facility?	■ Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	■ Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	■ Yes	No
8. Will you be utilizing a closed system transfer device?	■ Yes	No
9. If yes, list the name of the device: Bbraun On-Gaurd Close System Transfer Devices		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

Our EMR will print whatever is listed in the packet insert for patient education, including handling and disposal if special. If we manually build any items into the system then we add these details so they will print.

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

All of Section 2 question 15 is completed in addition to
- Donning & Doffing HD PPE - HD Admix Compounding - HD Decontamination, Cleaning and Sanitize - HD Inventory Receiving

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? Yes No

4. What is the frequency for completing volumetric active air sampling?

5. What is the frequency for completing surface sampling?		
6. What is the frequency for using sporicidal agents?		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	Yes	No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Whitney Cooley

Name of Person who Completed the Form

Director of Pharmacy

Title

Whitney Cooley

Signature (copies or stamps not accepted)

5/27/2026

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

Description
Acetaminophen 32mg/ml Cmpd Susp
Acyclovir 100 mg/mL CMPD Suspension
Alprostadil 500mcg/mL- Alcohol Solution
Alprostadil/Papaverine/Phento 150ug/30mg/5mg
Alprostadil/Papaverine/Phento 5ug/15mg/0.4mg/mL
AMIODARONE 20MG/ML CMPD
Amiodarone Hcl 5mg/mL Susp CMPD
Amitrip/Gaba/Lidocaine 2/2/5% CMPD CRM
Amitriptyline Baclofen Lidocaine 2/2/5% cream CMPD
Amlodipine 1mg/Ml Susp CMPD
Amoxicillin 400 mg/5mL CMPD
Atropine Ophthalmic Cmpd 0.05% Solution
Atropine Opthalmic Cmpd 0.01% Solution
Azelaic Acid/Ivermectin/Metronidazole Topical Cream
Azithromycin/Nystat/Malox/Diph/Lido 2/100000/1/2.5/0.5gm/Units/Ml/Mg/% Suspension
Azithromycin/Nystatin/Maalox/Benadr 2/100,000/1/2.5gm/Unit/Ml/Mg Suspension
Baclo/Bupi/Diclo/Gaba/Ibu/Pent 2/1/3/6/3/3% Cream
Baclo/Cyclo/Diclo/Gaba/Lido 2/2/5/6/2%
Baclofen Cmpd 1mg/Ml Suspension
Baclofen PF (Isotonic) INJ 4mg/mL
Banana (ns1000 mL,mag 2 gm, b1 100 mg,kcl 20 mEq,mvi 10 mL) Bag Sol
BENA/NYST/DECA 12.5/500000/0.5
Bena/Nyst/Deca/Ceph 12.5/500000/0.5/250mg/Units/Mg/Mg Suspension
Benad/Maalox/Nystatin/Hydrocort 43/43/13000/0.26%/%/Units/Mg Suspension
Benadryl/Maalox/Lido/Pred/Nyst/Azit 2.5/20/0.4/0.2/20k/3mg/%/%/Mg/U/Mg Suspension
Benzo/Lido/Tetra Cream (blt) Cmpd 20/8/4% Cream
Benzocaine/Lidocaine/Tetracaine 20/10/10% Ointment
Benzocaine/Lidocaine/Tetracaine 30/15/10% Cream
Betahistine Cap Cmpd 16mg Capsule
Betahistine Hcl Cap Cmpd 8mg Capsule
Boric Acid Cmpd 600mg Suppository
Budesonide Nasal 1mg Capsule
Budesonide Visc Cmpd 1mg/10ml Suspension
Bupivacaine HCL PF 40mg/mL Stock Sol
Cefazolin 10gm in 600mL IV CADD Continuous
CEFAZOLIN 2G/20mL INJ SOLN
Ceftazidime 1 gram in 105 mL CMPD
Ceftriaxone 1 Gm in 10 mL NS CMPD
CEPHALEXIN 250MG/5ML CMPD
Cholestyramine 4% In Aquaphor Ointment
Cholestyramine 4% In Aquaphor Ointment
Clindamycin/Betameth Cmpd 60/1mg/Mg Capsule
Clindamycin/Betamethasone Cmpd 600/10mg/Mg/L Solution
Clomipramine Hcl 40mg Cmpd Cap
Clonidine HCl 0.01 mg/mL Susp CMPD
Clonidine HCL(isotonic) 1mg/mL stock soln
cyanocobalamin/semaglutide 1mg/2.5mg/mL
CYANOCOBALAMIN/TIRZEPATIDE 1/10MG/mL
Daptomycin 1000 mg in 70 mL NS
Daptomycin 250mg in 55 mL NaCl 0.9%
Daptomycin 350 mg in 57 ml NS
Daptomycin 350 mg in 57 ml NS
Daptomycin 350 mg/7 ml IV push

Daptomycin 400 mg in 58 mL
Daptomycin 500 mg in 110 mL 0.9% NaCl CMPD
Daptomycin 500mg in 60mL NS
Daptomycin 600 mg in 62 mL NS
Daptomycin 750mg in 65mL NS
Daptomycin 750mg/15mL IV Push
Daptomycin 850mg in 67 mL NS
Dexameth/Nystat/Diphenhyd/Doxycycli 0.2/23k/0.96/5.8mg/Unit/Mg/Mg Suspension
Diclof/Baclo/Cyclobenz/Tetracaine 3/2/2/5% Cream
Diclofenac/Lidocaine 4%/2% Topical CMPD
Diltiazem Cmpd 2% Gel
Diltiazem/Lidocaine Cmpd 2%/2% Gel
Dmsa Cmpd 250mg Capsule
DMSO/Lidocaine HCL/Dexamethasone Sod Phos/Heparin Bladder IRR
Edetate Disodium (EDTA) 2% Nasal Soln
Enalapril Oil Susp Cmpd 5mg/Ml Suspension
ENOXAPARIN 7.5 MG INJ
ENOXAPARIN 9 MG INJ
Ertapenem 500 mg in 55 mL NS
Erythromycin/Lido/Maalox/Nystatin 2/0.66/33/33000gm/%/%/Units Suspension
FentANYL Citrate 10mg/mL PF (Isotonic) INJ
Fludrocort/Prednis 0.06/0.6mg/Ml Suspension
Furosemide Oil Susp Cmpd 25mg/Ml Suspension
Gaba/Amitrip/Bupiv CMPD 10/3/5% cream
Gabapentin/Ketamine/Lido/Ketoprofen 5/5/10/20% Cream
Gentamicin 480 mg in 1000mL NS
Gentamicin 500mg in 1000mL NS
Gentamicin Cmpd 160/900mg/Ml Liquid
Gentamicin Cmpd 160mg/900Ml-250mL
Gentamicin Cmpd 160mg/Liter Liquid
Gentamicin Cmpd 400mg/Liter Liquid
Gentamicin Cmpd 800mg/Liter Liquid
Gentamycin 40 mg/50 mL Syr CMPD
Glycine/Tirzepatide/Levocarnitine 10/10/10mg/mL
Hctz/Spironolactone Cmpd 5/5mg/Mg/Ml Suspension
Hydrocortisone 1 mg/mL Oral Liquid CMPD
Hydrocortisone Cmpd 10% Cream
Hydromorphone HCL PF 50mg/mL
Hydroxychloroquine CMPD 100 mg/5 mL Susp
Ibuprofen 100MG/ 5ML CMPD
Imipramine Cmpd 2mg/Ml Solution
Indomethacin 100mg Suppository
Ivermectin 1% Topical Cream
Keto/Gaba/Baclo/Tetracaine 10/5/2/2 cream CMPD
Ketoconazole 2% in DMSO nail solution
Ketoconazole/Terbinafine 2/10% with DMSO Nail Solution
Ketoprofen Gel Cmpd 2% Gel
Ketoprofen Plo Cmpd 20% Gel
Ketoprofen/Lidocaine 20%/10% PLO Gel
Ketoprofen/Lidocaine/Gabapentin 20/10/6%/%/% Gel
LIDO/DIPHENHYD/SUCRAL 1:1:1
Lidoc/Maalo/Benadr/Nys/Predniso/H2o Liquid
LIDOCAINE 20% CREAM CMPD
Lidocaine Nasal Spray Cmpd 4% Solution
lidocaine/benadryl 1:1

Losartan Cmpd 2.5mg/Ml Suspension
Maalox/Nyst/Benadryl/Lidocaine 1:100,000u:2.5mg:2ml/Ml/Ml/% Emu
Magic Mouth Wash + Doxycycline 4.3 mg/mL
Magic Mouth Wash 1:1:1 Liquid
MAGIC MW GOULDING
Methylcobalamin 25mg/mL Injection
Methylcobalamin Cmpd 10mg/Ml Solution
Methylcobalamin Cmpd 1mg/mL INJ Solution
Metronidazole Cmpd 50mg Suspension
Micafungin 100mg IV CMPD
NAD+(Nicotinamide Adenine Dinucleotide 200mg/mL
Nafcillin 12 gm in 300 mL SWFI CADD IV
Naltrexone 5 Mcg Cmpd 5mcg Capsule
Naltrexone Cmpd 0.5mg Capsule
Naltrexone Cmpd 1.5mg Capsule
Naltrexone Cmpd 10mcg Capsule
Naltrexone Cmpd 1mg Capsule
Naltrexone Cmpd 2.5mg Capsule
Naltrexone Cmpd 2mg Capsule
Naltrexone Cmpd 3mg Capsule
Naltrexone Cmpd 4.5mg Capsule
Naltrexone Cmpd 4mg Capsule
Naltrexone CMPD 5 mg Capsule
Naltrexone Susp Cmpd 1mg/Ml Suspension
Nasal Moisturizer/Glycerin Spray 10% Solution
NEOMY/POLYMY 1000GU 40/200,000MG/UNITS/LITER LIQUID
Neomy/Polymy 1000gu 80/400,000mg/Units/Liter Liquid
Neomy/Polymy 900gu 80/400,000mg/Unit Liquid
Nifedipine 0.2% Ointment
Nifedipine 0.5% Ointment CMPD
Nifedipine/Lido/Hydrocortisone CMPD 0.3/2/2.5 % Ointment
Nifedipine/Lidocaine 0.2%/4%
Nifedipine/Lidocaine Cmpd 2/5%/% Ointment
Nifedipine/Lidocaine Oint Cmpd 0.3/1.5% Ointment
Nitroglycerin 0.2% Ointment
Nystatin/Lidocaine/Benadryl/Mylanta 100000/0.5/0.625/25units/%/Mg/% Suspension
Omeprazole 2mg/mL CMPD susp
Papaverine 150 mg SR Capsule CMPD
Phenol Inj. 8% Solution
Phenol Inj. Cmpd 5% Solution
Phentolamine Mesylate 5mg/35mg Mannitol Trituration
Potassium Bromide Cmpd 250mg/Ml Liquid
progesterone 100mg/mL
Pyridoxal 5 Phosphate 100 mg/mL
Pyridoxal 5 Phosphate 200 mg Capsule CMPD
Pyridoxal 5 Phosphate 250 mg Capsule CMPD
Quadmix-Papaverine/Alprostadil/Phentolamine/Atropine/Lidocaine 40mg/60mCg/3mg/0.3mg/10mg/mL
reformulated Tirzepatide/NAD+
Salicylic Acid Cmpd 28.3% Ointment
Salicylic Acid Cmpd 60% Ointment
semaglutide/B12/glycine 2.5/0.5/5mg/mL Injection CMPD
Semaglutide/NAD+ 2.5mg/100mg INJ Compd
Sermorelin Acetate 2mg/mL INJ
Sildenafil Cmpd 2.5mg/Ml Suspension
Sildenafil Cream Cmpd 2% Cream

Solu-Medrol 60 mg/10 mL
Sucralfate w/ viscous lidocaine 500 mg/1% CMPD
Sucralfate/Lidocaine 10%/2% 4:1
Terbinafine 10% in DMSO nail solution
Tetracaine HCL 1% Topical Solution
Tetracaine Lollipop 0.5% Lozenge
Tetracaine Popsicle (42.5ml) 0.05% Liquid
tirzepatide/B12/glycine 10/0.5/5mg/mL CMPD
Tirzepatide/NAD+ 10mg/100mg/mL INJ CMPND
Tobramycin/Betamethasone 8/1mg Capsule
Tobramycin/Betamethasone Cmpd 80/10mg/Liter Solution
Topiramate Supenslon Cmpd 6mg Suspension
Trazodone Cmpd 10mg/Ml Liquid
Triamcinolone 0.2% CMPD Susp
Triamcinolone 0.2% Oral Rinse Cmpnd 0.2% Suspension
TRIAMCINOLONE/AQUAPHOR 0.1%
Triamcinolone/Menthol/Aquaphor 0.1/0.5%
Trimix#11-Papaverine/phento/alprostadil/lidocaine 30mg/2mg/150mCg/10mg/mL
Trimix#4-papaverine, phentolamine, alprostadil 30mg/1.5mg/50mCg/mL
TXA 5% Mouthwash CMPD
Ursodiol 60 mg/ ml oral Liquid
Vancomycin Cmpd Oral 50mg/Ml Solution
Vancomycin Nasal Cmpd 1000mg/1000ml Solution

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSES
DOPL
Brad Little
Governor
Russell Barron
Administrator

State of Idaho
Division of Occupational and Professional Licenses

11341 W Chinden Blvd.
PO Box 83720
Boise, ID 83720-0063
(208) 334-3233 dopl.idaho.gov

Date: August 20, 2025
Letter ID: L0000639153
License ID: 52835RP

PRESCRIPTION CENTER
2252 CORONADO ST
IDAHO FALLS ID 83404-7552

Facility Name: PRESCRIPTION CENTER
Facility Address: 2252 CORONADO ST WHITNEY COOLEY IDAHO FALLS ID 83404
License No: 52835RP
License Type: Resident Drug Outlet Registration

Inspection Type: Annual
Inspection Date: 10-Jul-2025
Inspection Result: Finalized

Notes:

Checklist Results

BOARD INSPECTIONS AND INVESTIGATIONS

Question	Answer
54-1719(3)..... All records required under this chapter shall be made available for inspection upon request by the board or its authorized agents.	
54-1719(4) The board shall inspect drug outlets prior to the commencement of business, if applicable, and at regular intervals.	
54-1730(1) Be constructed and equipped with adequate security to protect its equipment, records and supply of drugs, devices and other restricted sale items from unauthorized access, acquisition, or use.	Yes
54-1730(2) Store controlled substances in accordance with federal law.	Yes
54-1730(3) Restrict access to the area where prescription drugs are prepared, compounded, distributed, dispensed, or stored to authorized personnel.	Yes
54-1730(5) If dispensing more than twenty (20) prescriptions per day, maintain an electronic recordkeeping system to store patient medication records. Such system shall have audit trail functionality that documents the identity of each individual involved in each step of processing, filling, and dispensing or, alternatively, the identity of the pharmacist or prescriber responsible for the accuracy of such processes.	Yes
54-1726(1)(a)(v) Providing substandard, misbranded, or adulterated drugs or drugs made using secret formulas;	
54-1731(3) All licensees shall report changes in information provided on or with renewal application forms within thirty (30) days of such changes.	
54-1733. VALIDITY OF PRESCRIPTION DRUG ORDERS. (1) A prescription	

drug order for a legend drug is valid only if it is issued by a prescriber for a legitimate medical purpose arising from a prescriber-patient relationship that includes a documented patient evaluation adequate to establish diagnoses, if applicable, and identify underlying conditions and/or contraindications to the treatment.	
54-1736. PRESCRIPTION DRUG LABELING STANDARDS. (1) All prescription drugs shall be in an appropriate container bearing a label in conformance with federal law.	Yes
54-1731A(4) Verify the accuracy of the drug stock selected relative to the drug prescribed. If not performed by a pharmacist, an electronic verification system or verification by two (2) support persons shall be necessary.	Yes
54-1736A(2) A drug outlet registered with the DEA as a collector may collect controlled and non-controlled drugs for destruction. Otherwise a dispensed drug or device may only be accepted for return as follows: (a) When the pharmacist determines that harm could result if the drug or device is not returned; (b) If it is a legend drug for donation pursuant to sections 54-1760 through 54-1764, Idaho Code; and (c) The drug did not reach the patient and has been maintained in the custody and control of the drug outlet and the drug outlet is able to as sure that product integrity has been maintained.	
54-1731C. DRUG OUTLET RECORDKEEPING REQUIREMENTS. (1) Unless otherwise provided for in this chapter, prescription records and any other records required by this chapter shall be maintained for at least three (3) years after the date of a transaction. Prescription records may be retained at a central location or may be stored and maintained electronically provided that such records remain legible. All records shall be produced within seventy-two (72) hours.	Yes
54-1731C(2) Each drug outlet shall maintain a current, complete, and accurate record of each controlled substance manufactured, imported, received, ordered, sold, delivered, exported, dispensed, or otherwise disposed of by the registrant. Pursuant to the requirements of this subsection:(a) A biennial inventory shall be conducted at each registered location not later than seven (7) days after the date of the most recent inventory in a form and manner that satisfies the inventory requirements of federal law.	Yes
Date of Inventory Completed	September 14, 2024
Open or Closed	Closed
Name of Pharmacist	Michelle Hall
54-1731B(2) A drug outlet that stores drugs outside of a drug outlet for retrieval by a licensed health care professional shall comply with the following: (a) Drugs shall remain under the control of, and be routinely monitored and inventoried by, the supervising drug outlet; and (b) The storage area shall be appropriately equipped to ensure security and prevent diversion or tampering; (3) Stocking and replenishing of a drug outlet that stores drugs outside of a drug outlet for retrieval by a licensed health care professional may be performed by a pharmacist or prescriber or an appropriate support person if using an electronic verification system or a verification by two support persons.	
37-3303A PSE Electronic Tracking System in use.	Yes
54-1734. PHARMACIST PRESCRIBING -- GENERAL REQUIREMENTS. (1) A pharmacist may independently prescribe if such pharmacist: (a) Only prescribes drugs for conditions for which the pharmacist is educationally prepared and for which competence has been achieved and maintained; (b) Only issues a prescription for a legitimate medical purpose arising from a	Yes

patient-prescriber relationship; (c) Obtains adequate information about the patient's health status to make appropriate decisions based on the applicable standard of care and the best available evidence; (d) Recognizes the limits of the pharmacist's own knowledge and experience and consults with and refers to other health care professionals as appropriate.	
54-1734(1)(e) Maintains documentation adequate to justify the care provided, including but not limited to the information collected as part of the patient assessment, diagnosis, prescription record, provider notification, and follow-up care plan.	Yes
Does Facility have CLIA WAIVER for Point of Care Testing?	Yes
54-1726(1)(a)(viii)-promptly remediate inspection deficiencies.	12/31/9999 12:00:00 AM
Inspection reports must be reviewed with the Board inspector and signed by an agent of the drug outlet upon completion of the exit interview. [Discussed with]	Mark Keyes, Michelle Hall, and Allison Cardona
Deficiencies- Education of Code and Rule provided?	
Deficiencies- Issued Warning to Drug Outlet -Possible Discipline?	
Disclaimer - Any items not discussed specifically by compliance officer on this inspection does not constitute compliance nor approval.	
54-1765. COMPOUNDING DRUG PREPARATIONS -- GENERAL PROVISIONS. (1) Any compounding that is not permitted pursuant to the provisions of this chapter is considered manufacturing.	
54-1765(3)(c) Use equipment and utensils of suitable design and composition and that are cleaned, sanitized, or sterilized as appropriate prior to use.	Yes
54-1765(3)(d) Remove unknown or questionable products from stock and isolate such products for return, reclamation, or destruction.	Yes
54-1765(6) Limited quantities of a drug may be compounded or sterile prepackaged prior to receiving a valid prescription drug order based on a history of receiving valid prescription drug orders for the compounded or sterile prepackaged product.	Yes
54-1765(7) Policies and procedures for the compounding or sterile prepackaging of drug products shall ensure the safety, identity, strength, quality, and purity of the finished product. To meet this standard, licensees and registrants shall take into consideration the applicable provisions of USP chapters 795 and 797, and USP-NF chapters 1075 and 1160.	Yes
54-1766(2) Compounders and sterile prepackagers are responsible for ensuring that sterile products are accurately identified, measured, diluted, and mixed and are correctly purified, sterilized, packaged, sealed, labeled, stored, dispensed, and distributed, as well as prepared in a manner that maintains sterility and minimizes the introduction of particulate matter.	
54-1766(3) Except when provided for immediate administration, the environment for the preparation of sterile preparations in a drug outlet shall be in an isolated area, designed to avoid unnecessary traffic and airflow disturbances, and equipped to accommodate aseptic techniques and conditions.	
54-1766(4) The following shall be documented with respect to any sterile preparation: (a) Justification of beyond use dates assigned pursuant to direct testing or extrapolation from reliable literature sources;(b) Training records evidencing that personnel are trained on a routine basis and are adequately skilled, educated, and instructed; (c) Audits appropriate for the risk of contamination for the particular sterile preparation, including visual inspection,	

periodic hand hygiene and garbing competency, gloved fingertip sampling testing, sterility testing, media-fill test procedures, competency evaluation at least annually for each compounder, and environmental sampling testing at least upon registration of a new drug outlet, upon the servicing or re-certification of facilities and equipment, in response to identified problems, or every six (6) months; (d) Temperature, logged daily; (e) Beyond use date and accuracy testing, when appropriate; and (f) Measuring, mixing, sterilizing, and purification equipment inspection, monitoring, cleaning, and maintenance to ensure accuracy and effectiveness for their intended use.

54-1767(1) Ensure the storage and compounding areas have sufficient general exhaust ventilation to dilute and remove airborne contaminants.
54-1767(2) Utilize a ventilated cabinet designed to reduce worker exposures while preparing hazardous drugs. Sterile hazardous drugs shall be prepared in a dedicated class II biological safety cabinet or a barrier isolator of appropriate design to meet the personnel exposure limits described in product material safety data sheets. When asepsis is not required, a class I biological safety cabinet, powder containment hood or an isolator intended for containment applications may be sufficient. A ventilated cabinet that re-circulates air inside the cabinet or exhausts air back into the room environment is prohibited unless: (a) The hazardous drugs in use will not volatilize while they are being handled; or (b) Written documentation from the manufacturer is provided attesting to the safety of such ventilation.

54-1767(5) Provide and maintain appropriate personal protective equipment and supplies necessary for handling hazardous drugs, spills, and disposal.
54-1767(6) Unpack, store, prepackage, and compound hazardous drugs separately from other inventory in a restricted area in a manner to prevent contamination and personnel exposure until hazardous drugs exist in their final unity-of-use packaging.

Division of Occupational and Professional Licenses
11341 W Chinden Blvd. Boise, ID 83720-0063
dopl.idaho.gov

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Idaho Board of Pharmacy statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

PRESCRIPTION CENTER

Resident Drug Outlet Registration
52835RP

Issued: 04-Nov-2025 Expires: 31-Dec-2026

Renewal Required

Russell S. Barron
Administrator

Printed: 04-Nov-2025

Board of Pharmacy

PRESCRIPTION CENTER
Resident Drug Outlet Registration
52835RP
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSES
Expires: 31-Dec-2026

Russell S. Barron
Administrator

DOPL
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSES

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSES
DOPL
Brad Little
Governor
Russell S. Barron
Administrator

State of Idaho
Division of Occupational and Professional Licenses

11341 W Chinden Blvd.
PO Box 83720
Boise, ID 83720-0063
(208) 334-3233 dopl.idaho.gov

License ID: 52835RP

CERTIFICATION OF RECORD

Date of Certification: 31-Mar-2026

Public Record

Licensee Name: PRESCRIPTION CENTER

License Type: Resident Drug Outlet Registration

License Number: 52835RP

Date of License Issuance: 10-Feb-2023

Expiration Date: 31-Dec-2026

Hours of CE (at the time of request): 0

License Status: Active

If you have any questions, please contact the Division at edopl.idaho.gov or by calling (208) 334-3233.

NOTE: The information contained on this letter is being made available as a public service by the Division of Occupational and Professional Licenses. The information on this letter is made public pursuant to the Idaho Public Records Law. The data is derived directly from individual license applications entered into the database. Licensing credentials are primary-source verified and thus can be considered primary source license verification. None of the content contained on this letter is intended to constitute legal or professional advice. Please note that some disciplinary actions against licensees may not appear immediately. Appeals, effective dates of orders and other administrative processes may delay posting on the information.

Russell S. Barron
Division Administrator

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	■ New Pharmacy	■ Retail/Community	■ Retail/Community
■ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	■ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: [redacted]
	☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)	☐ Other:	■ Non-sterile Compounding
			■ Sterile Compounding
			■ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #:		☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Rush Pharmacy TX01

Physical Address: 4690 McDermott Rd, Ste 177

City: Plano State: TX Zip: 75024

Mailing Address (if different from physical address): (same address)

City: _____ State: _____ Zip: _____

Telephone: 888-343-0899 Toll Free # (NAC 639.708, NRS 639.23286): 888-343-0899

Fax: 214-407-8954 Contact Email: licensing@artisandrug.com

Website: https://www.artisandrug.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Breyon Moore

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 25040

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328 (Use a separate piece of paper if additional space is needed.)

Name: Breyon Moore	NV Pharmacist Registration #: 25040
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232 (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: TX

Parent Company (if any): _____

Corporation/Organization Name: Artisan Drug Inc

Mailing Address: 4690 McDermott Rd, Ste 177

City: Plano State: TX Zip: 75024

Telephone: 888-343-0899 Email: licensing@artisandrug.com

Contact Person Name: Cheryl Long

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for Rush Pharmacy TX01 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Brent Messer

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

4/15/26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brent Messer

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

4/15/26

Date

Board Use Only	Date Received: 4/27/26	Amount: $500.00

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Artisan Drug Inc (file number 805030745), a Domestic For-Profit Corporation, was filed in this office on April 24, 2023.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 27, 2025.

Jane Nelson
Secretary of State

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Rush Pharmacy TX01

Pharmacy/Wholesaler License # (if applicable): new application

Physical Address: 4690 McDermott Rd, Ste 177

City: Plano State: TX Zip: 75024

Mailing Address (if different from physical address): (same address)

City: State: Zip:

Telephone: 888-343-0899 Website: https://www.artisandrug.com

Licensing Company Email: licensing@artisandrug.com

Section 2: Personal Information

First: Cheryl Middle: Beth Last: Long

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Plano State: TX Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Mercer University		08/2002-08/2007	
Address	**City**	**State**	**Zip**
3001 Mercer University Dr	Atlanta	GA	30341
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
Dallas County Community College		01/1997-05/2002	
Address	**City**	**State**	**Zip**
3939 Valley View Ln	Farmers Branch	TX	75244
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Texas Womans University		08/1999-05/2000	
Address	**City**	**State**	**Zip**
304 Administration Dr	Denton	TX	76204
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Lewisville High School		08/1993-12/1996	
Address	**City**	**State**	**Zip**
1098 W Main St	Lewisville	TX	75067
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2012-current	[redacted]	Higland Village	TX	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Artisan Drug			From - To (MM/YY – MM/YY): 03/2024-current
Business Address: 4690 McDermott Rd STE 177	City: Plano	State: TX	Zip: 75024
Phone: 214-407-8950	Title: Pharmacist in Charge		Number of Employed Hours: 4,000
Description of Duties:			

Business Name: Wise Health Surgical Hospital			From - To (MM/YY – MM/YY): 10/2018-01/2024
Business Address: 7218 Crawford Rd	City: Argyle	State: TX	Zip: 76226
Phone: 940-293-2885	Title: Pharmacist in Charge		Number of Employed Hours: 10,000
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description of Duties:			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

I, Cheryl Long, **certify that as the designated representative for**

Rush Pharmacy TX01,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CL I am at least 21 years of age;
3. CL I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. CL I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CL I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CL I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. CL I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Cheryl Long

Print Name (First, Last)

Cheryl Long

Original Signature (electronic, copies or stamps not accepted)

4-15-26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Cheryl Long

Print Name (First, Last)

Cheryl Long — 4-15-26

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Tennessee, ss. County of Davidson

I, Cheryl Long, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Cheryl Long — 4-15-26

Original Signature — **Date**

Subscribed and Sworn to before me this 15 day of April 2026.

Notary Public Signature



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Rush Pharmacy TX01

NV Pharmacy or Outsourcing facility license # (if applicable): new application

Physical Address: 4690 McDermott Rd, Ste 177

City: Plano State: TX Zip: 75024

Mailing Address (if different from physical address): (same address)

City: State: Zip:

Telephone: 888-343-0899 Toll Free # (NAC 639.708, NRS 639.23286): 888-343-0899

Fax: 214-407-8954 Contact Email: licensing@artisandrug.com

Website: https://www.artisandrug.com

Nevada Business License # (if applicable)

Supervising/Managing Pharmacist Name (NRS 639.220): Breyon Moore

Supervising/Managing Pharmacist NV Pharmacist Registration #: 25040

Name of Designated Person(s) as defined by revised USP-797 guidelines: Cheryl Long

Email of Designated Person(s): licensing@artisandrug.com

Telephone of Designated Person(s): 214-407-8950

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ■ Category 2 ☐ Category 3

If you marked **"Category 3"**, you must also complete **section 4.**

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ■ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ■ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? February 2026

6. What is the frequency of the recertification for the ISO classified areas? every 6 months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Monthly

10. Will you be performing sterile hazardous drug compounding? ☐ Yes ■ No

If you marked **"Yes"**, you must also complete **section 3.**

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Anti-aging, Longevity, Erectile Dysfunction medications, such as Trimix

12. What laboratory performs your sterility or endotoxin testing?

Name: Eagle Analytical

Address: 11111 S. Wilcrest Drive, Suite 1000

City: Houston State: TX Zip: 77099

Telephone: 800-745-8916

13. What is your procedure for visual inspection of compounded sterile products?

Our procedure requires that all compounded sterile products undergo 100% visual inspection prior to release. After compounding, each container is examined under adequate lighting against a black-and-white contrasting background to assess container–closure integrity (no cracks, leaks, or defects) and solution appearance (no visible particulates, cores, precipitate, discoloration, or cloudiness inconsistent with the formulation). At final verification the pharmacist performs another visual inspection, which includes reviewing the compounding record and visually inspecting the finished container and labels to ensure correct drug, strength, volume, route, and beyond-use date. Any product failing visual inspection is quarantined and discarded according to policy.

14. How often do you perform glove fingertip and medial fill testing?

Every 6 months

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

Our initial and ongoing sterile compounding training is structured, documented, and performed on a defined schedule. For initial training, all personnel complete ACPE-accredited sterile compounding coursework through PharmacyStars before independently compounding. This includes didactic modules on USP <797>, aseptic technique, environmental monitoring, cleaning and disinfecting, and compounding documentation. Personnel must also successfully complete and document gloved fingertip testing (GFT) and media fill testing in PharmacyStars prior to being authorized to compound. For ongoing training and competency, PharmacyStars assigns required sterile compounding courses to each staff member on an automatic 12-month cycle, and completion is tracked within the system. Gloved fingertip testing and media fill testing are also scheduled and logged in PharmacyStars at least every 6 months for all compounding

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

We follow a written cleaning schedule for all PECs and SECs using TB1, Peridox, and sterile 70% IPA. PEC work surfaces are cleaned and disinfected with TB1 and sterile 70% IPA at the beginning of each shift, before each batch, after spills, and when contamination is suspected; sporicidal cleaning with Peridox is performed at least monthly and after any known or suspected contamination event. Secondary engineering controls are cleaned with TB1 (e.g., floors daily when compounding, work surfaces and high-touch areas at least daily), with Peridox used monthly for sporicidal activity, and sterile 70% IPA used for routine disinfection of critical work surfaces. All cleaning is performed in a top-to-bottom, clean-to-dirty manner using appropriate wipes and is documented on cleaning logs.

17. Who performs the sterile compounding process at your facility?

Armando Juarez, Claire Hanley

18. Who is responsible and accountable for the sterile compounding process at your facility?

Cheryl Long

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

We ship temperature-sensitive products in validated ThermoSafe insulated coolers with appropriate refrigerants to maintain required temperature (e.g., refrigerated or controlled room temperature) for the validated duration of transit. Shipments are packed according to written packing diagrams, sealed, and labeled with any required storage condition

*N/A (no hazardous)

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility?		
2. Are you complying with all USP 800 guidelines?	Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	Yes	No
4. Is your BSC or CACI vented 100% to the outside?	Yes	No
5. Do you have a negative pressure buffer room at your facility?	Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? Yes No

4. What is the frequency for completing volumetric active air sampling?

5. What is the frequency for completing surface sampling?		
6. What is the frequency for using sporicidal agents?		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	Yes	No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Cheryl Long

Name of Person who Completed the Form

Pharmacist, NV Designated Representative

Title

Cheryl Long

Signature (copies or stamps not accepted)

4-15-26

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 34963

RUSH PHARMACY TX01

License Information

License Status Active
License # 34963
Expiration Date 09/30/2027
Date License Issued 09/13/2023

Address

4690 MCDERMOTT RD STE 177
PLANO, TX 75024
County COLLIN
Phone (888) 343-0899

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Sterile Compounding
Type of Ownership Corporation
Type of Pharmacy Community Independent
# of Hospital beds

Employment Information

Pharmacist in Charge
LONG, CHERYL BETH

Pharmacy Profile ¥

Accessible to disabled persons?	No
Participates in the Texas Medicaid program?	No
Translating services (Listed Below If Available)	

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and/or Inspection Reports

- 3300462 34963 ARTISANDRUG 2023-09 09-2028 01.pdf
- 3300462 34963 ARTISANDRUG 2023-09 09-2028 02.pdf
- 3300462 34963 ARTISANDRUG 2024-10 10-2029.pdf
- 3300462 34963 ARTISANDRUG 2025-10 10-2030.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

2011

TEXAS STATE BOARD OF PHARMACY

Skip to main content

Texas Pharmacy License # 34963

RUSH PHARMACY TX01

License Information

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License # 34963
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Type of Pharmacy Community Independent
# of Hospital beds

Employment Information

Pharmacist in Charge
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Pharmacy Profile ¥

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Participates in the Texas Medicaid program?	No
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- 3300462 34963 ARTISANDRUG 2025-10 10-2030.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	2012 No

Ship Prescription Out of State	Yes
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	Yes
Compounding Sterile-Risk Level Med	Yes
Compounding Sterile-Risk Level High	No
Compounding Non-Sterile	No
24 Hour Service	No
Closed Door	Yes
Compounding, Office Use	Yes
Home Delivery	Yes
Infusion	No
Pharmacist Administered Immunizations	No
Veterinary Prescriptions	No
In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	No

Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
CUNG, GENEVE VANSUIHNEM	75800	07/03/2025	10/31/2027	Staff	Active
JACOBS, LARISSA	76570	10/23/2025	01/31/2028	Relief	Active
LONG, CHERYL BETH	45651	08/30/2007	02/29/2028	PIC	Active
PHAM, THU ANH	41629	07/18/2003	07/31/2027	Relief	Active
SHIRANI, SHAHROOZ	62153	02/01/2018	09/30/2027	Staff	Active

Page 1 of 1 20 View 1 - 5 of 5

Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
HANLEY, CLAIRE	279990	02/12/2018	06/30/2026	Staff	Active
HUA, JOHNNY	362388	10/27/2023	05/31/2026	Staff	Active
JUAREZ, ARMANDO	169257	01/20/2011	09/30/2026	Staff	Active
NAFEES, HAFSA	345959	10/04/2022	01/31/2028	Staff	Active
SHAHNAZ, SYEDA FAKHRA	375679	08/26/2024	08/31/2027	Staff	Active
VILLEGAS, GONZALO	393721	09/12/2025	09/30/2027	Staff	Active

Page 1 of 1 20 View 1 - 6 of 6

Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
ARTISAN DRUG INC	OWNER	5048 CASTLE CREEK LANE	PLANO	TX	75093
MESSER, BRENT	OFFICER	,			

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Rush Pharmacy TX01

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): new application

Physical Address: 4690 McDermott Rd, Ste 177

City: Plano State: TX Zip: 75024

Mailing Address (if different from physical address): (same address)

City: State: Zip:

Telephone: 888-343-0899 Website: https://www.artisandrug.com

Licensing Company Email: licensing@artisandrug.com

Section 2: Personal Information

First: Brent Middle: Thomas Last: Messer

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Plano State: TX Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Middle Tennessee State University			1997-2004	
Address		City	State	Zip
1301 East Main st		Murfreesbor	TN	37132
Diploma/Degree obtained, if any				
Bachelors of Science				
School Name			From - To (MM/YY – MM/YY)	
Tennessee High School				
Address		City	State	Zip
1112 Edgemont Avenue		Bristol	TN	37620
Diploma/Degree obtained, if any				
Diploma				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/11-08/23	[redacted]	Jackson	TN	[redacted]
08/23-now		Jackson	TN	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Genesis Mothership			01/10 - present
Business Address	**City**	**State**	**Zip**
3800 Gaylord Pkwy Suite 780	Frisco	TX	75034
Phone	**Title**		
731-694-1831	CEO		
Description of Duties			
Strategic Planning, Leadership, Finacial Oversight, Operations, Staffing			

Business Name			From - To (MM/YY – MM/YY)
Rush Pharmacy			02/24 - present
Business Address	**City**	**State**	**Zip**
1977 Alafaya Trail #1121	Oviedo	FL	32765
Phone	**Title**		
40720573336	President		
Description of Duties			
Strategic Planning, Marketing, Financial Overight, Operations, Networking			

Business Name			From - To (MM/YY – MM/YY)
Rush Pharmacy TX01			03/26 - present
Business Address	**City**	**State**	**Zip**
4690 McDermott Rd, Ste 177	Plano	TX	75024
Phone	**Title**		
888-343-0899	President		
Description of Duties			
Strategic Planning, Marketing, Financial Oversight, Networking			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brent Messer

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/15/26

Date

Please have this section completed in the presence of a Notary Public.

State of Tennessee, ss. County of Davidson

I, Brent Messer, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/15/26

Date

Subscribed and Sworn to before me this 15 day of April 2026.

Notary Public Signature

Michael C Raiff
STATE OF TENNESSEE NOTARY PUBLIC
County of Davidson

(Seal)

*The inspection was completed when the pharmacy was named Artisan Drug. The pharmacy had a DBA name change in 2026 to Rush Pharmacy TX01.

Pharmacy Name: Artisan Drug

Pharmacy Address: 4690 McDermott Rd ste 177, Plano, TX 75024

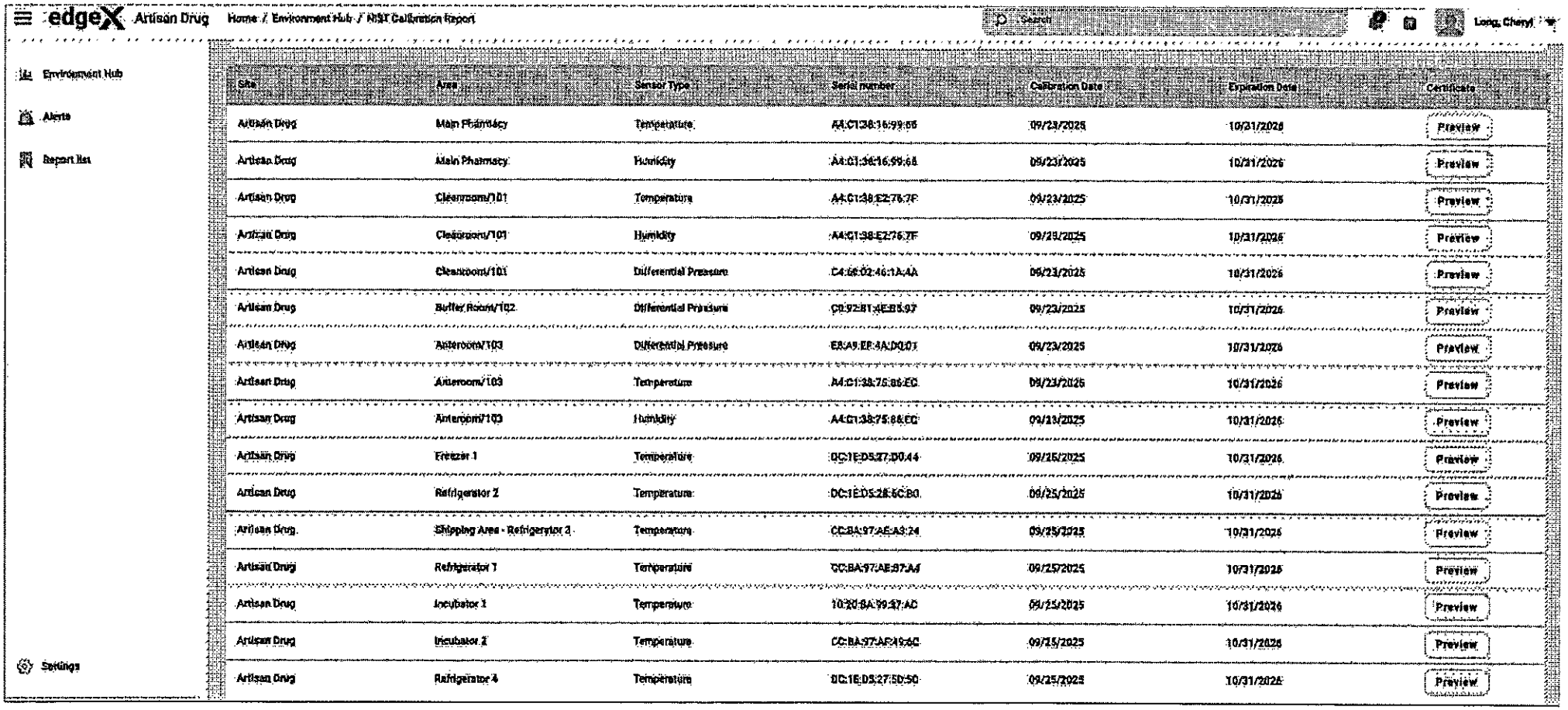
NABP Business e-Profile ID: 1790502

VPP Inspection Date(s): 10/28/2025 & 10/29/2025

Sharing Acknowledgment:	Yes	By typing "Yes" you acknowledge that all response documentation will be made available to the Boards of Pharmacy and state regulators upon their request

Facility Response to Verified Pharmacy Program® (VPP®) Inspection

Type of Response (Choose from Drop Down)	VPP Inspection Report Page No.	VPP Inspection Report Item No.	Facility Response/Corrective Action/Comments	Estimated Date of Completion For Corrective Action Taken	Attachment Included (Y/N)	Title of Document (Must be indicated at top of document attachment)
Clarification or Further Explanation	16	37	Removed extra storage containers and got rid of items we no longer need. We also have added in just in time ordering so less is being stored onsite.	Complete	N	
Clarification or Further Explanation	18	44	We do have a contingency plan for all products if things do go out of range. We quarantine and destroy if necessary based on what the excursion is that took place. We also did contract with an HVAC company as well.	Complete	Y	9.0 Artisan Drug GP Drug Recall, Quarantine, Return & Destruction
Clarification or Further Explanation	19	47.07	Yes. The pharmacy verifies that all entities listed on transaction histories are registered in the FDA Wholesale Distributor Database by searching each supplier in the database at the time of product receipt. Any discrepancies result in the	Complete	N	
Clarification or Further Explanation	23	67.01	To address the inspector's note, we have reinforced our procedure to ensure all pat	Complete	N	
Clarification or Further Explanation	30	93	As we stated during the inspection, we have it set up in our policies that this will send out in January of Q1 of 2026 and reviewed at our Q1 meeting for responses.	January	N	
Other	50	28	We did fix this onsite for the inspector as it was the one we found that did not have it was for the NAD nasal spray. Attached is the evidence.	Complete	Y	NAD MFR
Other	50	28.5	We did fix this onsite for the inspector as it was the one we found that did not have it was for the NAD nasal spray. Attached is the evidence.	Complete	Y	NAD MFR
Other	50	29	We did fix this onsite for the inspector as it was the one we found that did not have it was for the NAD nasal spray. Attached is the evidence.	Complete	Y	NAD CR
Other	51	29.12	We did fix this onsite for the inspector as it was the one we found that did not have it was for the NAD nasal spray. Attached is the evidence.	Complete	Y	NAD CR
Clarification or Further Explanation	137	53	We have all of these stored within our system. We use EdgeX, a NIST certified calibration system where they send new ones to us each year after re-certification. Attached is the evidence	Complete	Y	NIST Calibration Report
Clarification or Further Explanation	137	53.01	We have all of these stored within our system. We use EdgeX, a NIST certified calibration system where they send new ones to us each year after re-certification. Attached is the evidence	Complete	Y	NIST Calibration Report


edgeX Artisan Drug
Home / Environment Hub / NIST Calibration Report
Search
Long, Cheryl
Environment Hub
Alerts
Report list
Settings
Site
Area
Sensor Type
Serial number
Calibration Date
Expiration Date
Certificate
Artisan Drug | Main Pharmacy | Temperature | A4:C138:16:99:66 | 09/23/2025 | 10/31/2026 | Preview
Artisan Drug | Main Pharmacy | Humidity | A4:C1:38:16:99:66 | 09/23/2025 | 10/31/2026 | Preview
Artisan Drug | Cleanroom/101 | Temperature | A4:C1:38:E2:76:7F | 09/23/2025 | 10/31/2026 | Preview
Artisan Drug | Cleanroom/101 | Humidity | A4:C1:38:E2:76:7F | 09/23/2025 | 10/31/2026 | Preview
Artisan Drug | Cleanroom/101 | Differential Pressure | C4:66:02:46:1A:4A | 09/23/2025 | 10/31/2026 | Preview
Artisan Drug | Buffer Room/102 | Differential Pressure | C0:92:81:4E:B5:97 | 09/23/2025 | 10/31/2026 | Preview
Artisan Drug | Anteroom/103 | Differential Pressure | E8:A9:E8:4A:D0:03 | 09/23/2025 | 10/31/2026 | Preview
Artisan Drug | Anteroom/103 | Temperature | A4:C1:38:75:86:EC | 09/23/2025 | 10/31/2026 | Preview
Artisan Drug | Anteroom/103 | Humidity | A4:C1:38:75:86:EC | 09/23/2025 | 10/31/2026 | Preview
Artisan Drug | Freezer 1 | Temperature | DC:1E:D5:27:D0:44 | 09/25/2025 | 10/31/2026 | Preview
Artisan Drug | Refrigerator 2 | Temperature | DC:1E:D5:28:6C:B0 | 09/25/2025 | 10/31/2026 | Preview
Artisan Drug | Shipping Area - Refrigerator 3 | Temperature | CC:BA:97:AE:A3:24 | 09/25/2025 | 10/31/2026 | Preview
Artisan Drug | Refrigerator 1 | Temperature | CC:BA:97:AE:97:A4 | 09/25/2025 | 10/31/2026 | Preview
Artisan Drug | Incubator 1 | Temperature | 10:20:BA:99:47:AC | 09/25/2025 | 10/31/2026 | Preview
Artisan Drug | Incubator 2 | Temperature | CC:BA:97:AF:A9:6C | 09/25/2025 | 10/31/2026 | Preview
Artisan Drug | Refrigerator 4 | Temperature | DC:1E:D5:27:5D:50 | 09/25/2025 | 10/31/2026 | Preview

General Pharmacy: Drug Recall, Quarantine, Return & Destruction		
	SOP # 9.0	**Version# 1.0**
Facility: **Artisan Drug**		Date Written: 9/1/2025
Approved By: PIC	Effective Date: 9/1/2025	Expiration Date: 10/8/2026
Review Date: 10/8/2025	Reviewed By: PIC	Archived Date:

PURPOSE

To ensure the prompt identification, secure quarantine, and compliant return or destruction of any recalled, expired, damaged, defective, or otherwise unusable drug products in accordance with FDA recall guidelines, state Board of Pharmacy rules, DEA and environmental regulations (when applicable).
This SOP helps prevent dispensing of compromised products, protects patient safety, and maintains a clear chain-of-custody record for all recalled or destroyed medications.

SCOPE

Applies to all prescription and over-the-counter medications, compounded products, and stock removed from active inventory due to:

- FDA or manufacturer recalls (Class I–III)
- Wholesaler or regulatory safety notices
- Expired, damaged, or defective inventory
- Patient-returned products
- Products compromised during emergencies (e.g., flood, power outage, temperature excursion)

POLICY

1. PIC Oversight
    a. The Pharmacist-in-Charge (PIC) or designee is responsible for monitoring recall notifications, initiating product quarantine, documenting all actions, and ensuring compliant product disposition.
2. Recall Monitoring
    a. The PIC or designee must monitor recall communications from:
        i. FDA Enforcement Reports and Safety Alerts
        ii. Wholesalers, manufacturers, and regulatory agencies
    b. Identified affected products are immediately flagged in the pharmacy management system and located in physical inventory.
3. Quarantine of Affected Products
    a. Recalled, expired, or unusable products are removed from active stock immediately and placed in a clearly marked "Quarantine – Do Not Dispense" area.
    b. Access to the quarantine area is limited to authorized personnel.
    c. Quarantined items must never be dispensed under any circumstances.
4. Patient & Prescriber Notification
    a. If a recalled product has already been dispensed, the PIC or pharmacist contacts affected patients and their prescribers promptly with instructions, per recall notice or regulatory requirement.

   b. All outreach attempts and communications are documented in the patient profile and in the Medication Recall Quarantine Disposal Log.
5. Return, Credit & Disposal
   a. Follow manufacturer or wholesaler instructions for return and credit of recalled products.
   b. Return authorization forms, shipping receipts, and chain-of-custody documents must be retained.
   c. If on-site destruction is required or allowed (e.g., expired compounded products, damaged stock):
      i. PIC must approve destruction and ensure use of compliant disposal methods (e.g., pharmaceutical or hazardous-waste protocols).
6. Emergency-Related Product Integrity
   a. Products compromised by power failure, flooding, temperature excursions, or similar emergencies are:
      i. Quarantined immediately
      ii. Assessed for stability per manufacturer guidelines
      iii. Logged and either returned or destroyed following this SOP
   b. Any excursions must also be logged per the Environmental Monitoring SOP (EdgeX/PharmacyStars).

PROCEDURES

1. Recall Monitoring & Identification
   a. Review FDA recall bulletins and wholesaler/manufacturer communications as they are issued.
   b. Identify affected lots/NDCs in the pharmacy inventory system.
   c. Pull all matching products from shelves immediately.
2. Quarantine Process
   a. Move identified items to the designated quarantine area with clear signage.
   b. Complete the Medication Recall Quarantine Disposal Log with:
      i. Product name, strength, dosage form
      ii. Lot number, NDC, quantity affected
      iii. Reason for recall or quarantine
      iv. Date quarantined and initials of staff
      v. Final disposition (returned/destroyed)
3. Patient Notification & Follow-Up
   a. PIC or pharmacist contacts patients/prescribers if dispensed stock is affected.

   b. Document date, time, and outcome of all communications in both the log and patient profile.
4. Return / Credit
   a. Follow instructions from manufacturer/wholesaler for returning product.
   b. Retain return authorizations, chain-of-custody forms, and shipping receipts for at least 2 years.
5. On-Site Destruction
   a. Obtain PIC approval prior to destruction.
   b. Use appropriate waste-disposal method per product type (e.g., hazardous-drug bin, reverse distributor).
   c. Log the following in the Destruction Log:
      i. Product name, strength, dosage form, quantity
      ii. Reason for destruction

REFERENCES

1. FDA Drug Recall Guidelines & Enforcement Reports
2. Texas Administrative Code – Board of Pharmacy Rules on Recall & Quarantine
3. DEA & EPA regulations for controlled or hazardous waste disposal
4. SP <1079> – Good Storage & Distribution Practices

VERSION TRACKING

Review Date:		Reviewed By:		Outcome:	OK Revise Archive
Notable Changes					
Review Date:		Reviewed By:		Outcome:	OK Revise Archive
Notable Changes					
Review Date:		Reviewed By:		Outcome:	OK Revise Archive
Notable Changes					
Review Date:		Reviewed By:		Outcome:	OK Revise Archive
Notable Changes					
Review Date:		Reviewed By:		Outcome:	OK Revise Archive

General Pharmacy: Drug Recall, Quarantine, Return & Destruction		
	SOP # 9.0	**Version# 1.0**
Facility: **Artisan Drug**		Date Written: 9/1/2025
Approved By: PIC	Effective Date: 9/1/2025	Expiration Date: 10/8/2026
Review Date: 10/8/2025	Reviewed By: PIC	Archived Date:

Notable Changes	

Lot Worksheet

Artisan Drug

NAD+ (5 Milliliters) 200mg/ml Spray

Schedule: L
Quantity Made: 4.0000 each
Batch Yield: 4 each

Niosh Hazard: 0
Active: 1
Product ID: 302616674

Date Made: 11/04/2025
Lot Prepared By: Hanley, Claire
Packaging:
Stability Information:
Lot Preparation Instructions:

Lot Number:
Lot ID: LG373001088
Equipment:
Storage Information: Refrigerator

Beyond Use Date: 12/09/2025
NDC:
Labeling:

Lot Finalized By: Bui, Dana
Description:

1. **Preparation of NAD+ Solution:**

- In a clean compounding area, weigh NAD+ and transfer to a mortar.
- Add ~10mL Preserved Water and triturate until dissolved completely.

1. **Preparation of Tromethamine Buffer**

- Weigh Tris and dissolve in ~5mL Preserved Water.
- Combine with NAD+ solution and mix thoroughly.

1. **Add Excipients**

- Add Glycerin to the combined solution.
- Add Preserved Water to the mixture.
- Mix gently to homogenize

1. **Adjust final Volume and pH**

- Bring to final volume of 30.0mL with Preserved water.
- Measure and adjust pH to range 5.5-7.0 using diluted HCl or NaOH as needed.

1. **Packaging**

- Transfer into 30mL nasal spray bottles.
- Label each bottle with product name, strength, storage, and BUD

Physical description of this preparation: clear, colorlesss solution, free of particulates, dispensed in white half-ounce nasal spray pump

***Batch required Acetic Acid to lower ph, do not add NaOH before measuring!!*

Note: Shake well before use.

Note: Store in room temperature at 20°-25°C.

Note: 35 days room temperature BUD per USP 795.

Ingredient: NAD+ POWDER Pwd	Schedule: L	Quantity Used: 4.2488 grams	QS: 0	Actual Cost and Date: $8.50 -

Date Entered: 11/04/2025
Checked By: Bui, Dana

Last Modified: 11/04/2025

By: Bui, Dana
Date: 11/04/2025

NAD+ (5 Milliliters) 200mg/ml Spray

Schedule: L
Quantity Made: 4.0000 each
Batch Yield: 4 each

Niosh Hazard: 0
Active: 1
Product ID: 302616674

Lot #: LG373000404
Hazard Code:
Required Quantity: 4.0000 grams
LOD: 6.78
Storage Shelf:
Scale: Manual Entry.

Manufacturer:
Niosh Hazard: 0
NDC: 7105204950
Assay: 101.61
Storage Bin:
Scale Tare:

Exp. Date: 03/02/27
CAS Number: 53-84-9
UPC:
Balance Info:
Storage Unit:
Scale Weight: 4.2488 grams

Wholesaler: Darmerica
Stock: 617.4555
QS Amount:
AWP:
Storage Conditions: Refrigerator
Scale Date: 11/04/25 10:57 AM

NDC Barcode: 7105204950

UPC Barcode:

Step Confirmation Information:
Confirmation type: Measurement/Use Confirmed
Confirmation Timestamp: 11/04/25 10:58 AM
User/Operator Information: Claire Hanley ID:207485115 (chanley)
Ingredient Use Instructions:
Ingredient Note:
Valid lot. Lot LG373000404 (CAS #53-84-9) entered matches required ingredient. Valid lot with Expiration Date: 03/02/27.

Adjusted API for LOD = 4.2909grams = 4.0000grams / ((100% - 6.78%) / 100) [Weight in formula / ((100% - LOD%) / 100)].
API adjusted difference for LOD = 0.2909grams
Adjusted API for Assay = 4.2229grams = 4.2909grams / (101.61% / 100) [Adjusted API for LOD / (Assay% / 100)].
API adjusted difference for Assay = -0.0680grams
Total API Required = 4.2229grams = 4.0000grams + 0.2909grams + -0.0680grams

Ingredient: Tromethamine (Tris) USP Pwd 0 **Schedule:** L **Quantity Used:** 0.8486 grams **QS:** 0 **Actual Cost and Date:** $0.29 -

Lot Worksheet

Artisan Drug

NAD+ (5 Milliliters) 200mg/ml Spray

Schedule: L
Quantity Made: 4.0000 each
Batch Yield: 4 each

Niosh Hazard: 0
Active: 1
Product ID: 302616674

Lot #: LG373000798
Hazard Code:
Required Quantity: 0.8400 grams
LOD: .1

Manufacturer: PCCA
Niosh Hazard: 0
NDC: 51927-4422-00
Assay: 99.97

Exp. Date: 12/30/26
CAS Number: 77-86-1
UPC: 351927442207
Balance Info:

Wholesaler:
Stock: 474.9178
QS Amount:
AWP: 2.35000

Storage Shelf:

Storage Bin:

Storage Unit:

Storage Conditions: Room Temperature

Scale: Manual Entry.

Scale Tare:

Scale Weight: 0.8486 grams

Scale Date: 11/04/25 10:56 AM

NDC Barcode:

51927-4422-00

UPC Barcode:

351927442207

Step Confirmation Information:
Confirmation type: Measurement/Use Confirmed
Confirmation Timestamp: 11/04/25 10:56 AM
User/Operator Information: Claire Hanley ID:207485115 (chanley)
Ingredient Use Instructions:
Ingredient Note:
Valid lot. Lot LG373000798 (CAS #77-86-1) entered matches required ingredient. Valid lot with Expiration Date: 12/30/26.

Adjusted API for LOD = 0.8408grams = 0.8400grams / ((100% - .1%) / 100) [Weight in formula / ((100% - LOD%) / 100)].
API adjusted difference for LOD = 0.0008grams
Adjusted API for Assay = 0.8411grams = 0.8408grams / (99.97% / 100) [Adjusted API for LOD / (Assay% / 100)].
API adjusted difference for Assay = 0.0003grams
Total API Required = 0.8411grams = 0.8400grams + 0.0008grams + 0.0003grams

Ingredient: Glycerin USP Liq 0 | **Schedule:** L | **Quantity Used:** 0.4810 ml | **QS:** 0 | **Actual Cost and Date:** $0.01 -

Date Entered: 11/04/2025 **Last Modified:** 11/04/2025 **By:** Bui, Dana
Checked By: Bui, Dana **Date:** 11/04/2025

Lot Worksheet

Artisan Drug

NAD+ (5 Milliliters) 200mg/ml Spray

Schedule: L
Quantity Made: 4.0000 each
Batch Yield: 4 each

Niosh Hazard: 0
Active: 1
Product ID: 302616674

Lot #: 373000355	**Manufacturer:** Medisca	**Exp. Date:** 07/31/26	**Wholesaler:** Medisca
Hazard Code:	**Niosh Hazard:** 0	**CAS Number:** 56-81-5	**Stock:** 3991.8829
Required Quantity: 0.4800 ml	**NDC:** 38779-0613-01	**UPC:** 038779061311	**QS Amount:**
LOD:	**Assay:** 99.8	**Balance Info:**	**AWP:** 0.19000
Storage Shelf:	**Storage Bin:**	**Storage Unit:**	**Storage Conditions:** Room Temperature
Scale:	**Scale Tare:**	**Scale Weight:**	**Scale Date:**

NDC Barcode: 38779-0613-01

UPC Barcode: 038779061311

Step Confirmation Information:
Confirmation type: Measurement/Use Confirmed
Confirmation Timestamp: 11/04/25 07:04 AM
User/Operator Information: Claire Hanley ID:207485115 (chanley)
Ingredient Use Instructions:
Ingredient Note:
Valid lot. Lot 373000355 (CAS #56-81-5) entered matches required ingredient. Valid lot with Expiration Date: 07/31/26.

Adjusted API for LOD = 0.4800ml = 0.4800ml / ((100% - 0%) / 100) [Weight in formula / ((100% - LOD%) / 100)].
API adjusted difference for LOD = 0.0000ml
Adjusted API for Assay = 0.4810ml = 0.4800ml / (99.8% / 100) [Adjusted API for LOD / (Assay% / 100)].
API adjusted difference for Assay = 0.0010ml
Total API Required = 0.4810ml = 0.4800ml + 0.0000ml + 0.0010ml

Ingredient: Preserved Water (Parabens)* Liq	**Schedule:** L	**Quantity Used:** 20.0000 ml	**QS:** 0	**Actual Cost and Date:** $0.37 -

Date Entered: 11/04/2025 **Last Modified:** 11/04/2025 **By:** Bui, Dana
Checked By: Bui, Dana **Date:** 11/04/2025

Lot Worksheet

Artisan Drug

NAD+ (5 Milliliters) 200mg/ml Spray

Schedule: L
Quantity Made: 4.0000 each
Batch Yield: 4 each

Niosh Hazard: 0
Active: 1
Product ID: 302616674

Lot #: 373000805 | **Manufacturer:** | **Exp. Date:** 02/03/26 | **Wholesaler:**
Hazard Code: | **Niosh Hazard:** 0 | **CAS Number:** | **Stock:** 207
Required Quantity: 20.0000 ml | **NDC:** | **UPC:** | **QS Amount:**
LOD: | **Assay:** 100 | **Balance Info:** | **AWP:**
Storage Shelf: | **Storage Bin:** | **Storage Unit:** | **Storage Conditions:** Room Temperature
Scale: | **Scale Tare:** | **Scale Weight:** | **Scale Date:**

NDC Barcode: | **UPC Barcode:**

Step Confirmation Information:
Confirmation type: Measurement/Use Confirmed
Confirmation Timestamp: 11/04/25 07:04 AM
User/Operator Information: Claire Hanley ID:207485115 (chanley)
Ingredient Use Instructions:
Ingredient Note:
Valid lot with Expiration Date: 02/03/26.

Adjusted API for LOD = 20.0000ml = 20.0000ml / ((100% - 0%) / 100) [Weight in formula / ((100% - LOD%) / 100)].
API adjusted difference for LOD = 0.0000ml
Adjusted API for Assay = 20.0000ml = 20.0000ml / (100% / 100) [Adjusted API for LOD / (Assay% / 100)].
API adjusted difference for Assay = 0.0000ml
Total API Required = 20.0000ml = 20.0000ml + 0.0000ml + 0.0000ml

Step Confirmation Required: Yes

Step Confirmation Information: Confirmation type: Button Pressed
Confirmation Timestamp: 11/04/25 10:59 AM
User/Operator Information: Claire Hanley ID:207485115 (chanley)

Instruction:

Finished product has been visually inspected for impurities, discoloration, proper volume prior to labeling and sending off for testing.

Confirming step affirms all CSPs have passed inspection and are suitable for dispensing after passing sterility/endotoxin testing.

Note:

Lot Notes:

Date	User	Note
11/04/25 11:15 AM	dbui	Event "Lot Finalized". Automatic Execution
11/04/25 11:15 AM	dbui	Event "Lot Pharmacist Validation Completed". Automatic Execution
11/04/25 10:59 AM	chanley	Event "Lot Preparation Completed". Automatic Execution
11/04/25 10:59 AM	chanley	final ph 6.49; 8 gtts Acetic acid used to adjust
11/04/25 07:04 AM	chanley	Event "Lot Preparation Plan Completed". Automatic Execution
11/04/25 07:04 AM	chanley	Event "Lot Scheduled". Automatic Execution

Date Entered: 11/04/2025 **Last Modified:** 11/04/2025 **By:** Bui, Dana
Checked By: Bui, Dana **Date:** 11/04/2025

NAD+ (5 Milliliters) 100mg/mL Spray

Product ID: 302500915
Formula Makes: 1
Batch Labeling:
Formula Instructions:

1. **Preparation of NAD+ Solution:**

- In a clean compounding area, weigh NAD+ and transfer to a mortar.
- Add ~10mL Preserved Water and triturate until dissolved completely.

1. **Preparation of Tromethamine Buffer**

- Weigh Tris and dissolve in ~5mL Preserved Water.
- Combine with NAD+ solution and mix thoroughly.

1. **Add Excipients**

- Add Glycerin to the combined solution.
- Add Preserved Water to the mixture.
- Mix gently to homogenize

1. **Adjust final Volume and pH**

- Bring to final volume of 30.0mL with Preserved water.
- Measure and adjust pH to range 5.5-7.0 using diluted HCl or NaOH as needed.

1. **Packaging**

- Transfer into 30mL nasal spray bottles.
- Label each bottle with product name, strength, storage, and BUD

Physical description of this preparation: [COLOR, CLARITY, CONSISTENCY] dispensed in white half-ounce nasal spray pump

Note: Shake well before use.

Note: Store in room temperature at 20°-25°C.

Note: 35 days room temperature BUD per USP 795.

ID: 302724066 **Ingredient:** NAD+ POWDER **Strength:** **Form:** Pwd

NAD+ (5 Milliliters) 100mg/mL Spray

Product ID: 302500915
Formula Makes: 1
Batch Labeling:

NDC: 7105204950
Quantity: 0.500000
Tolerance: 3
Physical Description:

APPEARANCE: WHITE POWDER

POWDER PH: 2.0-4.0

STORE IN A SEALED, LIGHT RESISTANT CONTAINDER AT 2-8*C

Schedule: L **Days To Expire:** **Active Ingredient?:** Yes
Units: grams **QS:** No **To Wet:** No
Cost: 0.00

Ingredient Use Instructions:

ID: 301782894 **Ingredient:** Tromethamine (Tris) USP **Strength:** 0 **Form:** Pwd

NDC: 51927-4422-00
Quantity: 0.105000
Tolerance: 3
Physical Description:

WHITE, CRYSTALLINE POWDER, HAVING A SLIGHT, CHARACTERISTIC ODOR.

Schedule: L **Days To Expire:** **Active Ingredient?:** No
Units: grams **QS:** No **To Wet:** No
Cost: 0.00

Ingredient Use Instructions:

ID: 301773038 **Ingredient:** Glycerin USP **Strength:** **Form:** Liq

NAD+ (5 Milliliters) 100mg/mL Spray

Product ID: 302500915
Formula Makes: 1
Batch Labeling:

NDC: 38779-0613-01

Schedule: L **Days To Expire:** **Active Ingredient?:** No

Quantity: 0.060000
Tolerance: 3
Physical Description:

Units: ml **QS:** No **To Wet:** No
Cost: 0.00

Clear, colorless, syrupy liquid. Has not more than a slight characteristic odor, which is neither harsh nor disagreeable. Is hygroscopic.

Miscible with water and with alcohol. Insoluble in chloroform, in ether, and in fixed and volatile oils.

Ingredient Use Instructions:

ID: 302735729 **Ingredient:** Preserved Water (Parabens)* **Strength:** **Form:** Liq

NDC:
Quantity: 5.000000
Tolerance: 3
Physical Description:
Ingredient Use Instructions:

Schedule: L **Days To Expire:** 180 **Active Ingredient?:** No
Units: ml **QS:** No **To Wet:** No
Cost: 0.00

Instructions:

Finished product has been visually inspected for impurities, discoloration, proper volume prior to labeling and sending off for testing.

Step Confirmation Required: Yes

Confirming step affirms all CSPs have passed inspection and are suitable for dispensing after passing sterility/endotoxin testing.

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Business e-Profile ID:	1790502	**Inspection Information**	
Legal Business Name:	Artisan Drug Inc	**Conference Call Date:**	10/21/2025
Doing Business As (DBA):	Artisan Drug	**Start Time: 24-hour format (13:00)**	14:20
Address:	4690 McDermott Rd, Ste 177	**End Time: 24-hour format (13:00)**	15:06
City:	Plano	**Onsite Inspection Date(s):**	10/28/2025 & 10/29/2025
State:	Texas	**Start Time(s) 24-hour format (13:00)**	08:30 & 8:30
Zip Code:	75024	**End Time(s) 24-hour format (13:00)**	16:30 & 15:00
Telephone number:	214/407-8950	**Inspector Name(s):**	Paul N. Limberis, RPh
Toll free number:	888/343-0899	**Inspection performed by (NABP, State, etc):**	NABP
Fax number:	214/407-8954	**Observer Name/Affiliation (if applicable):**	N/A
Website:	www.artisandrug.com	**Observer Name/Affiliation (if applicable):**	N/A

Personal Information

The following Personal Information must be completed by the Pharmacy Manager or Owner before the inspection. The Pharmacy is responsible for ensuring that all Personal Information is accurate and complete. All Personal Information must be verified by the Inspector prior to the inspection.

General Pharmacy [illegible]

Pharmacist [illegible]

Specialty [illegible]

Additional Information at NABP's Discretion

Public Disclosure: NABP [illegible] Inspection Report is the property of NABP and is protected by copyright. [illegible] Inspection Report may not be [illegible]

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Pharmacy Hours of Operation Check if 24/7 ☐

	Open		Closed
	Start Time: (24-hour format)	End Time: (24-hour format)	(X)
Sunday			X
Monday	8:00	16:30	
Tuesday	8:00	16:30	
Wednesday	8:00	16:30	
Thursday	8:00	16:30	
Friday	8:00	16:30	
Saturday			X

Key Pharmacy Personnel

	Name	Contact (e-mail)	e-Profile ID
Pharmacist in Charge	Cheryl Long	cheryl@artisandrug.com	241042
Nonsterile Designated person(s)	Claire Hanley	claire@artisandrug.com	1330905
Sterile Designated person(s)	Armando Juarez	armando@artisandrug.com	420623
Hazardous Designated person(s)	N/A	N/A	N/A

Personnel Present at Time of Inspection

	Name	Title	License or registration available and current (Y/N)
1	Cheryl Long	PIC	Y
2	Armando Juarez	DP Sterile - Technician	Y
3	Claire Hanley	DP Nonsterile - Technician	Y
4	Maria Theresa de Jesus-Roetlin	Pharmacist	Y
5	Dana Bui	Pharmacist	Y
6	Shahrooz Shirani	Pharmacist	Y
7	Johnny Jua	Technician	Y
8	Hafsa Nafees	Technician	Y
9	Syeda Shahnaz	Technician	Y
10	Brenda Rodriquez	Technician in Training	Y

If more than 10, list the first 10 below, then list the title and number (eg: 4 pharmacists, 6 technicians, 2 technicians-in-training, 1 intern, 4 clerks, etc) for the additional personnel present.
In addition to the staff listed above there were an additional 1 = Technician in Training, and 3 Shipping Clerks.

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Business Licensure Information for State of Residence and Federal (board of pharmacy, state controlled substance, DEA, FDA, etc)

License/Registration Agency	Business Name on License/Registration	Registration/License Type	Registration/License Number & Expiration Date
Texas State Board of Pharmacy	Artisan Drug	Sterile Compounding	34963 & 9/30/2027
Drug Enforcement Administration	Artisan Drug	Controlled Substance - Pharmacy	FA3449267 & 6/30/2026

Inspector Notes: List states in which Non-Resident licenses are held: AK, AZ, CO, FL, HI, ID, IL, IA, ME, MO, MT, NH, NJ, NY, NC, ND, OK, PA, RI, SD, TN, UT, VT, WI, WY. Pending licenses in CT, DE, DC, IN, KY, MN, NM, SC and VA. Artisan Drug is a privately owned compounding pharmacy specializing primarily in health and wellness prescription compounding and dispensing. No hazardous compounding is performed. The pharmacy does not stock the Walmart ReliOn brand insulin. The pharmacy does not participate in marketplaces to buy, sell, bid or trade on short dated products. No such stickers were observed. The pharmacy compounds Semaglutide with L-Carnitine in various strengths and Tirzepatide with L-Carnitine in two strengths. Copies of the API COA's, MFR, CR, testing reports and photos of the API Bases are attached (Doc01_PI, Doc02_PI, Photo01_PI and Photo02_PI). The pharmacy does not compound with any biologics, and does not participate in any white bagging with biologics. The pharmacy also occupies Suite 188 for shipping.

Documents collected as part of the inspection.
To obtain a copy of these documents please contact the facility directly. They are not included in the final report.

Document Name	Description
Doc01_PI, Doc 02_PI, Photo01_PI, Photo02_PI	Copies of MFR/CR, COA and Testing results for Compounded Semaglutide with L-Carnitine, and Tirzepatide with L-Carnitine. Photos of Stock API - Semaglutide and Tirzepatide.
Doc03_Gen16.00	Most recent TX SBOP Inspection Report 10/6/2025.
Doc04_S50.2	Copy of COA's from repackagers.
Doc05_S32.1	Most recent room and hood certification report - Certified Clean Room Inc, 8/18/2025

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	Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply
Traditional retail	X	Central Fill/Processing/Shared Services	
Open to the Public		Nuclear Pharmacy	
Closed Door	X	Specialty Pharmacy	
Drive-through window		White bagging/ clear bagging	X
Mail- in state (eg prescriptions are mailed through USPS or through common carrier) *See table below*	X	Outsourcing Facility	
Mail- out of state (eg prescriptions are mailed through USPS or through common carrier) *See table below*	X	FDA Registered Drug Establishment (eg Manufacturer, repackager, relabeler)	
Local Delivery (if out of state describe in note)		Wholesale Distributor	
Veterinary Pharmacy (occasionally dispenses prescriptions for animals)		Provide prescription drugs for "Office Use" (eg distributes)	
Institutional (hospital or correctional facility)		Handles Medical Marijuana	
Long-Term Care (nursing home, residential care)		Nonsterile Compounding	X
Investigational Drugs, Clinical Trials/Research		Nonsterile Hazardous Drug Compounding	
Telepharmacy		Sterile Compounding	X
Internet Pharmacy		Sterile Hazardous Drug Compounding	

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Compounded Nonsterile Preparations (CNSPs) Type "X" for all that apply		Compounded Sterile Preparations (CSPs) Type "X" for all that apply	
CNSPs with controlled substance(s)	X	CSPs with controlled substance(s)	
CNSPs with vitamins or nutritional supplements		CSPs with vitamins or nutritional supplements (includes total parenteral nutrition)	
CNSPs sold to other pharmacies - If so, list to whom – instate, out of state, under common ownership/shared services – central fill agreement, and state if patient specific or distributed		CSPs sold to other pharmacies - If so, list to whom - in state, out of state, under common ownership/shared services - central fill agreement, and state if patient specific or distributed	
Patient specific (compounded preparation labeled for an individually identified patient):		**Patient specific** (compounded preparation labeled for an individually identified patient):	
CNSPs for animals		CSPs for animals	
CNSPs for human patients	X	CSPs for human patients	X
Distributed (compounded preparation leaves the pharmacy without a patient-specific label - eg non patient-specific):		**Distributed** (compounded preparation leaves the pharmacy without a patient-specific label - eg non patient-specific):	
CNSPs for animals		CSPs for animals	
CNSPs for human patients		CSPs for human patients	
CNSPs to practitioners for office use		CSPs to practitioners for office use	
CNSPs to hospitals, clinics, or surgery centers		CSPs to hospitals, clinics, or surgery centers	

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Types of CNSPs:		Categories of CSPs:	
Aqueous	X	Category 1 CSPs	
Nonaqueous	X	Category 2 CSPs	X
Specific types:		Category 3 CSPs	
Solid oral preparations	X	Types of CSPs:	
Liquid oral preparations		Allergenic extracts	
Otic preparations		Allergenic extracts in addition to prescription patient sets	
Rectal preparations		Immediate Use	
Vaginal preparations		Proprietary bag and vial systems	
Topical preparations	X	Blood-derived or other biological material (eg autologous serum)	
Nasal and sinus preparations	X	Sterile injections/ sterile infusions	X
Other (please list)		Ophthalmic dosage forms	
		Baths and soaks for live organs and tissues	
		Implants/ Pellets	
		Other (please list)	

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	Facility Size in Square Feet *(can be approximated)* and Number of PECs		Personnel
Total Pharmacy size:	Pharmacy - 1200 Shipping - 1600	Total Pharmacists:	5
Nonsterile Compounding Room size:	37.5	Number of Compounding Pharmacists:	2
Nonsterile Compounding powder hoods number:	1	Total Student Interns:	0
Nonsterile Hazardous Drugs (HD) Compounding Room size:	N/A	Total Technicians:	7
Nonsterile HD Compounding CVE/BSC/CACI hoods number:	0	Number of Compounding Technicians:	3
Sterile Compounding Ante Room size:	37.5	Of technicians, how many are nationally certified?	0
Sterile Compounding Clean/Buffer Room size:	37.5	Of technicians, how many are techs-in-training?	2
Sterile Compounding Number LAFW hoods/areas:	2	Total Other Unlicensed Personnel:	3
Sterile Compounding Number BSC hoods:	0	Ratio #Technician(s) : #Pharmacist(s) present at time of inspection:	6 Tech : 3 RPh
Sterile Compounding Number CAI/CACI hoods:	0	If multiple compounding suites are present under this licensed location (eg outsourcing facilities or hospital health systems), describe in notes other spaces where compounding occurs (eg location name, approximate size of space, and number and type of PECs.	N/A
Negative Pressure Sterile HD Room size:	N/A		
Sterile HD Compounding Number of BSC hoods:	0		
Sterile HD Compounding Number of CACI hoods:	0		

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Indicate the drug name, dosage or strength, and the size of the CSP sample obtained for testing. (N/A if no sample)	N/A
Indicate the areas/rooms of the pharmacy entered to perform the CSP inspection. If the inspector did not fully garb and enter buffer room(s), indicate reason.	Inspector garbed and entered the Buffer Room to observe compounding.

Volume Dispensed		Volume Distributed	
Total Prescriptions Dispensed/day	245	Total Orders Distributed/day	0
% Veterinary Prescriptions	0%	% Veterinary Orders	0%
% Controlled Substance Prescriptions	1%	% Controlled Substance Orders	0%
% Nonsterile Compounded Prescriptions	10%	% Nonsterile Compounded Orders	0%
% Sterile Compounded Prescriptions	90%	% Sterile Compounded Orders	0%
% Hazardous Drugs (HD) Prescriptions	1% - commercial products only.	% Hazardous Drugs (HD) Orders	0%

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Definitions: DISPENSE means to provide a prescription drug or compounded preparation pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription drug or compounded preparation to a prescriber, another pharmacy, or health care entity for office use or stock and is NOT patient-specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription drugs and volume dispensed, and volume distributed per day (or week or month):
Note: If not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
Alabama (AL)			
Alaska (AK)	0	0	September 2025
Arizona (AZ)	26	0	September 2025
Arkansas (AR)			
California (CA)			
Colorado (CO)	27	0	September 2025
Connecticut (CT)			
Delaware (DE)			
District of Columbia (DC)			
Florida (FL)	88	0	September 2025
Georgia (GA)	3	0	September 2025
Hawaii (HI)	8	0	September 2025
Idaho (ID)	2	0	September 2025
Illinois (IL)	26	0	September 2025
Indiana (IN)			
Iowa (IA)	63	0	September 2025
Kansas (KS)			
Kentucky (KY)			
Louisiana (LA)			
Maine (ME)	3	0	September 2025
Maryland (MD)			
Massachusetts (MA)			
Michigan (MI)			
Minnesota (MN)			
Mississippi (MS)			
Missouri (MO)	35	0	September 2025
Montana (MT)	10	0	September 2025

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States to which the pharmacy mails/delivers prescription drugs and volume dispensed, and volume distributed per day (or week or month)
Note: If not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
Nebraska (NE)			
Nevada (NV)			
New Hampshire (NH)	1	0	September 2025
New Jersey (NJ)	4	0	September 2025
New Mexico (NM)			
New York (NY)	19	0	September 2025
North Carolina (NC)	7	0	September 2025
North Dakota (ND)	0	0	September 2025
Ohio (OH)			
Oklahoma (OK)	341	0	September 2025
Oregon (OR)			
Pennsylvania (PA)	1	0	September 2025
Rhode Island (RI)	1	0	September 2025
South Carolina (SC)			
South Dakota (SD)	7	0	September 2025
Tennessee (TN)	4,666	0	September 2025
Texas (TX)	3,401	0	September 2025
Utah (UT)	4	0	September 2025
Vermont (VT)	1	0	September 2025
Virginia (VA)			
Washington (WA)			
West Virginia (WV)			
Wisconsin (WI)	12	0	September 2025
Wyoming (WY)	2	0	September 2025
Other:			

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding, Sterile Compounding Inspections, and Hazardous Drug Compounding are based on USP Chapters <795>, <797>, and <800>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Notes
	General Pharmacy		
1.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.*	Yes	
2.00	Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite.*	Yes	The PIC works 40 hours plus per week.
3.00	Are there any other businesses located at this address? *If yes, note type of business and name.*	Yes	The front of Suite 188 (Shipping area) is a gastroenterology office.
4.00	Does the pharmacy have any other websites? *Provide list of other names/URLs.*	No	
4.01	Does the pharmacy hold .pharmacy verification?	No	
5.00	Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.*	No	
6.00	Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)?	No	
7.00	Are patients able to order or refill prescriptions through the website? *If yes, describe.*	No	
8.00	Are photographs allowed during the inspection (no PHI)?	Yes	
9.00	List of additional personnel **interviewed as part of the inspection, including name and title:**		Armando Juarez - DP Sterile Compounding, Claire Hanley - DP - Nonsterile Compounding. Nick Brownfield, Pharmacy Technician

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Facility Name: Artisan Drug Inc dba Artisan Drug
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		Observation	Notes
Types of Practice Additional Questions If any part of a question is no, enter "No" and explain the observation.			
10.00	If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.*	Yes	5% primarily in-state. Less than 1% out-of-state.
11.00	Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.*	No	
12.00	Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?	No	
13.00	If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
14.00	If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	

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Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Notes
General Operations and Licensure	If any part of a question is no, enter "No" and explain the observation.		
15.00	Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc.*	N/A	This is a closed door pharmacy. Facility and staff licenses are posted and maintained in a binder.
16.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.*	Yes	The TX BOP inspected the pharmacy on 10/21/2024.
17.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	Yes	The TSBOP issued a warning notice to the pharmacy for failure to ensure all compounding personnel be evaluated of proper hand hygiene and garbing practices by successfully completing initial gloved fingertip/thumb sampling three times prior to being allowed to compound. Failure to ensure the aseptic technique of each person compounding or supervising personnel performing sterile compounding be observed and evaluated by written and practical tests, challenge testing and be documented. Both warnings were to be corrected/resolved by 11/20/2024. The warnings were corrected by 11/20/2024. The TX BOP performed another inspection on 10/6/2025 the SBOP inspected and there were no deficiencies noted (Doc02_Gen16.00).
18.00	Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.*	No	
19.00	Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.*	No	
20.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.*	No	
21.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.*	No	
22.00	Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc)? *If yes, note the agency and additional item.*	No	

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Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Notes
23.00	Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.*	No	
24.00	Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.*	No	
25.00	Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.*	No	
26.00	Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.*	No	
27.00	Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc? *Verify that the lab director is current (usually the PIC is the lab director named). If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.*	No	
28.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?*	Yes	Paper records are maintained on site for 2 years. Controlled substance paper records are maintained on site for 7 years. All other electronic records are maintained indefinitely.
28.01	Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?*	Yes	
28.02	Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	
28.03	Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	These are all electronically maintained.

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Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Notes
28.04	Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	All records for dispensing and compounding are maintained electronically in Life-File.
28.05	If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable?	N/A	
29.00	Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.*	Yes	Camino Compass Consulting company provides assistance with licensing and updates from all the state boards of pharmacy. Policies and procedures are updated as needed.
	Personnel *If any part of a question is no, enter "No" and explain the observation.*		
30.00	Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.*	Yes	The PIC maintains documentation for all staff licenses. She completes PSV checks with the TSBP annually.
31.00	Is there a process for periodic verification of validity of licenses? *Describe the process.*	Yes	PSV checks at hire and annually.
32.00	If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no patient services that require additional training/certification. If yes, list certifications and if current?*	N/A	No additional services requiring certification.
33.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident state. Indicate ratio used and the maximum number of staff who work at the same time.*	Yes	The pharmacy normally operates at 1 RPh to 3 Tech. TX allows 1:6 with a maximum of 3 Technician trainees.

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Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Notes
	Facility and Security If any part of a question is no, enter "No" and explain the observation.		
34.00	Does the pharmacy have a working security/alarm system in place? *If yes, describe.*	Yes	ADT system is in place which includes door alarms and cameras with notification sent to the PIC and law enforcement.
35.00	Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.*	N/A	No schedule II controlled substances are stocked or dispensed.
36.00	Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled.*	Yes	
37.00	Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo.*	No	While the pharmacy is maintained in a clean manner, it is small and cluttered due to space constraints.
37.01	Is the working area well lit and free of tripping hazards? *If no, document with photo.*	Yes	
37.02	Is there a sink with hot and cold running water?	Yes	
37.03	If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.*	N/A	No destruction on site.
37.04	Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.*	N/A	No reverse distributor is used. Product is sent to SteriCycle for destruction.
37.05	Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.*	Yes	SteriCycle picks up product every three months.
38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.*	N/A	Patients do not come to the pharmacy to pick up prescriptions.

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		Observation	Notes
39.00	Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.*	Yes	EdgeX continuous electronic monitoring system has recently been installed. The range is set for 68-77 degrees F. The current room temperature is 68.5 F.
39.01	Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process*	Yes	Excursion notifications are sent to the PIC and pharmacist. Records are maintained electronically indefinitely.
39.02	Are excursion action plans in place including evaluating excursion effects on drug product integrity?	Yes	Products are evaluated for excursion data and if necessary removed from inventory.
40.00	Are the refrigerator and freezer restricted to drug products only (no food)?	Yes	
41.00	Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	Yes	EdgeX continuous electronic monitoring system has recently been installed. The range is set for 36-46 degrees F. Excursion notifications are sent to the PIC and Pharmacists. Records are maintained electronically indefinitely.
41.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.*	Yes	Refrigerator 1 = 37.7 degrees F, Refrigerator 2 = 39.1 degrees F, Refrigerator 3 = 43.3 degrees F, Refrigerator 4 = 41.6 degrees F.
42.00	Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	Yes	EdgeX continuous electronic monitoring system has recently been installed. The range is set for -13 to 14 degrees F. Excursion notifications are sent to the PIC and Pharmacists. Records are maintained electronically indefinitely.
42.01	Is the temperature in the freezer within the USP range (between −25° to −10°C or −13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.*	Yes	The freezer temperature is -0.1 degrees F.

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		Observation	Notes
43.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.*	Yes	Product is moved to a working unit.
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.*	No	Currently the pharmacy does not have a back-up generator or HVAC repair service on contract. They are actively working to contract with a service.
45.00	Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?	Yes	Products are evaluated for excursion data and if necessary removed from inventory.
46.00	Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc)? *List numbers and types.*	Yes	The pharmacy has one repeater pump for use in the buffer room.
46.01	If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products?	Yes	
	Product Receipt and Inventory *If any part of a question is no, enter "No" and explain the observation.*		
47.00	Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe.*	Yes	The pharmacy purchases pharmaceuticals from NABP Accredited wholesalers using the EZRI RX system.
47.01	Does the pharmacy purchase all prescription drugs directly from the manufacturer?	No	Repackagers for APIs - Darmerica, Letco, Medisca, PCCA, Fagron, NuCare, Specialized RX.
47.02	Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchase.*	No	
47.03	Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources.*	Yes	Republic, Anda, Blupax, Capital through EZRI RX.

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		Observation	Notes
47.04	Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?*	Yes	Verification of transaction data.
47.05	Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)*	No	
47.06	Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.*	Yes	Review of transaction data and license verification.
47.07	Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.*	No	This process has not be performed to date.
47.08	Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.*	Yes	
47.09	Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details, including the drug, circumstances, outcome, and identification of agencies to whom reported.*	No	None to date.
47.10	Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchases to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.*	Yes	
47.11	Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?	Yes	
48.00	Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who has the authority (Power of Attorney) to sign the DEA-222 forms?*	N/A	The pharmacy does not order, stock or dispense CII controlled substances.
49.00	Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?*	N/A	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

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Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Notes
50.00	Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.*	N/A	
51.00	Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?	Yes	Schedule III-V invoices are all appropriately dated, signed and filed in a binder.
52.00	Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.*	Yes	
53.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity).*	No	
54.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc).*	Yes	All inventory is electronically maintained in the Life File system.
54.01	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.*	Yes	Reports would be made to the SBOP, DEA, and law enforcement as necessary.
55.00	Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?	N/A	No CIIs.
56.00	Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.*	N/A	
57.00	Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years).*	Yes	The last controlled substance inventory was done 8/28/2025. This is done annually.

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Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Notes
57.01	Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)?	Yes	
58.00	Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook.	No	
58.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
59.00	Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.*	No	
59.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
60.00	Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?*	Yes	
60.01	Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.*	Yes	
60.02	How often is active-stock examined for drugs past the expiration date?		
61.00	Does the pharmacy **prepackage** bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?*	No	
62.00	Does the pharmacy **prepack** multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?*	No	
63.00	Does the pharmacy return to stock prescription drugs that were filled but never picked up?	Yes	For prescriptions that have not left the pharmacy, they may be placed back into stock with PHI removed.
63.01	If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?	Yes	

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		Observation	Notes
	Prescription Processing If any part of a question is no, enter "No" and explain the observation.		
64.00	**Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?*	Yes	Pharmacy Technicians enter patient and prescription data, which is then verified by a pharmacist at PVI.
64.01	If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?*	N/A	
65.00	**Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Staff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.*	Yes	All orders are generated electronically, providers are known to pharmacy.
65.01	Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.*	Yes	Reports would be made to the appropriate board, DEA if necessary, and law enforcement as required.
65.02	Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?*	Yes	Addresses are compared and providers are contacted with any questions or concerns.
65.03	Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.*	Yes	Both
65.04	If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations?	Yes	

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e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Notes
66.00	**Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.*	Yes	Accuracy of order entry is verified at PVI.
67.00	**DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?*	Yes	DUR is performed at PV1
67.01	Does the DUR include: • drug-drug interaction (Prescription and OTC), • drug-allergy interaction, • therapeutic duplication, • under- or over-utilization (including clinical abuse/misuse), • disease state or condition contraindication, • Incorrect dosage or duration of therapy, and • gender or age related contraindications. *Indicate if there are other parameters routinely included in the DUR.*	No	Other medications are not always included in the patient profile for adequate screening for drug-drug interactions.
67.02	In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.*	No	
67.03	Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?	Yes	
67.04	Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.*	Yes	Reported daily per each state board requirement including zero reporting daily.
67.05	Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.*	Yes	
67.06	Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.*	Yes	This is documented using the pharmacist credentials.

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Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Notes
67.07	Is the DUR process performed electronically by the computer system? *Identify integrated drug database used.*	Yes	Gold Standard Drug Database.
67.08	If the DUR is manual, is there a system to document: • How manual DUR is performed • Specific issues that were identified • Pharmacist that considered the identified issues and gave the okay to proceed	N/A	
67.09	If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing manual DUR.*	N/A	
68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.*	Yes	Pharmacists conduct PV2 checks.
69.00	Are filled prescriptions appropriately labeled? *Describe.*	Yes	Labelling meets state requirements.
70.00	**Confidentiality:** Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used.*	Yes	Life File
70.01	Does the pharmacy destroy PHI including labeled prescription vials?	Yes	Pro Shred bins on site, service comes twice monthly.
71.00	**Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?	Yes	The pharmacy has conducted shipping studies.
72.00	**Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.***	Yes	PV1 verification may be performed by pharmacists working remotely.

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Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Notes
72.01	If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.*	N/A	
72.02	If yes, is that location in a different state than this facility? *If so, explain.*	N/A	
72.03	If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?	Yes	
73.00	**Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.*	No	
73.01	Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
74.00	**Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc? *Note types and locations.*	No	
74.01	If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.*	N/A	
74.02	Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	

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		Observation	Notes
Patient Counseling and Communication *If any part of a question is no, enter "No" and explain the observation.*			
75.00	Does the pharmacist provide counseling for all new prescriptions picked up at the pharmacy (proactively, no "offer")?	N/A	Patients do not come to the pharmacy to pick up prescriptions.
75.01	Is an "offer" to counsel made for all new prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
76.00	Does the pharmacist provide counseling for all refilled prescriptions picked up at the pharmacy (proactively, no "offer")?	N/A	Patients do not come to the pharmacy to pick up prescriptions.
76.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
77.00	Does the pharmacist provide counseling for refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")?	N/A	Patients do not come to the pharmacy to pick up prescriptions.
77.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer".*	N/A	
78.00	Is patient counseling provided for delivered prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	N/A	No deliveries
79.00	Is patient counseling provided for mailed prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	Patients are contacted prior to delivery and provided consultation. The prescription is sent including a card with a QR code provided with the product and the toll-free pharmacy number is also provided.

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		Observation	Notes
80.00	Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc)? *Describe how.*	Yes	Printed copies are sent with the prescription.
81.00	Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc)? *Describe how.*	N/A	
82.00	Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for Isotretinoin, or Tikosyn).*	N/A	
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.*	Yes	These are documented in the notes section of the patient profile.
84.00	Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).*	Yes	Patients are able to leave a message for the pharmacist to call them.
85.00	Are processes in place to handle a drug recall?	Yes	The pharmacy is able to track to the lot number of the item.
86.00	Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?	No	
86.01	Does the take-back program include controlled substances?	N/A	
86.02	Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.*	N/A	

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		Observation	Notes
Quality Assurance/Quality Improvement Program	**If any part of a question is no, enter "No" and explain the observation.**		
87.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.*	Yes	The PIC oversees the QA program for the pharmacy.
87.01	Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.*	Yes	Hard copy and electronically as well.
87.02	"Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to): 1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions; 2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse. 3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.	Yes	QRE's are documented in the incident tracker. These include internal and external errors that may reach the patient level.
87.03	There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.*	Yes	
88.00	**Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.*	Yes	Forms are electronic.
88.01	Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.	Yes	
88.02	Documentation includes documenting the type of QRE details and how/who discovered the QRE.	Yes	

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		Observation	Notes
88.03	Documentation incudes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time.	Yes	
88.04	Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient.	Yes	
89.00	**QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc).*	Yes	Data is analyzed with each report and reported quarterly.
89.01	The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients.	Yes	
89.02	For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients.	N/A	
90.00	**Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.	Yes	Quality meetings are held quarterly.
90.01	The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.	Yes	
90.02	Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.	Yes	

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		Observation	Notes
91.00	**Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.*	Yes	Reports are made to the appropriate board of pharmacy as required.
91.01	Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc?	Yes	
91.02	Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc) are documented and reported to the manufacturer or distributor.	N/A	
92.00	**Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.	Yes	Quarterly self-audits are performed.
93.00	**Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time.	No	The pharmacy will be starting to conduct consumer surveys in 2026.
94.00	**Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.	Yes	

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Nonsterile Compounding Inspection for USP <795>

Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
	Standard Operating Procedures for Compounded Nonsterile Preparations (CNSPs)		Please note NABP did not review each SOP for alignment on USP <795>. The SOP(s) described below is/are a reflection of any self-assessment completed by the pharmacy and/or shared with the inspector during the onsite inspection.	
1.0	Does the pharmacy have standard operating procedures (SOPs) on all aspects of the compounding operation that cover the minimum topic requirements in USP <795> standards? ***If no, document "missing" in Inspector Notes*** ***If yes, document the name, number, and version of each SOP in the Inspector Notes.***	Yes		11
1.1	**Buildings and Facilities:** The pharmacy has an SOP for the compounding facility. ***Inspector note: Per USP <795>, there is a written SOP for "the method of designation" for the area designated specifically for nonsterile compounding and processes for maintaining, cleaning, and sanitizing the compounding area and equipment.***		Buildings and Facilities for Compounding Non-sterile Preparations, 4.0, 1.0	4.1, 5, 11
1.2	**Personnel Training and Evaluation:** The pharmacy has an SOP describing the training program, the frequency of training, and the process for evaluating the competency of personnel. ***Inspector note: Per USP <795>, "Facility SOPs must describe procedures for monitoring and observing of compounding activities and personnel."***		Personnel Training for Non-Sterile Compounding, 2.0, 1.0	2, 11
1.3	**Personal Hygiene and Garbing:** The pharmacy has an SOP regarding personal hygiene, glove, and garbing requirements consistent with compounding activities. ***Inspector note: Per USP <795>, "Garbing requirements and frequency of changing garb must be determined by the facility and documented in the facility's SOPs."***		Personal Hygiene and Garbing for Non-sterile Compounding, 3.0, 1.0	3.3, 11
1.4	**Components:** The pharmacy has an SOP describing selection, handling, storage, and inventory control of all components used in compounding. ***Inspector note: Per USP <795>, "The compounding facility must have written SOPs for the selection and inventory control of all components from receipt to use in a CNSP."***		Components Used for Nonsterile Compounding, 7.0, 1.0	6.2, 11

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National Association of Boards of Pharmacy®
Verified Pharmacy Program Inspection Form

Nonsterile Compounding Inspection for USP <795>

Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
1.5	**Temperature Monitoring:** The pharmacy has an SOP regarding temperature monitoring and handling of excursions. ***Inspector note: Per USP <795>, "The compounding facility must adhere to SOPs to detect and reduce the risk of temperature excursions within the storage area(s)."***		Buildings and Facilities for Compounding Non-sterile Preparations, 4.0, 1.0	4.2, 11
1.6	**Equipment:** The pharmacy has an SOP for assessment of need for closed system processing devices (based on the types of CNSPs prepared). ***Inspector note: Per USP <795>, "Weighing, measuring, or otherwise manipulating components that could generate airborne chemical particles (e.g., active pharmaceutical ingredients [APIs], added substances, and conventionally manufactured products) must be evaluated to determine if these activities must be performed in a closed-system processing device to reduce the potential exposure to personnel or contamination of the facility or CNSPs. Examples of closed-system processing devices include containment ventilated enclosures (CVEs), biological safety cabinets (BSCs), and single-use containment glove bags. The process evaluation must be carried out in accordance with the facility's SOPs, and the assessment must be documented."***		Equipment for Non-sterile Compounding, 6.0, 1.0	6.1, 11
1.7	**Safety Data Sheet (SDS)/Spill Management:** The pharmacy has an SOP describing spill management and disposal. ***Inspector note: Per USP <795>, "The management and documentation of nonhazardous component spills and disposal must be described in the facility's SOPs."***		Components Used for Nonsterile Compounding, 7.0, 1.0	6.2.5, 11
1.8	**Master Formulation Records (MFR):** The pharmacy has an SOP on the process for MFR creation and content. ***Inspector note: Per USP <795>, "Any changes or alterations to a Master Formulation Record are approved and documented in accordance with the facility's written SOP."***		Master Formulation Records for Non-sterile Compounded Preparations, 8.0, 1.0	7.1, 11
1.9	**Labeling:** The pharmacy has an SOP on the processes for labeling, label verification (confirming against the prescription or medication order, the MFR, and the compounding record (CR)) in order to prevent errors and CNSP mix-ups and required displayed information. ***Inspector note: Per USP <795>, "Labeling procedures must be followed as described in the facility's SOPs to prevent labeling errors and CNSP mix-ups."***		Labeling of Non-Sterile Compounded Products, 11.0, 1.0	9, 11

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		Observation	Inspector Notes	USP Reference(s)
1.10	**Quality Assurance (QA)/Quality Control (QC) Program:** The pharmacy has an SOP regarding its QA and QC program, including roles of the designated person(s), trainers, compounding personnel, adherence to procedures, and prevention and detection of errors and quality issues. ***Inspector note: Per USP <795>, "QA and QC programs must be formally established and documented in SOPs that ensure that all aspects of the preparation of CNSPs are conducted in accordance with this chapter, and laws and regulations of the applicable regulatory jurisdiction."***		Inspection and Release of Nonsterile Compounded Preparations, 12.0, 1.0	11, 12 USP <1163>
1.11	**QA/QC Program Complaint Handling and Adverse Event Reporting:** The pharmacy has an SOP for evaluation of complaints and adverse events, including investigations and corrective actions. ***Inspector note: Per USP <795>, the pharmacy, "must develop and implement SOPs for complaint handling." SOPs are to include any state or federal requirements for reporting to government agencies (example adverse event reporting). Further, "Consider whether to initiate a recall of potentially affected CNSPs and whether to cease compounding until problems have been identified and corrected."***		Handling, Packaging and Transport of Nonsterile Preparations, 13.0	1.1.3, 11, 12.1, 12.2, 12.3
1.12	**Packaging:** The pharmacy has an SOP describing packaging CNSPs. ***Inspector note: Per USP <795>, "SOPs must describe packaging of CNSPs."***		Handling, Packaging and Transport of Nonsterile Preparations, 13.0	11, 13.1
1.13	**Transporting:** The pharmacy has an SOP describing transporting CNSPs. ***Inspector note: Per USP <795>, there must be "written SOPs to describe the mode of transportation, any special handling instructions, and whether temperature monitoring devices are needed."*** ***If the pharmacy does not transport CNSPs, inspector should answer statement as N/A.***		Handling, Packaging and Transport of Nonsterile Preparations, 13.0, 1.0	11, 13.2

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Nonsterile Compounding Inspection for USP <795>

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		Observation	Inspector Notes	USP Reference(s)
1.14	**Recalls:** The pharmacy has an SOP describing minimum requirements for recalls. ***Inspector note: Per USP, "The facility must have procedures in place to:*** ***- Determine when recalls must be initiated, which should include procedures to immediately notify the prescriber of a failure of specifications with the potential to cause patient harm (eg, strength, purity, or other quality attributes)*** ***- Recall any unused dispensed CNSPs and quarantine any stock remaining in the pharmacy*** ***- Investigate if other lots are affected and recall if necessary.*** ***An SOP for recall of dispensed CNSPs must contain:*** ***- Procedures to determine the severity of the problem and the urgency for implementation and completion of the recall*** ***- Procedures to determine the distribution of any affected CNSP, including the data and quantity of distribution*** ***- Procedures to identify patients who have received the CNSP*** ***- Procedures for disposal and documentation of the recalled CNSP (and)*** ***- Procedures to investigate and document the reason for recall."***		Recall of Compounded Preparations, 34.0, 1.0	12.1
	Designated Person(s) and Personnel Training Program **Inspector must complete the <795> Records Review module to complete this section.**			
2.0	Does the pharmacy have a designated person(s) who meets the requirements in USP <795> standards? ***Inspector note: Per USP, "The compounding facility must designate one or more individuals to be responsible and accountable for the performance and operation of the facility and personnel in the preparation of CNSPs."*** ***If no, go to compliance statements.***	Yes		1.1.4
2.1	The designated person(s) (for the QA program) has the training, experience, responsibility, and authority to perform the duties required of them.	Yes		1.1.4, 12

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Nonsterile Compounding Inspection for USP <795>

Facility Name: Artisan Drug Inc dba Artisan Drug
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Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
2.2	The designated person(s) reviews facility SOPs at least every 12 months to ensure that they reflect current practice and such review is documented. ***Inspector note: Per USP, "The facility's SOPs must describe the roles, duties, and training of the personnel responsible for each aspect of the QA program... The overall QA and QC program must be reviewed at least once every 12 months by the designated person(s). The results of the review must be documented, and appropriate action must be taken if needed."***	Yes		1.1.4, 12
2.3	The designated person(s) is responsible for overseeing a training program to ensure competency of personnel involved in compounding, handling, and preparing CNSPs.	Yes		1.1.4, 2
2.4	The designated person(s) is responsible for selecting components used by the pharmacy.	Yes		1.1.4, 6.2.1
2.5	The designated person(s) is responsible for monitoring and observing compounding activities and taking immediate corrective action if deficient practices are observed.	Yes		1.1.4
2.6	The designated person(s) is responsible for ensuring SOPs are fully implemented and following up if problems, deviations, or errors are identified.	Yes		1.1.4, 11
2.7	The designated person(s) is responsible for establishing, monitoring, and documenting procedures for the handling and storage of CNSPs and/or components of CNSPs.	Yes		1.1.4
3.0	Has the pharmacy created and implemented a training program that is in compliance with USP <795> standards? ***Inspector note: Per USP, "Training and competency of personnel must be documented."*** ***Inspector is to review a minimum of five personnel records and document their observations (see <795> Records Review module).*** ***If no, go to compliance statements.***	Yes		2, 14

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Nonsterile Compounding Inspection for USP <795>

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Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
3.1	All personnel who compound CNSPs have been initially trained and qualified before being allowed to independently compound (eg, perform their job functions). ***Inspector note: Per USP, compounding personnel are defined as "Personnel trained to compound or oversee compounding of preparations."*** ***If questions 1.0-1.12 in the records review tab for compounding personnel are answered "no" or "missing," this statement should be answered as no. For details, see Records Review module.***	Yes		2, 14
3.2	All personnel who have direct oversight, perform in-process checks, final verification of a CNSP, and/or dispense a CNSP have been initially trained and qualified (according to SOPs) being allowed to independently perform their job functions. ***If questions 1.0-1.12 in the records review tab for compounding personnel are answered "no" or "missing," this statement should be answered as no. For details, see Records Review module.***	Yes		2, 14
3.3	All compounding personnel, including those who have direct oversight of compounding personnel, have completed an initial training and at least every 12 months thereafter. ***Inspector note: Per USP, "Other personnel, who do not compound and only perform functions such as in-process checks, final verification, or dispensing of CNSPs must undergo training as required by the facility's SOPs."*** ***If questions 2.0-2.12 in the records review tab for compounding personnel or personnel who have direct oversight over compounding personnel are answered "no" or "missing," this statement should be answered no. For details, see the Records Review module.***	Yes		2, 14
4.0	Does the designated person(s) have a documented (periodic) evaluation of their direct observations for compounding activities and documentation of any deficiencies in the record? ***Inspector note: Per USP, this is a recommendation. "the designated person(s) should monitor and observe compounding activities and must take immediate corrective action if deficient practices are observed. Facility SOPs must describe procedures for monitoring and observing compounding activities and personnel."*** ***Inspector should complete the <795> Records Review module question 3.0.***	Yes		2, 14

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Nonsterile Compounding Inspection for USP <795>

Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
	Compounding Personal Hygiene and Garbing			
5.0	Does the pharmacy have a process to ensure all personnel entering the compounding area adhere to restrictions intended to minimize the risk of contamination in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		3
5.1	Compounding personnel are required to report to the designated person(s)conditions that may contaminate the compounding preparation area. ***Inspector note: Per USP <795>, examples of conditions that have a higher risk of contaminating the CNSP include: rashes, recent tattoos, open sores, conjunctivitis, and active respiratory infection.***	Yes		
5.2	The designated person(s) is responsible for evaluating whether compounding personnel should be excluded from working in the compounding areas before their conditions have resolved.	Yes		3
5.3	Personnel removes any unnecessary items (outer garments, jewelry that could interfere with garbing, and earbuds/headphones) before entering the compounding area. ***Inspector note: Inspector should also observe compounding area to identify any items stored that do not belong (ie, dirty garments, jackets, or electronics).***	Yes		3.1
5.4	If personnel do not remove an item, the designated person has determined that the quality of the environment and CNSPs are not adversely affected by the accommodation.	Yes		3.1
6.0	Do personnel perform hand hygiene, wear required garb and gloves, and follow requirements in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		3.3
6.1	All personnel entering the compounding area complete hand hygiene procedures.	Yes		3.2 Box 1

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Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
6.2	Garb is used for all compounding activities. ***Inspector note: Per USP <795>, gloves are mandatory garb for all compounding activities.***	Yes	NS compounding staff garb the same as staff who perform sterile compounding - including full bunny suit with head cover, mask, beard cover, shoe covers, gloves and goggles. All garb is sterile.	3.2, 3.3 Box 1
6.3	Pharmacy uses SDS to determine other garb requirements for the components and compounding activity.	Yes		3.3
6.4	Additional garb (shoe covers, hair and facial hair covers, face masks, gowns) is worn as needed for protection of the personnel/CNSPs. ***If no, please list the garb worn for the type of component and compounding activity.***	Yes		3.3
6.5	The garb purchased by the pharmacy is appropriate for the type of compounding being performed.	Yes		3.3
6.6	Garb is stored in manner that minimizes risk of contamination (away from sinks to avoid splashing, etc).	Yes		3.3
6.7	Gowns that are reused do not leave the compounding area.	Yes		3.3
6.8	Visibly soiled garb or garb with tears or punctures are changed immediately (are not reused).	Yes		3.3
6.9	Soiled garb is disposed of or sent for laundering.	Yes		3.3
6.10	Shoe covers, hair and facial hair covers, face masks, and head covers are not reused once personnel have left the compounding area.	Yes		3.3
7.0	Are non-disposable garb such as goggles cleaned then sanitized with 70% isopropyl alcohol before re-use?	Yes	All garb is disposable including goggles.	3.3

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		Observation	Inspector Notes	USP Reference(s)
	Buildings and Facilities			
8.0	Does the compounding area meet the facility requirements in compliance with USP <795> standards? *If no, go to compliance statements.*	Yes	The Sterile Ante Room and the Weighing Room are used for nonsterile compounding.	4.1
8.1	The pharmacy has a designated compounding space for nonsterile compounding.	Yes		4.1
8.2	The compounding area is well lit.	Yes		4.1
8.3	The compounding area is clean and sanitary.	Yes		4.1
8.4	The compounding area is orderly (eg, clutter free, no tripping hazards).	Yes		4.1
8.5	The compounding area is in a good state of repair.	Yes		4.1
8.6	The compounding area is designed for orderly placement of equipment and materials to prevent mix- ups among components, containers, labels, in-process materials, and finished CNSPs.	Yes		4.1
8.7	The compounding area is not being used for other activities at the same time that it is used for compounding.	Yes		4.1
8.8	The compounding area is designed, arranged, and used in a manner that minimizes cross contamination from non-compounding areas.	Yes		4.1
9.0	Is the compounding area free of carpet?	Yes		4.1

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10.0	Does the pharmacy's storage area (for CNSPs, components, equipment, and containers) meet requirements in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		4.2
10.1	The pharmacy records the temperature of the compounding storage area on days when the pharmacy is open. ***Inspector note: Per USP, "Compounding personnel must monitor temperatures in the storage area(s) either manually at least once daily on days that the facility is open, or continuously with a temperature recording device to ensure the temperature remains within the appropriate range for the CNSPs and components."*** ***If pharmacy does not use a continuous recording system, describe the frequency of temperature recording in the notes.***	Yes	The pharmacy uses EdgeX Continuous electronic monitoring system.	4.2
10.2	The pharmacy's temperature monitoring records are readily retrievable. ***Inspector note: Per USP, "The results of the temperature readings must be documented on a temperature log or stored in the continuous temperature recording device and must be retrievable."***	Yes		4.2
10.3	Temperature monitoring devices are verified for accuracy at least every 12 months or as required by the manufacturer. ***Inspector note: Per USP, "All temperature monitoring equipment must be calibrated or verified for accuracy as recommended by the manufacturer or every 12 months if not specified by the manufacturer." USP reports that these devices may be verified against a calibrated device.*** ***Monitoring devices are typically calibrated or replaced.***	Yes	Monitoring devices are replaced every 12 months.	4.2
10.4	Pharmacy has a process to evaluate temperature excursions. ***Inspector note: Per USP, "When it is known that a CNSP or component has been exposed to temperatures either below or above the storage temperature limits for the CNSP or component, personnel must determine whether the CNSP or component integrity or quality has been compromised and if so, the CNSP or component must be discarded."***	Yes		4.2
10.5	CNSPs, components, equipment, and containers are stored off the floor.	Yes		4.2

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		Observation	Inspector Notes	USP Reference(s)
10.6	CNSPs, components, equipment, and containers are stored in a manner that permits inspection and cleaning of the storage area(s).	Yes		4.2
10.7	CNSPs, components, equipment, and containers are stored in a clean environment (free of dirt, dust, and debris, and rodent/pest/insect free) to prevent contamination.	Yes		4.2
11.0	What is the current temperature of the nonsterile compounding storage area? ***Record in the Inspector Notes.***		64.8 degrees F and 66.4 degrees F.	4.2
12.0	Are plumbing fixtures, water sources, and cleanliness of sink in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		4.3
12.1	The pharmacy staff can easily access a sink within or nearby the nonsterile compounding area.	Yes		4.3
12.2	There is hot and cold running water available at the sink within or nearby the nonsterile compounding area.	Yes		4.3
12.3	The sink is emptied of all items unrelated to compounding and before being used to clean any equipment used in nonsterile compounding.	Yes		4.3
12.4	The sink is cleaned when visibly soiled (before being used to clean equipment used in nonsterile compounding).	Yes		4.3
12.5	The plumbing system is free of any defects that may contribute to contamination of CNSPs.	Yes		4.3
13.0	Is purified water, distilled water, or reverse osmosis water used for rinsing equipment and utens ils used in nonsterile compounding? ***Inspector note: This is a USP recommendation.***	No	Tap water is used	4.3 USP <1231>

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Nonsterile Compounding Inspection for USP <795>

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		Observation	Inspector Notes	USP Reference(s)
	Cleaning and Sanitizing			
14.0	What agent(s) are used for cleaning and sanitizing the nonsterile compounding area? ***Inspector note: Per USP <795>, "agents must be selected and used with consideration of compatibilities, effectiveness, and minimal potential to leave residues."*** ***List the agents in the Inspector Notes.***		TB1 and Sterile Alcohol for daily clean, and Peridox with Sterile Alcohol for monthly clean.	5
15.0	Does the pharmacy perform cleaning and sanitizing activities on all surfaces at the minimum frequency per Table 1 and documented in a log or other record in compliance with USP <795> standards? ***Review compounding cleaning logs.*** ***If no, go to compliance statements.***	Yes		5 Table 1
15.1	All work surfaces are cleaned and sanitized at the **beginning of each shift** on days when compounding occurs.	Yes		5 Table 1
15.2	All work surfaces are cleaned and sanitized at the **end of each shift** on days when compounding occurs.	Yes		5 Table 1
15.3	All work surfaces are cleaned and sanitized **between compounding CNSPs with different components**.	Yes		5 Table 1
15.4	Floors are cleaned and sanitized daily on days when compounding occurs.	Yes		5 Table 1
15.5	Walls and ceilings are cleaned and sanitized when visibly soiled. ***Inspector note: No specific frequency is specified by USP. View compounding area walls and ceilings. If inspector observes soiled walls or ceilings, inspector should answer statement as no.***	Yes	These are cleaned monthly.	5 Table 1
15.6	All work surfaces, floors, walls, ceilings and storage shelving are cleaned and sanitized when surface contamination (eg, splashes) or spills are known or suspected.	Yes		5 Table 1
15.7	Storage shelving is cleaned and sanitized at least every three months.	Yes	Shelving is cleaned monthly.	5 Table 1
16.0	Are floors in the compounding area easily cleanable, non-porous, and non-particle generating? ***Inspector note: This is a USP recommendation. Per USP, "Surfaces should be resistant to damage by cleaning and sanitizing agents."***	Yes		5

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		Observation	Inspector Notes	USP Reference(s)
	Equipment and Components FDA defines manufacturer... as used in section 510 of the Federal Food, Drug, and Cosmetic Act, includes the activities of relabelers, repackers, and salvagers. When not modified by "domestic" or "foreign," the term includes both domestic manufacturers and foreign manufacturers.			
17.0	Does the pharmacy use a closed-system processing device (eg, CVE, BSC, and single-use containment glove bags)? ***Inspector note: Per USP, examples of closed-system processing devices include containment ventilated enclosures (CVEs), biological safety cabinets (BSCs), and single-use containment glove bags.*** ***If yes, list the type(s) in the Inspector Notes.***	Yes	The pharmacy uses a CVE located in the Weigh room adjacent to the buffer room.	6.1
18.0	Does the pharmacy select, store, clean, and maintain equipment in compliance with USP <795> standards? ***Inspector note: Per USP <795>, "Equipment surfaces that contact components are not reactive, additive, or sorptive, and must not alter the quality of CNSPs."*** ***Review certification reports, calibration records, and cleaning logs.*** ***If no, go to compliance statements.***	Yes		6.1
18.1	Equipment and supplies are readily available at the pharmacy for the types of CNSPs prepared. ***Inspector note: For example, if the pharmacy compounds with API as a component, which must be weighed, a scale or balance would be expected.***	Yes		6.1
18.2	Pharmacy has evaluated and documented the nonsterile compounding pharmacy activities for weighing, measuring, and otherwise manipulating for an assessment of risk. ***Inspector note: Per USP, "components that could generate airborne chemical particles (eg, active pharmaceutical ingredients [APIs], added substances, and conventionally manufactured products) must be evaluated to determine if these activities must be performed in a closed-system processing device to reduce the potential exposure to personnel or contamination of the facility or CNSPs."*** ***If no, inspector should describe observations.***	Yes		6.1

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National Association of Boards of Pharmacy®
Verified Pharmacy Program Inspection Form

Nonsterile Compounding Inspection for USP <795>

Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
18.3	The equipment and devices used for compounding CNSPs are clean and stored in a manner and frequency that minimizes the risk of contamination. ***Inspector note: Per USP <795>, "After compounding, the equipment must be cleaned to prevent cross contamination of the next preparation." Additionally, per Table 2:*** ***- CVE/BSC are cleaned and sanitized at the beginning and end of each shift when compounding occurs, after spills, and when surface contamination (e.g., from splashes) is known or suspected;*** ***- CVE/BSC horizontal surfaces are cleaned and sanitized between compounding of different components;*** ***- Under the work surface of a BSC is cleaned and sanitized at least monthly; and*** ***- Other devices and equipment used in compounding are cleaned before initial use, in between compounding CNSPs with different components, and following manufacturer recommendations.*** ***If no, inspector should describe observations.***	Yes		6.1 Table 2
18.4	Equipment and devices used in compounding or testing of CNSPs are inspected prior to use (to ensure they are in good working order). ***Inspector note: For example, the pharmacy may need to tare a scale and/or balance prior to use.***	Yes		6.1
18.5	Equipment and devices are verified for accuracy as recommended by the manufacturer (at the frequency recommended by the manufacturer or at least every 12 months, whichever is more frequent). ***If the pharmacy does not compound CNSPs that require equipment or devices that must be calibrated for accuracy (such as ones needed for weighing or measuring), the inspector should answer this statement as N/A.***	Yes	The scale is inspected and certified every 12 months by Camino Compass. This was last performed 3/31/2025.	6.1
18.6	If a CVE or BSC is used by the pharmacy, it is certified at least every 12 months, according to the manufacturer specifications or regulations of the applicable regulatory jurisdiction. ***If the pharmacy does not have the record or documentation of the certification and maintenance of the CVE/BSC, the inspector should answer this statement as no. If the pharmacy does not have a CVE or BSC, the inspector should answer this statement as N/A.***	Yes	The CVE is inspected and certified every 6 months. Last certification was performed by Certified Clean Room Inc on 8/15/2025.	6.1

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		Observation	Inspector Notes	USP Reference(s)
19.0	Does the pharmacy compounding CNSPs use APIs?	Yes		6.2
20.0	Does the pharmacy select APIs that comply with the requirements in USP <795> standards? ***Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products.*** ***If no, go to compliance statements.***	Yes		6.2.1
20.1	APIs comply with criteria in the USP-NF monograph, if one exists. ***If the pharmacy does not compound any CSPs that have an available USP monograph, the inspector should answer this statement as N/A.***	Yes		6.2.1
20.2	All APIs used have a COA that includes the specifications (eg, compendial requirements for quality) and that the test results for the component show the API meets expected quality. ***Inspector note: Per USP, the API should be checked to ensure it is pharmaceutical grade and meets the requirements in the chemical monograph. COA will report an assay has been performed and will include water content (so any corrections/calculations can be performed).***	Yes		6.2.1
20.3	All APIs used are manufactured by an FDA-registered facility. ***Inspector note: This is a Federal Food, Drug, and Cosmetic Act, Section 503A, requirement as well. Inspector should verify the pharmacy looks up the name of the manufacturer listed on the COA to determine if they are registered as an FDA drug establishment https://dps.fda.gov/decrs.***	Yes		6.2.1
21.0	When formulations indicate the inclusion of water, is purified water or better quality (eg, sterile water for irrigation) used in compliance with USP <795> standards?	Yes		6.2.1
22.0	What type(s) of water is used for compounding CNSP? ***List the type(s) in the Inspector Notes.***		Purified water is used.	6.2.1

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		Observation	Inspector Notes	USP Reference(s)
23.0	Do the pharmacy's component receipt processes comply with the requirements in USP <795> standards? ***If no, go to compliance statements.***	Yes		6.2.2
23.1	For non-conventionally manufactured components, the COA is reviewed upon receipt. ***Inspector note: Per USP, "the COA must be reviewed to ensure that the component has met the acceptance criteria in an appropriate USP–NF monograph, if one exists." Pharmacy's review should be documented. Alternatively, the pharmacy can demonstrate how it's been reviewed (for example, there are notes to show a water content calculation back to 100% based on the specific COA). Inspector can verify the COA is retrievable.***	Yes	The documentation of the COA review is entered into Life File - along with the Loss on Drying information.	6.2.2
23.2	The pharmacy documents specific information according to the facility's SOP, including receipt date, quantity received, supplier name, lot number, expiration date, and the results of any testing performed (whether performed in-house or through a third-party).	Yes	This is all included in the documentation in Life File.	6.2.2, 14
23.3	For all components that lack a vendor expiration date, the pharmacy clearly and indelibly marks on each packaging system received the date the component must no longer be used by the pharmacy. ***Inspector note: Per USP, "Packaging systems of components (i.e., API and added substances) that lack a vendor's expiration date must not be used by the compounding facility after 3 years from the date of receipt. A shorter expiration date must be assigned according to Pharmaceutical Compounding—Sterile Preparations 797 , 9.3.2 Component receipt if the same component container is also used in sterile compounding or if the ingredient is known to be susceptible to degradation."***	Yes	All products received to date have a vendor expiration date.	6.2.2
23.4	Any component found to be of unacceptable quality upon receipt or reinspection prior to use is promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before appropriate disposal.	Yes		6.2.2
23.5	Any other lots of that (rejected) component from that vendor are examined to determine whether other lots have the same defect.	Yes		6.2.2

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		Observation	Inspector Notes	USP Reference(s)
24.0	Does the pharmacy re-inspect all components before use and handle them in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		6.2.3, 6.2.4
24.1	Compounding personnel visually re-inspect each component, including packaging system (any evidence of container breakage, looseness of cap or closure) and deviation from the expected appearance or texture of the contents (that might have changed during storage).	Yes		6.2.3
24.2	Compounding personnel ascertain before use that components are the correct identity based on labeling, that they have been stored under required conditions, and there is no evidence of deterioration or other aspects of unacceptable quality before use of component.	Yes	Bar code scanning is used.	6.2.3
24.3	Components where correct identity, strength, purity, and quality cannot be confirmed (eg, containers with damaged or incomplete labeling), are immediately rejected and if not immediately discarded, labeled as rejected and segregated from active stock.	Yes		6.2.3
24.4	Compounding personnel handle all components following facility SOPs, manufacturer's instructions/labeling, and laws/regulations of the applicable regulatory jurisdiction.	Yes		1.1.3, 6.2.4
24.5	All components are handled in a manner that minimizes the risk of contamination, mix-ups, and deterioration.	Yes		6.2.4
25.0	When components are removed from the original container and not used in compounding (eg, excess after weighing), are they discarded and not returned to the original container (to minimize risk of contamination of the original component container)? ***Inspector note: This is a USP recommendation.***	No		6.2.4

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		Observation	Inspector Notes	USP Reference(s)
26.0	Does the pharmacy maintain a chemical hazard, spill management, and disposal information program in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		6.2.5
26.1	Pharmacy staff have access to safety data sheets (SDS).	Yes		6.2.5
26.2	Pharmacy staff have documented annual training for those who might have to clean up a spill.	Yes		6.2.5, 14
26.3	The pharmacy has a readily accessible spill kit in the compounding area.	Yes		6.2.5
26.4	The pharmacy has a process to manage and document any nonhazardous spills and disposal.	Yes		6.2.5
26.5	Waste of any component is disposed of in accordance with laws and regulations of the applicable regulatory jurisdiction.	Yes		1.1.3, 6.2.5
	Master Formulation Records (MFR) and Compounding Records (CR) **Inspector should review a minimum of five (5) MFRs and five (5) CRs.**			
27.0	Is an MFR created for each unique formulation of a CNSP in compliance with USP <795> standards? ***Inspector note: Per USP, an MFR is a detailed record of procedures that describes how the CNSP is to be prepared.*** ***If no, go to compliance statements.***	Yes		7.1
27.1	An MFR is created for each unique formulation.	Yes		7.1 Box2
27.2	Any changes or alterations to the MFR are approved and documented.	Yes		7.1

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		Observation	Inspector Notes	USP Reference(s)
27.3	Does the designated person(s) or designee evaluate CNSP's characteristics when considering the assigned BUD for an MFR? ***Inspector note: Per USP, "When establishing a BUD for a CNSP, compounders must consider parameters that may affect quality, including but not limited to the following:*** ***- Chemical and physical stability properties of the API and any added substances in the preparation (e.g., if the API and added substances in the preparation are known to rapidly degrade over time and/or under certain storage conditions, reduce the strength of the preparation, or produce harmful impurities)*** ***- Compatibility of the container closure system with the finished preparation (e.g., leachables, interactions, adsorption, and storage conditions)*** ***- Degradation of the container closure system, which can lead to a reduction in integrity of the CNSP*** ***- Potential for microbial proliferation in the CNSP (and)*** ***- Significant deviations from essential compounding steps and procedures; changes to essential compounding steps may have an impact on the stability of the formulation."***	Yes		7.1, 10.2 Table 4
28.0	Does the pharmacy's MFRs contain all requirements in compliance with USP <795> standards? ***If no, go to compliance statements. Additionally, collect a copy of the MFR and include as an attachment.***	No		7.1
28.1	MFR includes the name, strength or activity, and dosage form of the CNSP.	Yes		7.1
28.2	MFR identifies the identities and amounts of all components and, if applicable, relevant characteristics of components (eg, particle size, salt form, purity grade, solubility).	Yes		7.1
28.3	MFR includes the type of container–closure system(s).	Yes		7.1

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		Observation	Inspector Notes	USP Reference(s)
28.4	MFR has complete instructions for preparing the CNSP, including equipment, supplies, and a description of the compounding steps. ***Inspector note: Per USP, the MFR will also include, "Other information needed to describe the compounding process and ensure repeatability (e.g., adjusting pH, temperature)." MFRs will include the detailed instructions necessary for an experienced compounder. Some examples of other details to ensure repeatability include, but are not limited to: speed duration, settings on equipment, and specific order of mixing (if applicable).*** ***Inspector should review several MFRs for completeness of instructions.***	Yes		7.1
28.5	MFR has a physical description of the final CNSP.	No	Physical Description missing on MFR.	7.1
28.6	MFR includes the assigned beyond-use date (BUD) and storage requirements.	Yes		7.1
28.7	MFR contains the reference source to support the assigned BUD.	Yes		7.1
28.8	Labeling requirements (eg, shake well) are described on the MFR.	Yes		7.1
28.9	If applicable, the MFR contains the calculations to determine and verify quantities and/or concentrations of components and strength or activity of APIs.	Yes		7.1
28.10	An MFR has QC procedures (eg, pH testing, visual inspection) and expected results.	Yes		7.1
29.0	Does the pharmacy complete a Compounding Record (CR) for all CNSPs in compliance with USP <795> standards? ***If no, go to compliance statements. Additionally, collect a copy of the MFR and the CR (no PHI or PII is to be collected).***	No		7.2, 14
29.1	A CR is completed for each CNSP prepared.	Yes		7.2, 14
29.2	The CR includes the name, strength or activity, and dosage form of the CNSP.	Yes		7.2, 14

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		Observation	Inspector Notes	USP Reference(s)
29.3	The CR includes the date (or date and time) the CNSP was prepared.	Yes		7.2, 14
29.4	The CR includes the assigned internal identification number (eg, prescription, order, or lot number).	Yes		7.2, 14
29.5	The CR has a method to identify the individuals involved in the compounding process of the CNSP.	Yes		7.2, 14
29.6	The CR has a method to identify the individual who completed the review and verified the final CNSP.	Yes		7.2, 14
29.7	The CR includes name, vendor or manufacturer, lot number, and expiration date of each component.	Yes		7.2, 14
29.8	The CR includes the weight or measurement of each component.	Yes		7.2, 14
29.9	The CR identifies the total quantity compounded.	Yes		7.2, 14
29.10	The CR lists the assigned BUD and storage requirements.	Yes		7.2, 14
29.11	If applicable, the CR contains the calculations to determine and verify quantities and/or concentrations of components and strength or activity of API.	Yes		7.2, 14
29.12	The CR has a physical description of the final CNSP.	No	Physical Description missing on CR.	7.2, 14
29.13	The CR includes the results of quality control procedures (eg, pH testing, visual inspection).	Yes		7.2, 14
29.14	The CR contains a MFR reference for the CNSP.	Yes		7.2, 14
29.15	Each CR is reviewed for completeness before the CNSP is released.	Yes		7.2, 8
29.16	The CR shows traceability of all components in the case of a recall or known quality issue.	Yes		7.2, 12.1, 14

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		Observation	Inspector Notes	USP Reference(s)
30.0	Are there procedures for in-process checks performed by a pharmacist? ***Inspector note: In-process checks are safety steps for complex, multi-step compounding processes. These checks indicate that appropriate procedures for measuring/mixing are followed for each step, including pharmacist verification of steps performed by non-pharmacists and visual inspection of preparation. Inspector should describe their observations in the Inspector Notes.***	No	Currently in-process checks are not performed for liquid measurements.	2, 7.2, 8
	Labeling			
31.0	Are the pharmacy's labels for CNSPs in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		9
31.1	Information on the label is prominently and legibly displayed. ***Inspector note: Per USP, labeling includes other accompanying materials along with the CSP, which is defined as "All labels and other written, printed, or graphic matter on the immediate container or on or inside any packaging system or wrapper in which the article is enclosed, except for any outer shipping container."***	Yes		9
31.2	The labeling meets any state or federal regulatory requirements.	Yes		1.1.3, 9
31.3	The label on the immediate container includes an assigned internal identification number (eg, barcode, prescription, order, or lot number).	Yes		9
31.4	The label on the immediate container includes the active ingredients and their amount(s), activity(ies), or concentration(s).	Yes		9
31.5	The label on the immediate container includes the storage conditions, if other than controlled room temperature.	Yes		9
31.6	The label on the immediate container includes the BUD. ***If no, please describe whether the pharmacy instead used the term "expiration date" or similar language or if this information was not included on the label.***	Yes		9

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		Observation	Inspector Notes	USP Reference(s)
31.7	The label on the immediate container includes the dosage form.	Yes		9
31.8	The label on the immediate container includes the total amount or volume, if it is not obvious from the container.	Yes		9
32.0	Does the labeling on the dispensed CNSP include the route of administration? ***Inspector note: This is a USP recommendation.***	Yes		9
33.0	Does the labeling contain information identifying the CNSP as a compounded preparation? ***Inspector note: Per USP, this is a recommendation.***	No		9 USP <7>
34.0	Does the labeling on the dispensed CNSP display any applicable special handling instructions or warning statements? ***Inspector note: This is a USP recommendation.***	Yes		9
35.0	Does the labeling on the dispensed CNSP display the name of the compounding facility and contact information if the CNSP was to be sent outside of the facility or health care system? ***Inspector note: This is a USP recommendation.*** ***If the pharmacy only compounds CNSPs for patient use onsite (eg, a health care facility), inspector should answer this question as N/A.***	Yes		9
	Establishing Beyond Use Dating (BUDs)			
36.0	Is each CNSP assigned and labeled with a BUD in compliance with USP <795> standards? ***Inspector note: Per USP, the BUD is defined as, "The date, or hour and date, after which a CNSP must not be used, stored, or transported. The date is determined from the date or time the preparation is compounded." This is not the same term as "expiration date."*** ***If no, go to compliance statements.***	Yes		10 USP <7>
36.1	CNSP label has a BUD that specifies the date, or the hour and date, beyond which the preparation cannot be used and must be discarded.	Yes		10.1
36.2	CNSP labels do not list an "expiration date" or equivalent language.	Yes		10.1

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		Observation	Inspector Notes	USP Reference(s)
36.3	BUDs are assigned from the date (and time) of preparation.	Yes		10.1
36.4	BUDs are assigned based on dispensing in tight, light resistant containers/overpacks. ***Inspector note: Per USP, the Table 4 maximum limits for BUD are, "based on the ability of the CNSP to maintain chemical and physical stability and to suppress microbial growth. These BUDs represent the limit for CNSPs that are packaged in tight, light-resistant containers unless conditions in 10.4 CNSPs Requiring Shorter BUDs or 10.5 Extending BUDs for CNSPs apply."***	Yes		10.3
36.5	The BUD assigned to the CNSP does not exceed the shortest remaining expiration date of any of the commercially available starting components.	Yes		10.4
37.0	Does the pharmacy ensure the assigned BUD does not exceed the shortest BUD of any individual compounded components? ***Inspector note: Per USP, "For CNSPs prepared from one or more compounded components, the BUD should generally not exceed the shortest BUD of any of the individual compounded components. However, there may be acceptable instances when the BUD of the final CNSP exceeds the BUD assigned to compounded components (e.g., pH-altering solutions). If the assigned BUD of the final CNSP exceeds the BUD of the compounded components, the physical, chemical, and microbiological quality of the final CNSP must not be negatively impacted." Another example of these "acceptable instances" (similar to pH-altering components mentioned above) inspectors may see are stock solutions (and other formulas within a formula) such as methocel 1%.*** ***If no, inspector should describe the observations, including the name of the component whose BUD was shorter than the assigned BUD of the final CSP.***	Yes		10.4
38.0	Does the designated person(s) evaluate a CNSP formulation to establish the maximum BUD? ***If no, who establishes the maximum BUD for a MFR?***	Yes		7.1, 10.2, 10.3
39.0	Does the pharmacy compound CNSPs with a USP monograph?	No		10.5

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		Observation	Inspector Notes	USP Reference(s)
40.0	Does the pharmacy compound CNSPs following the USP monograph precisely? ***If no, go to compliance statements.***	N/A		10.5
40.1	Pharmacy staff have access to the USP monograph for reference.	N/A		10.5
40.2	CNSPs are prepared in accordance with the USP monographs. ***If no, inspector to collect a copy of the compounding record, label, and describe what specific steps of the monograph were not followed.***	N/A		10.5
40.3	Components used by the compounder match those listed in the monograph. ***If no, describe the source of the component in monograph and the source that the pharmacy used.***	N/A		10.5
40.4	The maximum BUD specified in the USP monograph is not exceeded. ***If no, identify the drug, monograph-stated BUD, and the BUD used by the pharmacy.***	N/A		10.5
41.0	Does the pharmacy compound CNSPs that are not available from a USP monograph?	Yes		10.4
42.0	Does the pharmacy adhere to the BUD (maximum) limits established in Table 4 for CNSPs in compliance with USP <795> standards? ***Inspector note: This question is for the CNSPs compounded that are <u>not</u> following a USP monograph or those CNSPs where extending BUD requirements were applied (where pharmacy has completed or has access to CNSP-Specific Stability Information). Per USP, the pharmacy is not required to measure water activity (A_w) for a CNSP.*** ***If no, go to compliance statements.*** ***If <u>all</u> CNSPs compounded at the pharmacy are following a USP monograph or the pharmacy is following a stability study that used a stability-indicating assay analytical method for the API, CNSP formulation, and material of composition of the container closure system, then the inspector should answer this question as N/A.***	Yes		10.4

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National Association of Boards of Pharmacy®
Verified Pharmacy Program Inspection Form

Nonsterile Compounding Inspection for USP <795>

Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
42.1	**Non-preserved, Aqueous Dosage Forms**: The non-preserved, aqueous dosage form CNSP is labeled with a BUD that does not exceed 14 days with refrigerated storage temperature. ***Inspector note: Per USP <795>, Aqueous dosage forms are ones that have a Aw ≥ 0.6, eg, emulsions, gels, creams, solutions, sprays, or suspensions.*** ***If pharmacy does not compound non-preserved aqueous dosage forms, inspector should answer statement as N/A.*** ***If no, describe your observations including but not limited to: the name of the compounded preparation, the labeled BUD, and the storage environment. Additionally, collect a copy of the master formulation record, the compounding record, and a copy of a label without PHI.***	Yes		10.4 Table 4 USP <659>
42.2	**Preserved, Aqueous Dosage Forms:** The preserved, aqueous dosage form CNSP is labeled with a BUD that does not exceed 35 days with controlled room temperature or refrigerated storage temperature. ***Inspector note: Per USP <795>, Aqueous dosage forms are ones that have a Aw ≥ 0.6, eg, emulsions, gels, creams, solutions, sprays, or suspensions.*** ***If pharmacy does not compound preserved aqueous dosage forms, inspector should answer statement as N/A.*** ***If no, describe your observations including but not limited to: the name of the compounded preparation, the labeled BUD, and the storage environment. Additionally, collect a copy of the master formulation record, the compounding record, and a copy of a label without PHI.***	Yes		10.4 Table 4 USP <659>
42.3	**Nonaqueous, Oral Liquid Dosage Forms**: The nonaqueous, oral liquid dosage form CNSP is labeled with a BUD that does not exceed 90 days with controlled room temperature or refrigerated storage temperature. ***Inspector note: Per USP <795>, Nonaqueous oral liquid dosage forms are ones that have a A_w < 0.6. Some examples of oral liquids that are nonaqueous include: oil-based oral solution or suspension.*** ***If pharmacy does not compound nonaqueous dosage forms, inspector should answer statement as N/A.*** ***If no, describe your observations including but not limited to: the name of the compounded preparation, the labeled BUD, and the storage environment. Additionally, collect a copy of the master formulation record, the compounding record, and a copy of a label without PHI.***	N/A		10.4 Table 4 USP <659>

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		Observation	Inspector Notes	USP Reference(s)
42.4	**Nonaqueous Dosage Forms:** The nonaqueous dosage form CNSP is labeled with a BUD that does not exceed 180 days with controlled room temperature or refrigerated storage temperature. ***Inspector note: Per USP <795>, Nonaqueous (Solid) dosage forms are ones that have a A_w < 0.6. Some examples include capsules, tablets, granules, powders, nonaqueous topicals, suppositories, and troches or lozenges.*** ***If pharmacy does not compound other nonaqueous solid dosage forms, inspector should answer statement as N/A.*** ***If no, describe your observations including but not limited to: the name of the compounded preparation, the labeled BUD and the storage environment. Additionally, collect a copy of the master formulation record, the compounding record, and a copy of a label without PHI.***	Yes		10.4 Table 4 USP <659>
43.0	Does the pharmacy label any CNSPs with BUDs that extend beyond the maximum limits in Table 4 USP <795>?	No		10.5 Table 4
44.0	Does the pharmacy follow the requirements for labeling a CNSP with a BUD that exceeds Table 4 in compliance with USP <795> standards? ***If no, go to compliance statements.***	N/A		10.5
44.1	The labeled BUD for an aqueous dosage form does not exceed 180 days. ***If no, collect a copy of the MFR, the CR, and a copy of a label without PHI.***	N/A		10.5
44.2	The labeled BUD for a nonaqueous dosage form does not exceed 180 days. ***If no, collect a copy of the MFR, the CR, and a copy of a label without PHI.***	N/A		10.5
44.3	Pharmacy is following the results of their own stability study. ***If the pharmacy only follows cited stability studies (does not conduct their own stability studies) for extending BUDs, answer this question as N/A.*** ***If pharmacy is following a bracketed study, inspector may mark this statement as yes if concentrations of CNSPs are at or within the concentrations specified within the study.*** ***If pharmacy is following a bracketed study and is using a concentration outside the study, answer this question as a no and describe observations.***	N/A		10.5

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Nonsterile Compounding Inspection for USP <795>

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		Observation	Inspector Notes	USP Reference(s)
44.4	The pharmacy has a copy of the cited stability study, which used a stability-indicating analytical method, for extending BUDs. ***Per USP, any stability study that meets the requirements of a stability-indicating assay method can be used (whether it is published or unpublished, such as a study provided by a chemical supplier) to extend BUDs up to 180 days for a CNSP.*** ***If pharmacy only conducts their own stability studies (does not use published or unpublished study performed by another entity) for extending BUDs, inspector should answer this question as N/A.*** ***If no, please describe the inspector observations.***	N/A		10.5
44.5	The cited stability study (which uses a stability-indicating analytical method for extending BUDs) describes the API(s), CNSP formulation, and material composition of the container closure used. ***If pharmacy only conducts their own stability studies (does not use published or unpublished study performed by another entity) for extending BUDs, inspector should answer this question as N/A.*** ***If no, please describe the inspector observations.***	N/A		10.5
44.6	If the cited stability study (which uses a stability-indicating analytical method for extending BUDs) is bracketed, the pharmacy's CNSP formulation is at or within the low and high concentration of each active ingredient within the stability study. ***If no, describe the concentrations cited in the stability study and the concentration of the CNSP compounded by the pharmacy.*** ***If pharmacy only conducts their own stability studies (does not use published or unpublished study performed by another entity) for extending BUDs, inspector should answer this question as N/A.***	N/A		10.5

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Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
44.7	Aqueous CNSPs whose labeled BUDs are extended beyond Table 4, have: - been tested for antimicrobial effectiveness at least once for each formulation in the type of (with the same material composition of the) container closure system that will be used; - received study results from an FDA-registered facility (for the same CNSP formulation using the same material composition of the container closure system); or - a study published from peer-reviewed literature (for the same CNSP formulation using the same material composition of the container closure system). ***Inspector note: Pharmacy may rely on a bracketed study from the above options as long as the bracketed study information includes the low and high concentration of each active ingredient in the formulation. Per USP, this is "to establish preservative effectiveness across various strengths of the same formulation (e.g., bracketing). The concentration of all other ingredients (including preservatives) must fall within the bracketed range.***	N/A		10.5
	Quality Assurance (QA), Quality Control (QC), and Quality Management (QM) Inspector to review at least one complaint, one adverse event, and one recall (if applicable).			
45.0	Does the pharmacy have a QA/QC program to ensure that CNSPs are prepared per the requirements in USP <795> standards and any applicable regulatory requirements? ***If no, go to compliance statements.***	Yes		1.1.3, 12
45.1	The pharmacy has a formal QA/QC program with documented activities. ***Inspector note: Per USP, "A facility's QA and QC programs must be formally established and documented in the facility's SOPs that ensure that all aspects of the preparation of CNSPs are conducted in accordance with the requirements in this chapter (<795>) and the laws and regulations of the applicable regulatory jurisdiction."***	Yes		12
45.2	The QA/QC programs address adherence to procedures.	Yes		12
45.3	The QA/QC programs address prevention and detection of errors and other quality problems.	Yes		12

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Nonsterile Compounding Inspection for USP <795>

Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
45.4	The QA/QC programs address evaluation of complaints and adverse events. ***Review at least one complaint and one adverse event. If there are no complaints or adverse events, review the process that the pharmacy would follow in the event of a complaint or adverse event.***	Yes		12
45.5	The QA/QC programs address appropriate investigations and corrective actions.	Yes		12
46.0	Has the pharmacy received any complaints related to CNSPs within the past year?	Yes	Nasal Spray container leaking in shipping.	12
47.0	Does the pharmacy follow complaint handling requirements in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		12.2
47.1	The pharmacy has a complete written or electronic record of each complaint made. ***Inspector note: Per USP, "The record must contain the name of the complainant or other unique identifier, the date the complaint was received, the nature of the complaint, and the response to the complaint. In addition, to the extent that the information is known, the following should be recorded: the name and strength of the CNSP and the assigned internal identification number (e.g., prescription, order, or lot number). The record must also include the findings of any investigation and any follow-up. Records of complaints must be easily retrievable for review and evaluation for possible trends and must be retained."***	Yes		12.2
47.2	Complaints are reviewed in accordance with SOPs by the designated person for the QA program.	Yes		12.2
47.3	Complaints are reviewed to determine whether it indicates a potential quality problem with the CNSP.	Yes		12.2
47.4	Complaints are fully investigated.	Yes		12.2
47.5	Complaint investigations consider whether the quality problem extends to other CNSPs.	Yes		12.2

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National Association of Boards of Pharmacy®
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Nonsterile Compounding Inspection for USP <795>

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Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
47.6	Corrective action, if necessary, is implemented for all potentially affected CNSPs. ***Inspector note: Per USP, the pharmacy is to, "Consider whether to initiate a recall of potentially affected CNSPs and whether to cease nonsterile compounding processes until all underlying problems have been identified and corrected."***	Yes		12, 14
47.7	A CNSP that is returned in connection with a complaint is quarantined until it is destroyed after the completion of the investigation and in accordance with the laws and regulations of the applicable regulatory jurisdiction.	Yes		1.1.3, 12.2
48.0	Has the pharmacy initiated any recalls of CNSPs within the past two years? ***Inspector note: Per USP <795> requires all records to be readily retrievable for two years, including recalls. However, the state/jurisdictional regulator may require records to be kept for a longer period of time.*** ***Review most recent recall and describe in the Inspector Notes.*** ***If the pharmacy has not had any recalls within the past two years, inspector should answer the question as No.***	No		12.1, 14
49.0	Does the pharmacy follow recall and adverse event procedures for CNSPs in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		12.1, 12.2, 12.3
49.1	The pharmacy has procedures to determine when recalls must be initiated.	Yes		12.1
49.2	The pharmacy documents the implementation of the recall.	Yes		12.1
49.3	Pharmacy reports recalled CNSPs to the appropriate regulatory bodies (as required by laws and regulations of the applicable regulatory jurisdiction).	Yes		1.1.3, 12.1
49.4	Investigations into an adverse event that reveals a quality problem with a CNSP that is likely to affect other patients are reported to both patients and their prescribers.	Yes		12.3
50.0	Does the pharmacy procedures include a step to immediately notify the prescriber of a failure of specifications with potential to cause harm (eg, strength, purity, or other quality attributes)? ***Inspector note: This is a USP recommendation.***	Yes		12.1

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		Observation	Inspector Notes	USP Reference(s)
	CNSP Packaging			
51.0	Does the pharmacy's packaging processes and materials meet the requirements in USP <795>? ***If no, go to compliance statements.***	Yes		13.1
51.1	The packaging materials protect CNSPs from damage, leakage, contamination, and degradation.	Yes		13.1
51.2	The packaging materials used protects personnel from exposure (from the packaged CNSP).	Yes		13.1
52.0	The packaging materials selected by the pharmacy maintain the physical and chemical integrity and stability needed for CNSPs (eg, protect from light).	Yes		13.1
	Compounding Personnel Observations - *Inspector must observe personnel performing compounding and related activities. This section will require the inspector to observe the staff while performing compounding and related activities. It is acceptable for pharmacy staff to perform mock compounding activities (with two creams or other drugs) as long as all observations can be viewed.*			
53.0	**Personal Preparation Observation:** Before entering the compounding area, do personnel remove any items that are not easily cleanable or are not necessary for compounding in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		
53.1	Personnel removed all outer garments (eg, hats, scarves, bandanas, vests, coats, and jackets).	Yes		3.1
53.2	Personnel removed all items that are not easily cleanable and that might interfere with garbing.	Yes		3.1
53.3	Personnel removed all hand, wrist, and other exposed jewelry, including piercings, that could interfere with the effectiveness of garbing and hand hygiene (eg, watches, rings that may tear gloves).	Yes		3.1
53.4	Personnel removed earbuds or headphones.	Yes		3.1

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Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
53.5	Any accommodations permitted by the designated person(s) should be documented. ***Inspector note: Per USP <795>, accommodations may be permitted as long as the quality of the CSP and environment will not be affected.***	Yes	An accommodation for staff member wearing a hijab has been documented.	3.1
54.0	**Hand Hygiene Observation:** Were personnel who enter the compounding area to compound observed performing the appropriate hand washing procedures in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		3.2, Box 1
54.1	All personnel who enter the compounding area to compound performed hand hygiene.	Yes		3.2 Box 1
54.2	Personnel wash hands with soap and water for at least 30 seconds.	Yes		3.2
54.3	Personnel dry their hands completely with disposable towels or wipers.	Yes		3.2
54.4	Personnel do not solely rely on the use of alcohol hand sanitizers.	Yes		3.2
55.0	***Garbing Observation:*** Were compounding personnel observed following the appropriate garbing procedures in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		3.3 Box 1
55.1	All personnel entering the compounding area are fully garbed (with the required garb as determined by the facility SOPs).	Yes		3.3 Box 1
55.2	All personnel who perform compounding activities don gloves. ***Inspector note: Per USP, "Gloves must be worn for all compounding activities."***	Yes		3.2, 3.3 Box 1
55.3	Gloves are inspected periodically for holes, punctures, or tears and replaced immediately if a defect is detected.	Yes		3.3 Box 1
56.0	Are gloves wiped or replaced before beginning compounding a CNSP with a different component or when other objects were touched (eg, pens, keyboards) to minimize risk of cross contamination with other CNSPs? ***Inspector note: This is a USP recommendation.***	Yes		3.3

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Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
57.0	List the name(s) of the CNSPs observed by the inspector as part of live compounding demonstration.		NAD+ 200 mg/ml Nasal Spray 5 ml X 4	
58.0	**Compounding Observation:** Are compounding personnel using appropriate nonsterile compounding techniques for CNSPs in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		2 Box 3
58.1	The compounding personnel enter the nonsterile compounding area in accordance with the SOPs.	Yes		3.1, 4.1
58.2	The compounding personnel started with a clean compounding area for CNSPs.	Yes		4.1, 4.3, 5 Table 1
58.3	The compounding personnel selected the correct MFR for the CNSP to be prepared.	Yes		7, 7.1 Box 2
58.4	The compounding personnel performed hand hygiene. ***Inspector note: Per USP <795>, Box 1, personnel are to: wash hands with soap and water for at least 30 seconds, dry hands completely with disposable towels or wipers, and then don gloves.***	Yes		3.2 Box 1
58.5	The compounding personnel are appropriately garbed for the type of CNSP prepared.	Yes		3.3
58.6	The compounding personnel obtained the proper ingredients (APIs and/or components). ***Inspector note: All ingredients must be within date and match what is listed in the MFR. If the ingredient is an API, the COA must have already been reviewed and approved for use.***	Yes		6.2 (6.2.1 - 6.2.5)
58.7	The compounding personnel gathered all necessary materials, equipment, and supplies necessary and/or specified in the MFR and is in good working order prior to use for the CNSP. ***Inspector note: All items must be clean prior to use. If equipment requires calibration and/or certification, compounder must ensure the equipment or device is within proper specifications (eg, tare scales and/or balances).***	Yes		6.1 Table 2

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Nonsterile Compounding Inspection for USP <795>

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Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
58.8	The compounding personnel have knowledge of and access to any SDS.	Yes		6.2
58.9	The compounding personnel only compound one CNSP at a time (to proactively prevent mix-ups, errors, and cross contamination).	Yes		1.1.3
58.10	The compounding personnel compound the CNSP according to the MFR. ***If no, inspector needs to describe in detail their observations in the Inspector Notes and collect a copy of the MFR and CR (no PHI or PII to be collected).***	Yes		7.1, 7.2 Box 2
58.11	The compounding personnel document any required steps listed in the MFR on the CR. ***Inspector note: This would include any weights, volume, and any in-process checks needed.***	Yes		7.2, 14 Box 3
58.12	Documentation in the CR is legible. ***If no, collect copy of record that is illegible. Redact any PHI on record.***	Yes		14
58.13	The compounding personnel verify the correct BUD in accordance with the MFR requirements in USP-<795>.	Yes		10 Table 3, Table 4
58.14	The compounding personnel performed any quality control steps specified in the MFR. ***Inspector note: Examples of this include, but are not limited to: testing of pH for a suspension, weighing of capsules, and visual inspection against product description specifications.*** ***If no, describe observations in Inspector Notes.***	Yes		7.2, 8, 8.1, 12 Box 3
58.15	The compounding personnel placed the CNSP into the proper container closure system.	Yes		8.1 Box 2
58.16	The compounding personnel labeled the CNSP. ***Inspector note: Storage requirements must be included on the label if refrigerated or frozen (so patient can identify the storage temperature requirements).***	Yes		9

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Nonsterile Compounding Inspection for USP <795>

Facility Name: Artisan Drug Inc dba Artisan Drug
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Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
58.17	The compounding personnel completed any documentation on the CR. ***If no, describe observations of what was missing or omitted in Inspector Notes.***	Yes		7.2, 8, 14 Box 3
58.18	The compounding personnel cleaned and sanitized the compounding area before the next CNSP (with differing ingredients) is prepared.	Yes		5
59.0	**Final CNSP check observation:** Does the visual inspection of the CNSP by the pharmacist confirm all USP <795> requirements? ***Observe a pharmacist check several CNSP prescriptions. List the name of CNSPs release inspection observed in the Inspector Notes.*** ***If no, go to compliance statements.***	Yes		8, 8.1, 9
59.1	CNSP was visually inspected to determine the physical appearance of the CNSP is as expected (eg, color, texture, physical uniformity), including any special characteristics listed in the MFR (eg, emulsions must be checked for phase separation).	Yes		8, 8.1
59.2	Visual inspection included checking for container closure integrity (eg, leakage, cracks, improper seals).	Yes		8, 8.1
59.3	CNSP label was verified against the prescription or medication order.	Yes		8, 8.1, 9
59.4	CNSP label was verified against the MFR.	Yes		8, 8.1, 9
59.5	CNSP label was verified against the CR.	Yes		8, 8.1, 9
59.6	If a CNSP will not be released or dispensed on the day the preparation was made, a visual inspection was conducted immediately before it is released or dispensed to make sure the CNSP did not develop any defects during storage.	Yes		8, 8.1
59.7	All checks and inspection that are performed are properly documented.	Yes		8.1, 14

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		Observation	Inspector Notes	USP Reference(s)
59.8	CNSP that do not meet requirements, are promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before disposal	Yes		8.1
60.0	Inspect several different finished compounded nonsterile preparations. Are all the finished compounded preparations free from any evidence of signs of contamination? ***Inspector note: If found, request the compounded preparation to be quarantined and notify NABP immediately.*** ***Additionally, list the name(s) of the compounded preparation(s) observed; description of type of contamination suspected (eg, particulates, dirt/debris/(suspected) mold within container closure); number of preparations affected (eg, two of the five containers on the shelf); lot or batch information; BUD assigned; and collect photographs, copy of MFR, and CR.***	Yes		12
61.0	**Cleaning and Disinfection Observation:** Does the pharmacy perform cleaning and sanitizing activities in the compounding area in compliance with USP <795> standards? ***Document observations while pharmacy staff are performing live compounding activities in Inspector Notes.*** ***If no, go to compliance statements.***	Yes		5
61.1	Pharmacy staff starts with a clean and sanitized work surface prior to compounding a CNSP.	Yes		5 Table 1
61.2	Pharmacy staff perform cleaning and sanitizing between compounding CNSPs with different components. ***Inspector note: Per USP, "If cleaning and sanitizing are performed as separate steps, cleaning must be performed first."***	Yes		5 Table 1
61.3	Pharmacy staff ensure equipment and devices used in compounding activities are clean and sanitized after use (to prevent cross contamination of the next preparation).	Yes		6.1 Table 2
61.4	Pharmacy staff perform cleaning and sanitizing on work surfaces when visibly soiled, after spills, and/or when surface contamination is known or suspected.	Yes		5 Table 1

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Nonsterile <795> Employee File Records Review

Select the PIC, designated person, a staff pharmacist that checks compounded preparations, and two to three compounding pharmacy technicians. *Do not record the employee name, list only their title or position.
From the drop-down List:
*Mark as "Yes" if the document is present in the records and the competency evaluation was conducted in compliance with USP <795> requirements.
*Mark as "No" if the document is present in the records but is not in compliance with USP <795> requirements.
*Mark as "Missing" if any part of the record is missing and explain in Notes column.
*Mark as "N/A" if the training does not apply (eg, long-term employee may not have initial training available). Document further in the Notes column.

		Employee Records #1	Employee Records #2	Employee Records #3	Employee Records #4	Employee Records #5	
	Employee Title	DP - Technician	PIC - Pharmacist	Technician			Notes
1.0	The training program provides initial training, evaluation, and documentation on the core competencies listed below:						3 Staff members currently perform sterile compounding.
1.1	Compounding personnel are trained on facility SOPs.	Yes	Yes	Yes			
1.2	Compounding personnel are trained on USP <795> standards.	Yes	Yes	Yes			
1.3	The training record for hand hygiene is complete.	Yes	Yes	Yes			
1.4	The training record for garbing is complete.	Yes	Yes	Yes			
1.5	The training record for cleaning and sanitizing is complete.	Yes	Yes	Yes			
1.6	The training record for handling and transporting components and CNSPs is complete.	Yes	Yes	Yes			
1.7	The training record for measuring and mixing is complete.	Yes	Yes	Yes			
1.8	The training record for proper use of equipment is complete.	Yes	Yes	Yes			
1.9	The training record for documentation of compounding processes (eg, Master Formulation Records or Compounding Records) is complete.	Yes	Yes	Yes			
1.10	The training record for interpreting a Certification of Analysis (COA) is complete.	Yes	Yes	Yes			
1.11	The training record for how to read/interpret a Safety Data Sheet (SDS) is complete.	Yes	Yes	Yes			
1.12	The training record for spill management is complete.	Yes	Yes	Yes			
2.0	The annual competency assessment was evaluated and documented on the following topics:						

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	Employee Title	DP - Technician	PIC - Pharmacist	Technician			Notes
2.1	Compounding personnel are re-trained on facility SOPs.	N/A	N/A	N/A			Annual training will occur in January 2026. Nonsterile compounding began in January 2025.
2.2	Compounding personnel are re-trained on USP <795> standards.	N/A	N/A	N/A			
2.3	The annual competency assessment for hand hygiene is complete.	N/A	N/A	N/A			
2.4	The annual competency assessment for garbing is complete.	N/A	N/A	N/A			
2.5	The annual competency assessment for cleaning and sanitizing is complete.	N/A	N/A	N/A			
2.6	The annual competency assessment for handling and transporting components and CNSPs is complete.	N/A	N/A	N/A			
2.7	The annual competency assessment for measuring and mixing is complete.	N/A	N/A	N/A			
2.8	The annual competency assessment for proper use of equipment is complete.	N/A	N/A	N/A			
2.9	The annual competency assessment for documentation of compounding processes (eg, Master Formulation Records or Compounding Records) is complete.	N/A	N/A	N/A			
2.10	The annual competency assessment for interpreting a COA is complete.	N/A	N/A	N/A			
2.11	The annual competency assessment for how to read/interpret a SDS is complete.	N/A	N/A	N/A			
2.12	The annual competency assessment for spill management is complete.	N/A	N/A	N/A			
3.0	The designated person(s) has documented a (periodic) evaluation of their direct observations for compounding activities and documented any deficiencies in the record. *Inspector note: if there are not observations documented, the inspector should answer this question as N/A. Per USP, "the designated person(s) should monitor and observe compounding activities and must take immediate corrective action if deficient practices are observed. Facility SOPs must describe procedures for monitoring and observing compounding activities and personnel."*	N/A	N/A	N/A			

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Glossary & References	USP <795>
Active Pharmaceutical Ingredient (API)	Any substance or mixture of substances intended to be used in the compounding of a preparation, thereby becoming the active ingredient in that preparation and furnishing pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals or affecting the structure and function of the body. Also referred to as a bulk drug substance. A conventionally manufactured drug product is not an API but is typically manufactured from an API(s).
Added Substance	An ingredient that is necessary to compound a preparation but is not intended or expected to cause a pharmacologic response if administered alone in the amount or concentration contained in a single dose of the compounded preparation. The term is used synonymously with inactive ingredient, excipient, and pharmaceutical ingredient.
Administration	The preparation of a nonsterile pharmacologic or other therapeutic agent for ingesting, inserting, applying, or otherwise providing a nonsterile medication in its final form to a single patient. This includes crushing a tablet(s) or opening a capsule(s) to mix with food or liquids to facilitate patient dosing.
Alcohol-based hand rub	An alcohol-containing preparation (liquid, gel, or foam) designed for application to the hands of health care personnel to inactivate microorganisms and/or temporarily suppress their growth. Such preparations may contain one or more types of alcohol, other active ingredients, excipients, and humectants.
Assigned trainer	One or more individuals assigned by the designated person(s) to be responsible and accountable for directly providing the training, observation, and/or evaluation of personnel for the preparation of CNSPs.
Beyond-use date (BUD)	The date, or hour and date, after which a CNSP must not be used, stored, or transported. The date is determined from the date or time the preparation is compounded.
Biological Safety Cabinet (BSC)	A ventilated cabinet that may be used for compounding. These cabinets are divided into three general classes (Class I, Class II, and Class III). Class II BSCs are further divided into types (Type A1, Type A2, Type B1, Type B2, and Type C1).
Bulk drug substance	See the entry for Active Pharmaceutical Ingredient.
Certificate of analysis (COA)	A report from the supplier of a component, container, or closure that accompanies the supplier's material and contains the specifications and results of all analyses and a description of the material.
Cleaning	The process of removing substances (eg, organic and inorganic material) from objects and surfaces, normally accomplished by manually or mechanically using water with detergents or enzymatic products.
Cleaning agent	An agent, usually containing a surfactant, used for the removal of substances (eg, dirt, debris, microbes, and residual drugs or chemicals) from surfaces.
Closed-system processing device	A device designed to reduce the potential exposure to personnel or contamination of the facility or CNSPs. Examples include CVEs, BSCs, or single-use containment glove bags.
Component	Any ingredient used in the compounding of a preparation, including any API, added substance, or conventionally manufactured product.
Compounded nonsterile preparation (CNSP)	A preparation not intended to be sterile that is created by combining, admixing, diluting, pooling, reconstituting other than as provided in the manufacturer's labeling, or otherwise altering a drug product or bulk drug substance.

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Glossary & References	USP <795>
Compounding	The process of combining, admixing, diluting, pooling, reconstituting other than as provided in the manufacturer's labeling, or otherwise altering a drug product or bulk drug substance to create a nonsterile preparation.
Compounding area	An area that is specifically designated for nonsterile compounding.
Compounding personnel	Personnel trained to compound or oversee compounding of preparations.
Compounding record (CR)	Documents the compounding of each CNSP.
Container closure system	Packaging system components that together contain and protect the dosage form. This includes primary packaging system components and secondary packaging system components if the latter are intended to provide additional protection.
Containment glove bag	A single-use disposable glove bag that is capable of containing airborne chemical particles.
Containment ventilated enclosure (CVE)	A full or partial enclosure that uses ventilation principles to capture, contain, and remove airborne contaminants through high-efficiency particulate air (HEPA) filtration and to prevent their release into the work environment.
Conventionally manufactured product	A pharmaceutical dosage form, usually the subject of an application approved by the applicable national regulatory agency, that is manufactured under current good manufacturing practice conditions.
Designated person(s)	One or more individuals assigned to be responsible and accountable for the performance and operation of the facility and personnel as related to the preparation of CNSPs.
FDA	US Food and Drug Administration
Formulation	The specific qualitative and quantitative composition of the final CNSP.
Hazardous Drug (HD)	Any drug identified by at least one of the following criteria: carcinogenicity, teratogenicity or developmental toxicity; reproductive toxicity in humans; organ toxicity at low dose in humans or animals; genotoxicity or new drugs that mimic existing HDs in structure or toxicity. See <800>.
Label	The part of the labeling on the immediate container.
Labeling	All labels and other written, printed, or graphic matter on the immediate container or on or inside any packaging system or wrapper in which the article is enclosed, except for any outer shipping container.
Master formulation record (MFR)	A detailed record of procedures that describes how the CNSP is to be prepared.
Monograph	A quality documentary standard within USP–NF that articulates the quality expectations for a medicine including for its identity, strength, purity, and performance. It also describes the tests to validate that a medicine and its ingredients meet these criteria.
Oversight	The review, monitoring, and supervision of actions taken by personnel bearing responsibility for those actions, and being available if and when needed for consultation, even if not physically present.
Preservative	A substance added to inhibit microbial growth.
Purified water	The minimal quality of source water for the production of Purified Water is drinking water whose attributes are prescribed by the US Environmental Protection Agency (EPA), the European Union, Japan, or the World Health Organization (WHO). This source water may be purified using unit operations that include deionization, distillation, ion exchange, reverse osmosis, filtration, or other suitable purification procedures. (See <1231>, 3.1.1 Purified Water.)

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Glossary & References	USP <795>
Quality Assurance (QA)	A system of procedures, activities, and oversight that ensures that the compounding process consistently meets quality standards.
Quality Control (QC)	The sampling, testing, and documentation of results that, taken together, ensure that specifications have been met for the CNSP.
Reconstitution	The process of adding a diluent to a conventionally manufactured product to prepare a solution or suspension.
Release inspection and testing	Visual inspection and testing performed to ensure that a preparation meets appropriate quality characteristics.
Sanitizing agent	An agent for reducing, on inanimate surfaces, the number of microorganisms (eg, 70% isopropyl alcohol).
SDS	Safety data sheet.
SOP	Standard operating procedure.
Specification	The tests, analytical methods, and acceptance criteria to which any components, CNSP, container closure system, equipment, or other material used in the compounding of CNSPs must conform to be considered acceptable for its intended use.
Stability	The extent to which a product or preparation retains physical and chemical properties and characteristics within specified limits throughout its expiration or BUD.
Verify	To confirm that a method, process, system, or equipment will perform as expected under the conditions of actual use.
Water activity (a_w)	A measure of the fraction of total water that is unbound and freely available to participate in chemical, biochemical, or physicochemical reactions or provide an environment that can support microbial growth. Note that a_w is not water content.

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

	Standard Operating Procedures (SOPs) for Compounded Sterile Preparations (CSPs)	Observation	Inspector Notes Please note NABP did not review each SOP for alignment on USP <797>. The SOP(s) described below is/are a reflection of any self-assessment completed by the pharmacy and/or shared with the inspector during the onsite inspection.	USP Reference(s)
1.0	Does the pharmacy have a designated person(s) who meets the requirements in compliance with USP <797> standards? ***Inspector note: Per USP, "The compounding facility must designate one or more individuals (ie, the designated person(s)) to be responsible and accountable for the performance and operation of the facility and personnel in the preparation of CSPs and for performing other functions." If no, go to compliance statements.***	Yes		1.1.3, 2
1.1	The designated person(s) (for the QA program) has the training, experience, responsibility, and authority to perform the duties required of them.	Yes		18
1.2	The designated person(s) is responsible and accountable for the performance and operation of the facility. ***Per USP, "The designated person(s) is responsible for ensuring that each area related to CSP preparation meets the classified air quality standard appropriate for the activities conducted in that area. The designated person(s) must also ensure that the ISO Class 5 areas are located, operated, maintained, monitored, and certified to have appropriate air quality."***	Yes		2, 4.2, 4.5

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		Observation	Inspector Notes	USP Reference(s)
1.3	The designated person(s) is responsible for personnel performing sterile compounding or other related functions (eg, quality checks and prescription dispensing of compounded preparations).	Yes		2, 17
1.4	The designated person(s) reviews facility SOPs at least every 12 months to ensure that they reflect current practice and such review is documented.	Yes		2, 17
1.5	The designated person(s) ensures that SOP revisions are implemented.	Yes		2, 17
1.6	The designated person(s) communicates all SOP revisions to all impacted personnel. ***Inspector note: USP <797> recommends that personnel should also document acknowledgment and communication of SOP changes and revisions.***	Yes		2, 17
1.7	The designated person(s) ensures that personnel demonstrate competency in performing every procedure that relates to their job function.	Yes		2, 17
1.8	The designated person(s) ensures that corrective actions are taken if problems, deviations, out-of-range results, failures, or errors are identified. ***Inspector note: Per USP, "Data collected in response to corrective actions must be reviewed to confirm that the actions taken have been effective."***	Yes		2, 5, 12

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		Observation	Inspector Notes	USP Reference(s)
2.0	Has the pharmacy developed and implemented SOPs that describe sterile compounding processes and other support activities in compliance with USP <797> standards? ***Inspector note: In order for this to be answered yes, all topics must be addressed if applicable to their business practices.*** ***If no, document "missing" in Inspector Notes*** ***If yes, document the name, number, and version of each SOP in the Inspector Notes.***	Yes		17
2.1	**Scope of Practice:** Types of CSPs that are prepared (eg, immediate use, allergenic extracts, Category 1, Category 2, Category 3). Roles and responsibilities of the designated person(s).		Scope of Sterile Compounding Service, 26.0	1.5
2.2	**Personnel Training and Evaluation:** Description of initial and ongoing training and competency for the designated person(s), compounding personnel, personnel with direct oversight of compounding personnel, and personnel who only perform restocking or cleaning, and disinfecting duties outside of the primary engineering control (PEC). Description of media-fill testing procedures, hand hygiene and garbing competency, and aseptic manipulation competency. Training and competency assessment of personnel on all sterilization methods and equipment used by the facility. Frequency of training is defined.		Training and Competency Compounding Personnel, 2.0, 1.0	2, 2.2, 10 Box 1, Box 2, Table 2, Table 3
2.3	**Personal Hygiene and Garbing:** Description of the required garb, manner of storage, and order of garbing, including disinfection procedures for reusing goggles, respirators, and other reusable equipment. ***Inspector note: Per USP, the RABS (or pharmaceutical isolator) sleeve and glove changes should (not required) be changed per the manufacturer's recommendations and defined in the facility's SOPs.***		Personal Hygiene and Dress Code for Compounding 10.0, 1.0 Hand Hygiene and Garbing 13.0, 1.0	3, 3.3

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		Observation	Inspector Notes	USP Reference(s)
2.4	**Facility Design and Engineering Controls:** Description of design requirements to maintain air quality standards and procedures for evaluating, maintaining, and certifying the areas used for compounding.		Engineering Controls for Sterile Compounding 28.0, 1.0	4, 4.2
2.5	**Certification and Recertification:** Description of sampling sites and procedures.		Maintenance of Compounding Equipment, 27.0, 1.0	5, 5.1
2.6	**Microbiological Air and Surface Monitoring:** Description of the pharmacy's microbiological air and surface monitoring program which includes a diagram of the sampling locations, procedures for collecting samples, frequency of sampling, size of samples (eg, surface area, volume of air), time of day of sampling in relation to activities in the compounding area, and action levels that will trigger corrective actions and documentation requirements.		Controlled Environment, 29.0, 1.0	6, 6.1, 6.2, 6.3
2.7	**Cleaning, Disinfection, and Application of Sporicidal Disinfectants and Sterile 70% IPA:** Description of procedures for cleaning, disinfecting, and applying sporicidal disinfectants and include the frequency, methods, locations of cleaning, and documentation requirements.		Cleaning the Compounding Environment, 30.0, 1.0	7, 7.2 Box 7, Box 8
2.8	**Equipment:** Description of procedures for the calibration, maintenance, cleaning, use of the equipment, and documentation requirements.		Cleaning and Calibration of Equipment Used for Compounding, 39.0, 1.0	9.1, 10, 20

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		Observation	Inspector Notes	USP Reference(s)
2.9	**Components:** Description of procedures that address the selection, receipt, evaluation, handling, storage, and documentation of all CSP components, including all ingredients and container closures.		Storage, Handling, Packaging, Shipping and Transport, 25.0, 1.0	9.3
2.10	**Master Formulation and Compounding Records:** Description of procedures for developing and maintaining MFRs and required information, documentation, and record-keeping requirements for MFRs and CRs.		Master Formulation Records for Sterile Compounded Preparation, 19.0,1.0	11.1, 11.2, 20
2.11	**Release Inspections and Testing:** Description of release testing procedures (eg, visual inspections and/or sterility and endotoxin testing), out-of-specification procedures, corrective action procedures, and documentation requirements.		Release Inspections and Testing, 33.0, 1.0	12, 18, 20
2.12	**Labeling:** Procedures for labeling and label verification (confirming against the prescription or medication order, the MFR, and the CR) in order to prevent errors, CSP mix-ups, and required displayed information.		Labeling Sterile Preparations, 9.0, 1.0	13
2.13	**CSP handling, storage, packaging, shipping, and transport:** Processes and techniques for handling, storing, packaging, and transporting CSPs that include temperature monitoring, excursions, shipping containers, packaging requirements, and selected transportation modes.		Storage, Handling, Packaging, Shipping and Transport, 25.0, 1.0	19
2.14	**Documentation:** Record keeping requirements and procedures for documentation maintenance and storage. ***Inspector note: USP requires readily retrievable records for two years; however, it is acknowledged that state or accreditation organizations may require records for a longer period of time.***		Record Keeping, 4.0, 1.0	20

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		Observation	Inspector Notes	USP Reference(s)
2.15	**Sterilization and Depyrogenation:** Description of methods used for establishing and verifying the effectiveness of the terminal sterilization and depyrogenation methods selected, as well as the methods for maintaining and cleaning the sterilizing and depyrogenation equipment. ***If not applicable to their business practices, inspector should answer statement as N/A.***		Sterilization and Depyrogenation, 41.0, 1.0	10
2.16	**Immediate Use CSPs:** Description of processes followed to meet all conditions of exemption from the requirements for Category 1, Category 2, and Category 3 CSPs. ***If not applicable to their business practices, inspector should answer statement as N/A.***		N/A	1.3
2.17	**Blood/Biological Handling:** Description of processes used to avoid cross-contamination and meet applicable regulatory requirements. ***If not applicable to their business practices, inspector should answer statement as N/A.***		N/A	1.1.2
2.18	**Allergenic Extracts:** Description of procedures for training, competency assessments, personnel hygiene and garbing, facility requirements, cleaning and disinfecting, beyond use dates (BUDs), labeling, storage, shipping and transporting, and documentation. ***If applicable to their business practices, please complete the Allergenic Extracts module.*** ***If not applicable to their business practices, inspector should answer statement as N/A.***		N/A	21

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		Observation	Inspector Notes	USP Reference(s)
	CSPs - Immediate Use, Proprietary Vial/Bag Systems, and Blood-Derived			1
3.0	Does the pharmacy prepare and dispense compounded sterile preparations for direct and immediate use? ***If the pharmacy does not prepare and dispense compounded sterile preparations for direct and immediate use, the inspector should answer question as N/A.***	N/A		1.3
4.0	Does the pharmacy meet all conditions specified in USP <797> for CSPs compounded for direct and immediate use? ***Inspector note: Per USP <797>, all conditions must be met to qualify for exemptions of the requirements for Category 1, Category 2, and Category 3 CSPs.*** ***If no, go to compliance statements.*** ***If the pharmacy does not prepare and dispense compounded sterile preparations for direct and immediate use, the inspector should answer question as N/A.***	N/A		1.3
4.1	Aseptic techniques, processes, and procedures are followed. ***Inspector note: Per USP <797>, facility SOPs must describe procedures followed "to minimize the potential for contact with nonsterile surfaces, introduction of particulate matter or biological fluids, and mix-ups with other conventionally manufactured products or CSPs."***	N/A		1.3
4.2	Personnel are trained and demonstrate competency in aseptic processes as they relate to assigned tasks and the facility's SOPs. ***Review personnel records to verify.***	N/A		1.3

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		Observation	Inspector Notes	USP Reference(s)
4.3	Preparation is performed in accordance with evidence-based information for physical and chemical compatibility of the drugs. ***Inspector note: Examples of this include approved labeling and/or published or unpublished stability and compatibility studies.***	N/A		1.3
4.4	Preparation involves not more than three (3) different sterile products (eg, ingredients and/or components in a single container).	N/A		1.3
4.5	Unused components from a single-use container are discarded after the preparation for one individual patient is complete (ie, single-dose containers are not used for more than one patient).	N/A		1.3
4.6	Administration begins within four hours of the start of the preparation, and if not, the preparation is discarded. ***If administration is not performed within the same facility/campus of the pharmacy and/or is outside the pharmacy's control, inspector should answer statement as N/A.***	N/A		1.3
4.7	Unless the person preparing the preparation is administering or witnessing administration, the preparation is labeled with names and amounts of all active ingredients, name or initials of preparer, and exact four-hour time period in which administration must begin. ***If administration is not performed within the same facility/campus of the pharmacy and/or is outside the pharmacy's control, inspector should answer statement as N/A.***	N/A		1.3

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
5.0	Does the pharmacy prepare proprietary bag and vial systems (ex. addEASE, ADD-Vantage, Mini Bag Plus, Vial2Bag) in compliance with USP <797> standards? ***Inspector note: Docking and activation of proprietary bag and vial systems for immediate administration to an individual patient is out of scope of USP <797> and may be performed outside of an ISO Class 5 environment.*** ***If no, go to compliance statements.*** ***If the pharmacy does not stock, prepare, and/or dispense any proprietary vial and bag systems, inspector should answer statement as N/A.***	N/A		1.4
5.1	Docking for *future activation* and administration is performed in an ISO Class 5 environment and in accordance with requirements of USP <797>, with the exception of BUD assignment.	N/A		1.4
5.2	BUD assignment is not longer than specified in the manufacturer's labeling.	N/A		1.4
6.0	Does the pharmacy meet the conditions specified in USP <797> for CSPs to be prepared per approved labeling? ***Inspector note: Preparing a conventionally manufactured sterile product in accordance with the directions in the manufacturer's approved labeling is considered outside the scope of the USP chapter.*** ***If no, go to compliance statements.*** ***If the pharmacy only <u>compounds</u> sterile preparations (eg, does <u>not</u> prepare sterile preparations that strictly adheres to the conventionally manufactured approved labeling for preparation), inspector should answer statement as N/A.***	N/A		1.4

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		Observation	Inspector Notes	USP Reference(s)
6.1	The product is prepared as a single dose for an individual patient.	N/A		1.4
6.2	The approved labeling includes information for the diluent, the resultant strength, the container closure system, and the storage time.	N/A		1.4
7.0	Does the pharmacy perform compounding activities that require the manipulation of a patient's blood-derived or other biological material (eg, autologous serum)?	No		1.1.2
8.0	For compounding activities that require the manipulation of a patient's blood-derived or other biological material, does the pharmacy perform manipulations that are clearly separated from other compounding activities and equipment used in CSP preparation activities and are controlled by specific SOPs to avoid any cross-contamination? ***Inspector note: Per USP, a separate cart could be used for blood-derived or other biological materials (a separate area is not required by the chapter). Pharmacy should change garb. Pharmacy to have cleaning processes as part of SOPs to avoid cross-contamination.*** ***If the pharmacy does not compound with blood products or other biological materials, Inspector should answer statement as N/A. If the inspector answers the compliance question as "no", please describe your observations.***	N/A		1.1.2

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		Observation	Inspector Notes	USP Reference(s)
	Facility Design and Engineering Controls			4
9.0	**Segregated Compounding Area (SCA):** Does the pharmacy use an SCA as an SEC in compliance with USP <797> standards for facility design and environmental control? ***Inspector note: Per USP, only Category 1 CSPs may be compounded in a SCA.*** ***If no, go to compliance statements.*** ***If pharmacy only uses a cleanroom suite for sterile compounding preparations, inspector should answer question as N/A.***	N/A		4.1, 4.1.1, 4.1.2, 4.2.1 Table 5
9.1	The facility is designed to afford a well-lighted and comfortable working environment.	N/A		4.2, 4.2.1
9.2	Only Category 1 CSPS are prepared in a SCA. ***If pharmacy is compounding Category 2 or Category 3 CSPs in a SCA, inspector should answer this statement as no and collect photographs and copies of the MFR, CR, and provide a description of their observations in the Inspector Notes.***	N/A		4.2.1, 4.2.3 Table 5
9.3	The SCA is located away from unsealed windows, doors that connect to outdoors, and traffic flow. ***Inspector note: Per USP, "strong air currents from opened doors, personnel traffic, or air streams from the HVAC system can disrupt the unidirectional airflow of an open-faced PEC."***	N/A		4.2.1

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		Observation*	Inspector Notes	USP Reference(s)
9.4	The SCA is located away from environmental control challenges and separate from areas not related to compounding (ie, restrooms, warehouses, food preparation areas).	N/A		4.2.1
9.5	A visible perimeter establishes the boundaries of the SCA. ***Inspector note: Per USP, the SCA is defined as "a designated space, area, or room that is not required to be classified and is defined with a visible perimeter. The SCA must contain a PEC and is suitable for preparation of Category 1 CSPs only." USP further defines a perimeter as "a visible demarcation (such as a door, walls, or visible marking on the floor) that defines the SCA or AECA." The perimeter will be defined in the pharmacy's SOPs. Tape or an alternative method may be used to define this visible perimeter, since this is not a classified space.***	N/A		4.2.1 Glossary
9.6	Access to the SCA is restricted to authorized personnel. ***Inspector note: Per USP, authorized personnel includes personnel involved in compounding processes, maintenance, and cleaning.***	N/A		4.2.1
9.7	Free-standing humidifiers/dehumidifiers and air conditioners are not located within the perimeter of the SCA.	N/A		4.2
9.8	Only furniture, equipment, and other materials necessary for performing compounding activities are permitted in the compounding area. ***Inspector note: Per USP, these items should be low-shedding, easily cleaned, and disinfected. This applies to items within the perimeter around the Primary Engineering Control (PEC).***	N/A		4.5

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		Observation	Inspector Notes	USP Reference(s)
9.9	Shipping cartons or other corrugated or uncoated cardboard are not allowed in the SCA.	N/A		4.5
9.10	The SCA and all surfaces (walls, floors, counters, equipment) are clean, uncluttered, and dedicated to compounding.	N/A		4.2.1, 4.3.2
9.11	The sink is located inside the SCA or in close proximity and is located at least one meter away from the PEC.	N/A		4.4
9.12	The area within one meter of the PEC is dedicated only for sterile compounding (eg, not storage, hand hygiene, donning and doffing garb, or other highly particle-generating activities, such as patient care).	N/A		4, 4.2.1
9.13	If overhangs or ledges are present in the SCA, are they easily cleanable? ***If no, describe observations in Inspector Notes.***	N/A		4.2.1, 4.3.2
10.0	Are surfaces smooth, impervious, free from cracks and crevices, and non-shedding so they can be cleaned and disinfected? ***Inspector note: this is a recommendation by USP.*** ***If no, describe in comments Inspector Notes (eg, peeling of Formica countertops).***	Yes		4.3.2

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		Observation	Inspector Notes	USP Reference(s)
11.0	Are surfaces resistant to damage from cleaning, sanitizing, and sporicidal agents used? ***Inspector note: this is a recommendation by USP.*** ***If no, describe in comments inspector observations (ie observed rust on preparation cart or flaking of particle board on shelving).***	Yes		4.2.1, 4.3.2
12.0	**Cleanroom Suite:** Does the pharmacy use a Cleanroom Suite (ISO-classified anteroom and buffer room) as a SEC in compliance with USP <797> standards for facility design and environmental control? ***Inspector note: Per USP <797>, a cleanroom suite is required if compounding any Category 2 and Category 3 CSPs.*** ***If no, go to compliance statements.*** ***If pharmacy only uses an SCA for Category 1 CSPs, inspector should answer question as N/A.***	Yes		4.1, 4.1.1, 4.1.2, 4.2.1, 4.3.1 Table 5
12.1	Access to the cleanroom suite is restricted to authorized personnel. ***Inspector note: Per USP, authorized personnel includes personnel involved in compounding processes, maintenance, and cleaning. Some examples pharmacies may use to demonstrate compliance with this statement (but are not specifically required by the chapter) include posting a sign or creating a badge access point for authorized personnel to enter the cleanroom suite.***	Yes		4.2.1
12.2	The facility is designed to afford a well-lit environment.	Yes		4.2, 4.2.1
12.3	The facility provides a comfortable working environment (eg, temperature and humidity settings so appropriate garb can be donned).	Yes		4.2.1

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		Observation	Inspector Notes	USP Reference(s)
12.4	The anteroom and buffer room are separated from surrounding unclassified areas by fixed walls and doors.	Yes		4, 4.2.1
12.5	Controls are in place to minimize the flow of lower-quality air into the more controlled areas. ***Inspector note: Per USP, "strong air currents from opened doors, personnel traffic, or air streams from the HVAC system can disrupt the unidirectional airflow of an open-faced PEC."***	Yes		4.2.1
12.6	Anterooms providing access to only positive pressure buffer rooms meet at least ISO Class 8 specifications. ***If the pharmacy has a negative pressure room, inspector should answer statement as N/A.***	Yes	Iso 8 Ante Room leads to ISO 7 weighing room which leads to ISO 7 Buffer Room.	4.1.2, 4.2.1
12.7	The anteroom provides access to a negative pressure room and meets at least ISO Class 7 specifications. ***If the pharmacy does not compound hazardous drugs, inspector should answer statement as N/A.***	N/A	No hazardous compounding.	4.1.2, 4.2.1
12.8	The buffer room, where the PEC is placed, meets ISO Class 7 or better air quality specifications. ***Inspector note: If the PEC is a pharmaceutical isolator, the buffer room must be at least ISO Class 8 air quality or better and an anteroom is not required.*** ***Per USP <797>, a pharmaceutical isolator is defined as an enclosure that provides HEPA-filtered ISO Class 5 unidirectional air operated at a continuously higher pressure than its surrounding environment and is decontaminated using an automated system. It uses only decontaminated interfaces or rapid transfer ports for materials transfer. A CAI or CACI is not a pharmaceutical isolator.***	Yes		4.1.2, 4.2.1, 4.2.3

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		Observation	Inspector Notes	USP Reference(s)
12.9	Air supply to the anteroom and buffer room is introduced through HEPA filters in the ceiling.	Yes		4.2.1
12.10	Air returns are located low on the wall. ***If the pharmacy has a visual smoke study (as described in the USP chapter and compliance statement below), inspector should answer statement as N/A.***	Yes		4.2.1
12.11	A visual smoke study demonstrates an absence of stagnant air where particles can accumulate and is repeated if any equipment/placement changes when air returns are not located low on the wall. ***Inspector note: Per USP, "the smoke study, along with environmental monitoring, must be repeated whenever a change is made to the placement of equipment within the room or any other alteration is performed within the cleanroom suite that affects the quality of the air (eg, HVAC alterations, chapter of HEPA filter units)."*** ***If air returns are low on the wall, inspector should answer statement as N/A.***	Yes		4.2.1
12.12	The anteroom has a line of demarcation to separate the dirty side from the clean side or has two separate anterooms, a dirty anteroom and a clean anteroom. ***Describe observations for the type of line of demarcation in the Inspector Notes.***	Yes	Red Tape line on floor in anteroom.	4.2.1
12.13	Personnel enter the dirty side/room first from the unclassified area and the clean side/room is located closest to the buffer room.	Yes		4.2.1

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		Observation	Inspector Notes	USP Reference(s)
12.14	All surfaces (ceilings, walls, floors, doors, door frames, fixtures, shelving, work surfaces, counters, and cabinets) are smooth, impervious, free from cracks and crevices, and non-shedding.	Yes		4.2.1, 4.3.1
12.15	Junctures between ceilings and walls and between the walls and floors are sealed.	Yes		4.2.1, 4.3.1
12.16	If the ceiling consists of inlaid panels, the panels are caulked to seal them to the support frame. ***If the ceiling does not consist of inlaid panels, inspector should answer statement as N/A.***	Yes		4.2.1, 4.3.1
12.17	Walls are constructed of, or covered with, a durable material (eg, epoxy paint, heavy gauge polymer) and integrity of surface maintained.	Yes	Walls are plexiglass and laminated panels.	4.2.1, 4.3.1
12.18	Walls, if paneled, are joined together and sealed to the support structure. ***If walls are not paneled, inspector should answer statement as N/A.***	Yes		4.2.1, 4.3.1
12.19	Floors include coving to the sidewall or the juncture between floor and wall is caulked.	Yes		4.2.1, 4.3.1
12.20	If overhangs or ledges are present, they are easily cleanable. ***If there are no overhangs, ledges, utility pipes, windowsills, etc, inspector should answer statement as N/A.***	N/A		4.2.1, 4.3.1

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12.21	Exterior lens surfaces of the ceiling light fixtures are smooth, mounted flush, and sealed.	Yes		4.2.1, 4.3.1
12.22	All other penetrations through the ceiling or walls (eg, camera domes) are sealed.	Yes		4.2.1, 4.3.1
12.23	The buffer room does not contain plumbed water sources (eg, sinks, eyewashes, showers, or floor drains).	Yes		4.4
12.24	The anteroom does not contain floor drains.	Yes		4.4
13.0	Are **PECs** used to prepare CSPs located in the appropriate space (eg, buffer room or SCA) for category types prepared in compliance with USP <797> standards? ***Inspector to review certification reports and observe compounding area(s) to evaluate.*** ***If no, go to compliance statements.***	Yes		4.2.1, 4.2.2, 4.2.3 Table 4, Table 5
13.1	All compounded sterile preparations (that are not for immediate use) are compounded in a PEC.	Yes		1.3, 4, 4.1.2
13.2	PEC is certified to maintain ISO 5 classification or better conditions during dynamic operating conditions. ***The inspector should only answer yes if the PEC has been certified within the past six months.***	Yes		4.2.2, 4.2.3, 5

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		Observation	Inspector Notes	USP Reference(s)
13.3	The PEC is located out of traffic patterns and away from room air currents that could disrupt the intended airflow patterns inside the PEC. ***Review certification report.***	Yes		4, 4.2.2, 4.2.3
13.4	Placement of the PEC allows for cleaning around the PEC.	Yes		4.2.3
13.5	**Category 2 and Category 3** PEC(s) are located in a cleanroom suite. ***If pharmacy only compounds Category 1 CSPs, inspector should answer this statement as N/A.***	Yes		4.2.3 Table 5
14.0	Does the pharmacy have any CAIs/CACIs used for sterile compounded preparations? ***If the pharmacy does not use any CAI/CACIs for compounding CSPs, inspector should answer question as N/A.***	N/A		4.2.3 Table 5
15.0	Are **CAIs/CACIs** (RABS) used for compounding sterile preparations operated in compliance with manufacturer specifications **and** USP <797> standards? ***If no, go to compliance statements.*** ***If the pharmacy does not use any CAI/CACIs for compounding CSPs, inspector should answer question as N/A.***	N/A		4.2.3

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		Observation	Inspector Notes	USP Reference(s)
15.1	The documented recovery time is followed after opening the CAI/CACI transfer chamber to maintain ISO Class 5 air quality. ***Inspector note: The recovery time should come from the manufacturer of the CAI/CACI.***	N/A		4.2.3
15.2	Staff ensures that adequate recovery time is allowed after closing the CAI/CACI during compounding operations. ***Inspector note: The recovery time should come from the manufacturer of the CAI/CACI.***	N/A		4.2.3
15.3	Sterile gloves are worn over the gloves attached to the CAI/CACI sleeve. ***Inspector note: Per USP, if using a RABS (ie, a CAI or CACI), disposable gloves should be (not required) worn inside the gloves attached to the RABS sleeves.***	N/A		3.3
16.0	Are there controls in place to minimize the influx of contaminants from materials (supplies and equipment) and personnel as they move from areas of lower quality to those of higher quality in compliance with USP <797> standards? ***Inspector note: An example of material movement from lower quality air to higher quality air includes movement from a non-classified area to an ISO Class 8 anteroom, ISO Class 8 anteroom to an ISO Class 7 buffer room, or from an ISO Class 7 buffer room to an ISO Class 5 PEC.*** ***If no, go to compliance statements.***	Yes		4.5

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Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
16.1	Before any item is introduced into the SEC, placed into the pass-through chamber, or brought into the SCA (providing that packaging integrity will not be compromised), it is wiped with a sporicidal disinfectant, EPA-registered disinfectant, or sterile 70% isopropyl alcohol (IPA) using low-lint wipers by personnel wearing gloves.	Yes		4.5
16.2	Before any item is introduced into the PEC, it is wiped with sterile 70% IPA using sterile low-lint wipers and allowed to dry before use.	Yes		4.5
17.0	Does the pharmacy have the appropriate facility design and controls (including the fixtures, types of equipment, materials, and supplies that are stored) in the classified areas in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		4, 9.1, 19.1
17.1	The sink used for hand hygiene, located outside of the anteroom, is placed in an appropriate area and clean space to minimize the risk of bringing contaminants into the anteroom. ***Inspector note: Inspector should evaluate the sink location in relation to the activities that occur where the sink is located as well as the distance between the sink and the entrance to the compounding suite/SCA. Examples that may not be considered appropriate include but are not limited to: sink is located in the bathroom, an adjacent suite or property, or in an employee breakroom where food is prepared. If the sink is located in the anteroom, inspector should answer statement as N/A.***	N/A		4.4

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		Observation	Inspector Notes	USP Reference(s)
17.2	The sink used for hand hygiene, located inside of the anteroom, is placed in an appropriate area to minimize the risk of bringing contaminants into the buffer room. ***Inspector note: Inspector should evaluate the sink location in relation to the doors and compounding activities. For example, the sink is where compounders perform hand hygiene close to where garb is stored (where it can easily get wet/splashed).*** ***If the sink is located outside the anteroom, inspector should answer statement as N/A.***	Yes		4.4
17.3	The doors into the anteroom from the general pharmacy area and from the anteroom into the clean/buffer room are prevented from both being open at the same time (eg, by interlocking, training of personnel, or signage).	Yes	Training of personnel	4.2.1
17.4	The inside and outside doors of a pass-through are prevented from both being open at the same time (eg, by interlocking, training of personnel, or signage).	Yes	Pass throughs are interlocked.	4.2.1
17.5	Only furniture, equipment, and other materials necessary for performing compounding activities are permitted in a classified area or SCA. ***Inspector note: Per USP, items necessary for performing compounding activities are low-shedding and can be easily cleaned and disinfected.*** ***If no, describe the types of items that are observed. If appropriate, submit a photograph with inspection report.***	Yes		4.5, 9.1
17.6	Tacky mats are not used in the classified areas. ***Inspector note: Per USP <797>, "Tacky mats must not be placed within ISO-classified areas."***	Yes	No tacky mats	4.2.1

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Sterile Compounding Inspection for USP <797>

Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
17.7	Shipping cartons or other corrugated or uncoated cardboard are not permitted in the classified areas.	Yes		4.5
17.8	Carts used to transport components or equipment into classified areas are constructed from nonporous materials with cleanable casters and wheels.	Yes		4.5
17.9	Carts (including casters) are cleaned and disinfected prior to moving from the dirty side to the clean side of the anteroom.	Yes		4.5
18.0	Does the pharmacy's facility design for maintaining (eg, recording, monitoring, and controlling) temperature and humidity (eg, HVAC) comply with USP <797> standards? ***Inspector note: Compounded preparations that are finished and stored will be addressed in the general pharmacy module. Inspector should be aware that USP cleanroom temperature recommendations may not be harmonized with USP, FDA, or manufacturer/supplier temperature requirements for drug storage.*** ***If no, go to compliance statements.***	Yes	EdgeX system continuously monitors temperature, humidity and pressures for the clean room suite.	4.2, 19.1 USP <659>
18.1	The compounding area temperature and humidity is maintained by a heating, ventilation, and air conditioning (HVAC) system. ***If inspector finds a free-standing air conditioner, humidifier, or dehumidifier within the classified area or the SCA, the inspector should answer statement as "No." Additionally, inspector should describe what they observed, where the equipment was located, and collect/submit photographs.***	Yes		4.2, 9.3.4, 19.1

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
18.2	The pharmacy records the temperature of the cleanroom suite on days when sterile compounding occurs. ***If pharmacy does not use a continuous recording system, describe the frequency of temperature recording in the notes.***	Yes	Continuous electronic recording system is used.	4.2, 9.3.4, 19.1
18.3	The pharmacy records the humidity of the cleanroom suite on days when sterile compounding occurs. ***If pharmacy does not use a continuous recording system, describe the frequency of humidity recording in the notes.***	Yes	Continuous electronic recording system is used.	4.2, 9.3.4, 19.1
18.4	The pharmacy maintains records of temperature and humidity that are specific to the cleanroom suite. ***Temperature and humidity for drug storage areas will be documented in the general pharmacy module.*** ***If the pharmacy only uses an SCA, inspector should answer statement as N/A.***	Yes		4.2, 9.3.4, 19.1
18.5	The pharmacy can readily retrieve temperature and humidity records. ***If the electronic monitoring system is only capable of providing text message alerts for excursions alone (eg, a report cannot be generated for ongoing temperature conditions), inspector should answer statement as "No."***	Yes		4.2, 9.3.4, 19.1

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		Observation	Inspector Notes	USP Reference(s)
18.6	The pharmacy controls temperature and humidity to maintain appropriate working conditions if no overnight drug storage occurs and/or is following the most restrictive drug label. ***Inspector note: Per USP <797>, the cleanroom suite should be maintained at a temperature of 20°C or cooler and a relative humidity of 60% or below to minimize the risk of microbial proliferation and to provide comfortable conditions for compounding personnel attired in the required garb. CRT is defined as 20°C-25°C per USP <659>.***	Yes		4.2, 9.3.4, 19.1
18.7	The placement of the HVAC unit does not cause cross contamination or interfere with the functioning of the classified area. ***Inspector note: Air streams from the HVAC system(s) can disrupt the unidirectional airflow of an open faced PEC such as a laminar airflow workbench (LAFW).***	Yes		4, 4.2
18.8	Temperature monitoring devices are verified for accuracy at least every 12 months or as required by the manufacturer. ***Inspector note: Monitoring devices are typically calibrated or replaced.***	Yes	Probes are replaced every 12 months.	4.2, 9.3.4
18.9	Humidity monitoring devices are verified for accuracy at least every 12 months or as required by the manufacturer. ***Inspector note: Monitoring devices are typically calibrated or replaced.***	Yes		4.2, 9.3.4

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		Observation	Inspector Notes	USP Reference(s)
19.0	Does the pharmacy store drugs in the cleanroom suite overnight and/or for long periods of time? ***Inspector note: Long periods of time is not defined as pre-compounding preparation right before compounding activities are commenced.***	Yes	APIs are stored in the weighing-prep room (ISO 7) in a refrigerator/freezer and room temperature.	4.2, 9.3.4, 19.1
20.0	If the pharmacy is storing drugs inside the cleanroom suite overnight and/or long periods of time, are any of the drugs stored unable to tolerate temperature excursions?	Yes	Frozen and refrigerated APIs are stored appropriately and monitored.	4.2, 9.3.4, 19.1
21.0	What is the current temperature of the cleanroom suite/SCA? ***Record in the Inspector Notes.***		ISO 8 Ante Room = 64.9 F, ISO 7 Prep Room = 66.2 F, ISO 7 Clean room = 67.8 F	4.2, 9.3.4, 19.1
22.0	What is the current relative humidity percentage of the cleanroom suite/SCA? ***Record in the Inspector Notes.***		ISO 8 Ante Room = 46%, ISO 7 Prep Room = 45%, ISO 7 Clean room = 38%	4.2, 9.3.4, 19.1
23.0	Is the humidity maintained at less than 60% relative humidity (RH) in the compounding area to minimize risk of microbial proliferation?	Yes		4.2, 9.3.4, 19.1

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Sterile Compounding Inspection for USP <797>

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		Observation	Inspector Notes	USP Reference(s)
24.0	Is differential positive pressure maintained in compliance with USP <797> standards? ***Inspector note: Per USP <797>, no pressure differential is required between the SCA and the surrounding area.*** ***If no, go to compliance statements.*** ***Inspector should view logs and current status (while observing compounding) to verify.*** ***If the pharmacy uses an SCA for sterile compounding environment, inspector should answer statement as N/A.***	Yes	Pressures are continuously monitored using the EdgeX system.	4.2.1, 4.2.5, 5
24.1	The facility design creates room separation to allow positive pressure differentials between spaces (rooms) for movement of air from higher quality air to lower quality air. ***Inspector should review a graphic of the airflow contained in the certification report.***	Yes		4.2.1, 4.2.5, 5
24.2	The facility has a system in place to continuously monitor pressure differentials (eg, magnehelic gauge). ***Per USP, pressure differentials need to be monitored continuously, but personnel are not specifically required to visually monitor pressure during compounding activities.***	Yes		4.2.1, 4.2.5, 5
24.3	The facility has a record system to record pressure differentials on days when compounding occurs. ***Inspector note: Per USP, the quantitative results from the pressure monitoring device must be reviewed and documented at least daily on the days when compounding is occurs.***	Yes		4.2.1, 4.2.5, 5

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		Observation	Inspector Notes	USP Reference(s)
24.4	The differential positive pressure between unclassified and the first space in the compounding suite is at least 0.020 inch water column. ***Inspector note: Per USP, certifiers should confirm (this is a USP recommendation) positive pressure around doorways, pass-throughs and any opening in the cleanroom suite with smoke testing (to confirm positive pressure is maintained) with initial certification of the cleanroom suite.*** ***If no, record the observed pressure differential between the two identifred spaces (eg, ISO Class 8 anteroom and the general pharmacy area).***	Yes		4.2.1, 4.2.5, 5
24.5	The differential positive pressure between adjacent classified areas is at least 0.020 inch water column. ***If no, record the observed pressure differential between the two identified spaces (eg, ISO Class 8 anteroom and the ISO Class 7 buffer room).***	Yes		4.2.1, 4.2.5, 5
24.6	Pressure differential monitoring and quantitative results are reviewed and documented at least daily on days when compounding occurs.	Yes		4.2.1, 4.2.5, 5
25.0	Does the pharmacy have a policy in place to cease compounding when the pharmacy is unable to maintain positive pressure differentials (outside of anticipated variations due to opening and closing of doors)?	Yes		4.2.1, 4.2.5, 5
26.0	Are pressure differential monitoring procedures in place that include an alarm or alert when there is an excursion? ***Inspector note: USP <797> does not require there to be an alarm or an alert.***	Yes	The system will send alerts via phone to PIC and DP.	4.2.5

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		Observation	Inspector Notes	USP Reference(s)
27.0	Does the facility perform both sterile and nonsterile compounding?	Yes		4.2.1
28.0	If the pharmacy performs nonsterile compounding and sterile compounding, are the designated areas separate and distinct from each other?	Yes	Nonsterile compounding occurs in the ISO 7 Prep/Weigh room adjacent to the ISO 7 Buffer Room.	4.2.1
29.0	If PECs are placed into the same room that are used for both sterile and nonsterile compounding, is the pharmacy in compliance with USP <797> standards? ***Inspector note: Per USP <797>, PECs used for both sterile and nonsterile compounding may be placed in the same room only if the PECs are sufficiently effective that the room can continuously maintain ISO Class 7 classification.*** ***If no, go to compliance statements.*** ***If the pharmacy does not perform nonsterile compounding in the same room as sterile compounding, inspector should answer this question as N/A.***	N/A	Powder CVE hood is placed in the Prep/Weigh room.	4.2.1, 4.2.6
29.1	PECs used for nonsterile compounding are placed at least one meter away from PECs used for sterile compounding.	N/A		4.2.1
29.2	Particle-generating activity must not be performed while sterile compounding is in process.	N/A		4.2.1
29.3	PECs are sufficiently effective that the room can continuously maintain ISO Class 7 classification air quality during nonsterile compounding.	N/A		4.2.1

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Sterile Compounding Inspection for USP <797>

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Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
30.0	Does the pharmacy prepare Category 2 and Category 3 CSPs from nonsterile components? ***Inspector note: Category 1 CSPs can be made from nonsterile components.*** ***If the pharmacy does not compound using nonsterile components, the inspector should answer question as N/A.***	Yes		4.2.1, 4.2.6
31.0	Does the pharmacy's presterilization procedures comply with USP <797> standards? ***If no, go to compliance statements.*** ***If the pharmacy does not compound using nonsterile components, the inspector should answer question as N/A.***	Yes		4.2.6
31.1	Presterilization procedures, such as weighing and mixing, are completed in an ISO Class 8 or better environment (eg, anteroom or buffer room). ***Inspector note: This statement only applies for Category 2 and Category 3.***	Yes		4.2.6
31.2	Presterilization procedures, such as weighing and mixing, are performed in a single-use containment glove bag, CVE, BSC, or CACI to minimize the risk of airborne contamination. ***Inspector note: This statement only applies for Category 2 and Category 3. CVEs, BSCs, or CACIs used for presterilization procedures must be certified at least every six months.***	Yes	The CVE is located in the Weigh room adjacent to the buffer room.	4.2.6

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Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
	Certification and Environmental Monitoring Inspector to review past two (2) Certification reports for the SEC and all PECs.			5
32.0	Does the pharmacy ensure that each area related to CSP preparation is certified to meet the classified air quality standard appropriate for the activities conducted in that area in compliance with USP <797> standards? ***If no, go to compliance statements.*** ***Inspector is to review current certification reports.***	Yes		5
32.1	The most recent PEC and SEC certification reports are available for review.	Yes	Reports for 2/18/2025 and 8/18/2025 were reviewed (Certified Clean Rooms) (Doc05_S32.1).	4.2, 5, 20
32.2	Certification of all classified areas, including PECs, is performed at least every six months.	Yes		4.2.3, 5
32.3	Certification of all classified areas, including PECs, is performed whenever a device is relocated or a major service to the facility is performed. ***Inspector note: Classified areas must be recertified if there are changes to the area such as redesign, construction, replacement or relocation of any PEC, or alteration in the configuration of the room that could affect airflow or air quality.***	Yes		5
32.4	Certification reports are reviewed by the designated person(s). ***Inspector note: If the designated person(s) review is not documented, describe how it is ensured that the review occurred.***	Yes	Reviewed by DP and PIC.	4.2, 5

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		Observation	Inspector Notes	USP Reference(s)
32.5	All ISO Class 5 PECs (laminar airflow workbenches or areas, BSCs, CAIs, CACIs, pharmaceutical isolators, IVLFZ, and robotic enclosures) have been certified within the last six months. ***If no, record the date of the last certification and include a copy of the certification report with the inspection report.***	Yes		4.2.3, 5
32.6	All PECs meet ISO Class 5 air quality requirements with (total, nonviable) particle counts documented within the report. ***Inspector note: Per ISO definition, ISO Class 5 areas are certified as having less than 3,520 particles per cubic meter of air under dynamic operating conditions.*** ***If no, describe what occurred and the pharmacy's response to total airborne particle sampling results, data evaluation, and action level (eg, pharmacy took PEC out of service, pharmacy ordered new HEPA filter, PEC was repaired and re-certified).***	Yes		4.1.1, 5.1 Table 4
32.7	All ISO Class 7 and 8 SECs (clean/buffer rooms and anterooms) have been certified within the last six months. ***Inspector note: Per ISO definition, ISO Class 7 areas are certified as having less than 352,000 particles per cubic meter of air under dynamic operating conditions and ISO Class 8 areas are certified as having less than 3,520,000 particles per cubic meter of air under dynamic operating conditions.*** ***If no, record the date of the last certification and include a copy of the certification report with the inspection report.***	Yes		4.1.1, 4.1.2, 5.1 Table 4

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		Observation	Inspector Notes	USP Reference(s)
32.8	All SECs meet ISO Class 7 air quality requirements and ISO Class 8 air quality requirements where permitted, with particle counts documented within the report. ***If no, describe what occurred and the pharmacy's response (eg, pharmacy reduced BUD, pharmacy used an alternative facility, pharmacy followed mitigation strategies, and/or disaster planning processes).***	Yes		4.1.1, 5.1 Table 4
33.0	Does the certification report received by the pharmacy have all required elements documented for the pharmacy's designated person(s) to make an informed decision related to functionality of PEC and SEC environments in compliance with USP <797> standards? ***Inspector note: It is recommended that the designated person review the certification report in its entirety.*** ***If no, go to compliance statements.***	Yes		5, 20
33.1	The certification report includes information about the equipment used for performing each test including last calibration date (or date when next calibration is due). ***Inspector note: Per USP, "total particle count testing must be performed under dynamic operating conditions using calibrated electronic equipment" and "all impaction air samplers must be serviced and calibrated as recommended by the manufacturer."***	Yes		5.1, 6.1, 20
33.2	The certification report includes the name of the certifier. ***Inspector note: Per USP <797>, a qualified certifier may have received training and education from professional organizations such as the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) and Controlled Environment Testing Association (CETA). Both organizations provide certification (Registered Certification Professional – Sterile Compounding Facilities), education, and resources.***	Yes		5

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Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
33.3	The certification report describes the "dynamic conditions" including the number of personnel in the cleanroom suite. ***Inspector note: Compounders can perform mock compounding activities and/or performing media-fill while the certifier is conducting testing. Number of personnel present in the SEC must be documented.***	Yes		5, 20
33.4	**SEC: Airflow testing** is performed and documented on the certification report to determine acceptability of the **air volume and room air exchange rate (ACPH)**. ***Inspector note: Per USP <797>, unclassified SCAs have no ACPH requirement.*** ***If pharmacy only compounds in an SCA, inspector should answer statement as N/A.***	Yes		4.2.4, 5 Table 6
33.5	**SEC:** All of the following ACPH required elements were documented on the certification report: the ACPH from HVAC, the ACPH contributed from the PEC and the total ACPH. ***If pharmacy only compounds in an SCA, inspector should answer statement as N/A.***	Yes		4.2.4, 5
33.6	**The ISO Class 8 anteroom** is certified and documented as having a minimum of 20 ACPH with at least 15 ACPH of the total air change rate coming from HVAC through HEPA filters located in the ceiling. ***If the pharmacy has an ISO Class 7 anteroom, inspector should mark as N/A.***	Yes		4.2.4, 5 Table 6

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		Observation	Inspector Notes	USP Reference(s)
33.7	**The ISO Class 7 buffer room and ISO Class 7 anteroom (if required)** is certified and documented as having a minimum of 30 ACPH with at least 15 ACPH of the total air change rate in a room coming from the HVAC through HEPA filters located in the ceiling. ***Inspector note: If the PEC is used to meet the minimum total ACPH requirements, the PEC must not be turned off, except for maintenance.***	Yes		4.2.4, 5 Table 6
33.8	**SEC: Airflow testing** is performed and documented on the certification report to determine acceptability of the **room pressure differential** in doorways between adjacent rooms.	Yes		4.2.5, 5
33.9	**SEC:** The differential pressure measured was at least 0.020 inch water column positive from the cleanroom to the anteroom and between the anteroom and all adjacent spaces with the doors closed. ***Inspector note: No pressure differential is required between the SCA and the surrounding area.***	Yes		4.2.1, 4.2.5, 5
33.10	**SEC:** All SEC HEPA filters were leak tested (to confirm **HEPA filter integrity**).	Yes		5
33.11	**SEC:** All SEC HEPA filters with leaks were repaired. ***If leaks were not repaired, describe what actions pharmacy took (eg, pharmacy implemented mitigation strategies such as reduced BUD or used alternative pharmacy location).*** ***If no repairs were needed, inspector should answer statement as N/A.***	N/A		5

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Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
33.12	**PEC: (Dynamic airflow) Smoke pattern tests** are performed for each PEC during dynamic operating conditions to demonstrate unidirectional airflow and sweeping action over and away from the CSPs. ***Inspector note: Per USP, "HEPA-filtered air must be supplied by the PEC at a velocity sufficient to sweep particles away from critical sites and maintain unidirectional airflow during operations. Proper design, control, and use minimizes turbulence and creation of eddies or stagnant air in the PEC."*** ***Describe if smoke pattern testing of PEC was documented thoroughly in the report or through video.***	Yes		4.2.2, 4.2.3, 5
33.13	**PEC: Dynamic airflow smoke pattern** confirms equipment and supplies necessary for performing compounding activities in the PEC do not disrupt unidirectional airflow. ***Inspector note: Per USP, "Proper placement of equipment in a PEC must be initially verified by a dynamic airflow smoke pattern test to demonstrate minimal disruption in airflow. The dynamic airflow smoke pattern test must be repeated if equipment is placed in a different location."***	Yes		4.2.2, 4.2.3, 4.5, 5, 9.1
33.14	**PEC: Total (nonviable) particle count** testing was performed under dynamic operating conditions using calibrated electronic equipment. ***Inspector note: Per USP, "Measurements of total airborne particles must be taken in each PEC at locations where there is greatest risk to the exposed CSPs, containers, and closures...Measurements of total airborne particles in other classified areas, including the buffer room(s) and anteroom(s), should be taken at representative locations that reflect the quality of air in the room(s)."***	Yes		5, 5.1

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Sterile Compounding Inspection for USP <797>

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Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
33.15	**PEC:** All PEC HEPA filters were leak tested (to confirm **HEPA filter integrity**). ***Inspector note: The certification report for each PEC should show air velocities within the PEC.***	Yes		5
33.16	**PEC:** All PEC HEPA filters with leaks identified were repaired. ***If leaks were not repaired, describe what actions pharmacy took (example: PEC taken out of service until HEPA filter could be replaced).*** ***If no repairs were needed, inspector should answer statement as N/A.***	N/A		5
33.17	**PEC-IVLFZ:** Pharmacy's integrated vertical laminar flow zone (IVLFZ) meets design, functional requirements, and certification requirements under USP <797>. ***Inspector note: Per USP <797>, "Strategic location of air returns in addition to full coverage of HEPA-filters above the work surface is required. Both static and dynamic smoke studies of air returns in addition to full coverage of HEPA-filtered air void of turbulence, dead air zones, and refluxing from the HEPA filters to and across the entire work area and to the air returns must be documented (eg, with video)."*** ***If pharmacy does not use an IVLFZ, inspector should answer statement as N/A.***	N/A		4.2.3

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Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
33.18	If a **robotic enclosure is used as the PEC**, or placed within the PEC, a dynamic airflow smoke pattern test must be performed initially and at least every 6 months thereafter to ensure that: 1) it is properly integrated into the facility, 2) there is no turbulence or refluxing at any critical site(s), 3) room air does not enter the PEC where sterile products and/or preparations may be exposed, and 4) all processes can be performed without introducing contamination to the direct compounding area(s). ***If pharmacy does not use a robotic enclosure, inspector should answer statement as N/A.***	N/A		4.2.3
34.0	Was smoke testing performed in SEC to confirm all particle generating equipment (eg, computers, printers, refrigerators, PECs) do not disrupt airflow? ***Inspector note: This question will be N/A unless the pharmacy is new, has recently completed construction, or equipment has been moved within SEC since last certification.***	Yes	Repeater pump in hood.	5
35.0	Does the pharmacy have an established environmental monitoring (eg, microbiological air and surface monitoring) program in compliance with USP <797> standards? ***Inspector note: Per USP, "The goals of a microbiological air and surface monitoring program are to determine whether contamination is present at unacceptable levels and to assess whether proper personnel practices are being followed, cleaning and disinfecting agents are effective, and environmental quality is maintained."*** ***If no, go to compliance statements.***	Yes		6, 6.1, 6.2

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		Observation	Inspector Notes	USP Reference(s)
35.1	Environmental monitoring program (eg, viable air and/or surface monitoring) is performed initially in the selected sampling sites to establish a baseline level of environmental quality for each classified area, ie, each ISO Class 5 PEC, each ISO Class 7, and ISO Class 8 room.	Yes		6, 6.1, 6.2
35.2	Environmental monitoring program (eg, viable air and/or surface monitoring) is performed in conjunction with the certification of new facilities and equipment.	Yes		6, 6.1, 6.2
35.3	Environmental monitoring program (eg, viable air and/or surface monitoring) is performed after any servicing of facilities or equipment.	Yes		6, 6.1, 6.2
35.4	Environmental monitoring program (eg, viable air and/or surface monitoring) is performed in response to identified problems (eg, positive growth in sterility tests of sterile compounded preparation).	Yes		6, 6.1, 6.2
35.5	Environmental monitoring program (eg, viable air and/or surface monitoring) is performed in response to identified trends (eg, repeated positive gloved fingertip and thumb sampling results, failed media fill testing, or repeated observations of air or surface contamination).	Yes		6, 6.1, 6.2

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		Observation	Inspector Notes	USP Reference(s)
35.6	Results from the environmental monitoring program (eg, viable air and/or surface monitoring) are reviewed in response to changes that could impact the sterile compounding environment (eg, change in cleaning agents) and in conjunction with personnel data (ie, training records, visual observations, competency assessments) to assess the state of control and to identify potential risks of contamination. ***Inspector note: Per USP, the program is reviewed to "assess risks for contamination, potential routes of contamination, and the adequacy of cleaning and disinfecting agents and procedures. Regular review of the sampling data must be performed to detect trends and the results of the review must be documented."***	Yes		6, 6.1, 6.2, 20 Table 4, Table 7, Table 8
35.7	The pharmacy ensures that viable air and surface sampling is performed by a trained and competent individual who is familiar with the methods and procedures for air sampling and surface testing. ***If sampling is conducted by internal personnel, inspector should verify that documented training and competencies are located in the employee file.***	Yes		6, 6.1, 6.2
35.8	Environmental monitoring program (eg, viable air and/or surface monitoring) describes/identifies corrective actions to minimize the risk of CSP contamination and that these corrective actions are documented.	Yes		6, 20
36.0	Is surface sampling performed at the end of a compounding activity or shift but before the area has been cleaned and disinfected (to obtain a sample that is representative of the typical compounding conditions at the pharmacy)? ***Inspector note: this is a USP recommendation.***	No	Currently the testing is done in the morning.	6.1, 6.3

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		Observation	Inspector Notes	USP Reference(s)
37.0	Does the pharmacy send out all air quality for viable airborne samples to an external lab (third party) for incubation and processing? ***If pharmacy exclusively does internal incubation and results processing, inspector should answer statement as N/A.***	Yes	Certified Clean Rooms Inc performs all air sampling.	6.2.2
38.0	Does the pharmacy send out all surfaces for viable particle samples to an external lab (third party) for incubation and processing? ***If pharmacy exclusively does internal incubation and results processing, inspector should answer statement as N/A.***	N/A	The pharmacy collects monthly surface samples and incubates on site, and sends any positive growth to Eagle Analytical for ID.	6.3
39.0	For any samples that are sent to an external lab (third party), does the pharmacy receive a report from the third party confirming incubation parameters meet USP <797> requirements (eg, the correct temperature and the correct length of incubation time are documented in the report)? ***Inspector note: Incubation parameters are the same as seen in statements 40.6-40.7 and 41.4-41.5.*** ***This question applies for any air or surface sample sent to an external lab.*** ***If no, describe observations.***	Yes		6.2.2
40.0	Are processes for sampling and monitoring **air quality for viable airborne** particles in compliance with USP <797> standards? ***Inspector note: Per USP <797>, facilities performing any Category 3 compounding must adhere to the increased environmental monitoring requirements for all classified areas where Category 3 CSPs are compounded and increased environmental monitoring requirements apply at all times regardless of whether Category 3 CSPs are being compounded on a given day.*** ***Review six months of air sampling data to verify. If no, go to compliance statements.***	Yes		6.2, 6.2.1, 6.2.2, 6.2.3, 14.4.2 Box 5, Table 7

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		Observation	Inspector Notes	USP Reference(s)
40.1	All classified areas are sampled using a volumetric active air sampling device (impaction air sampler). ***Inspector note: This sampling must be performed during dynamic operating conditions (to obtain a sample that is representative of the typical compounding conditions at the pharmacy).***	Yes		6.1, 6.2.1
40.2	All classified areas are sampled at the **frequencies** specified by USP for volumetric active air sampling. ***Inspector note: Per USP <797>, Category 1 and Category 2 compounding frequency is every six months and Category 3 compounding frequency is monthly.*** ***For facilities compounding any Category 3 CSPs, this must be completed within 30 days prior to the commencement of any Category 3 compounding and at least monthly thereafter regardless of the frequency of compounding Category 3 CSPs.***	Yes		6.2.1, 14.4.2
40.3	At least one cubic meter (1000 L) of air is tested using the volumetric active air sampling device from each sample location.	Yes		6.2.2 Box 5
40.4	All impaction air samplers are serviced and calibrated as recommended by the manufacturer.	Yes		6.1
40.5	The pharmacy uses an appropriate microbiological growth media for sampling. ***Inspector note: An appropriate microbiological growth media means a media that supports the growth of bacteria and fungi (eg, TSA), accompanied by a COA that verifies that the media meets expected growth promotion, pH, and sterilization requirements.***	Yes		6.2.2 Box 5

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		Observation	Inspector Notes	USP Reference(s)
40.6	The pharmacy incubates all air samples for time and temperature in compliance with USP <797> following the one media device method. ***Inspector notes: Per USP <797> (Box 5), when using the one media device method, sampling media is to be covered, inverted, and incubated at 30°C–35°C for no less than 48 hours. Then, after examination and recording of results, further incubated at 20°C–25°C for no less than five additional days.*** ***If the pharmacy does not utilize this method or sends offsite, inspector should answer statement as N/A.***	N/A	Sent offsite by Certified Clean Room Inc. to US Micro Solutions.	6.2.2 Box 5
40.7	The pharmacy incubates all air samples for time and temperature in compliance with USP <797> following the alternative two media device method. ***Inspector note: Per USP <797> (Box 5), two samples may be collected for each sample location and incubated concurrently to shorten the overall incubation period. Both samples are TSA, or one sample is TSA and the other fungal media (eg, malt extract agar [MEA] or sabouraud dextrose agar [SDA]). Each sample is incubated in a separate incubator, one sample at 30°C–35°C for no less than 48 hours the other sample at 20°C–25°C for no less than five days. If fungal media is used, incubate at 20°C–25°C for no less than five days.*** ***If the pharmacy does not utilize this method or sends offsite, inspector should answer statement as N/A.***	N/A		6.2.2 Box 6
40.8	Results for all plates are recorded for each sample and did not exceed USP <797> Table 7 action levels (or internal action levels if more restrictive). **ISO Class 5: >1 cfu/m^3/device** **ISO Class 7: >10 cfu/m^3/device** **ISO Class 8: > 100 cfu/m^3/device** ***Inspector note: Per USP <797>, if two sampling media devices are collected at a single location, all recovered growth on each must be documented and action levels applied to each sampling media separately.***	Yes		6.2.3 Table 7

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Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
40.9	For any air sample locations exceeding action levels, pharmacy works with the assistance of a microbiologist to identify any microorganisms recovered to the genus level. ***Inspector note: Per USP <797>, an attempt must be made (meaning the lab attempted to identify the microorganisms and was unsuccessful).***	Yes		6.2.3
40.10	For any areas that exceed action levels, an investigation is conducted to attempt to determine cause and a corrective action plan is implemented.	N/A		6.2.3
41.0	Are processes for sampling and monitoring **surfaces for viable particles** in compliance with USP <797> standards? ***Review six months of surface sampling data to verify. If no, go to compliance statements.***	Yes		6.3
41.1	**Surfaces** and pass-through chambers in the cleanroom suite and SCA are sampled for microbial contamination for each classified area. ***Inspector note: Sampling locations must include work surfaces in each classified room, the interior of each ISO Class 5 PEC, and all pass-through chambers connecting to classified areas. USP recommends samples be taken from: equipment contained within the PEC, staging or working area near the PEC, and frequently touched surfaces.***	Yes		6.3, 6.3.1

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		Observation	Inspector Notes	USP Reference(s)
41.2	**Surfaces** within the cleanroom suite and SCA are sampled at the **frequencies** specified by USP for viable particle surface sampling. ***Inspector note: Category 1 and Category 2 CSP surface sampling frequency is monthly and Category 3 compounding is weekly, regardless of the frequency of compounding Category 3 CSPs.*** ***Additionally, surface sampling is to be performed within the PEC used to prepare Category 3 CSPs, at the end of each batch, before cleaning and disinfection occurs unless a self-enclosed robot is used. If a self-enclosed robot is used, frequency is at least once daily at the end of compounding operations.*** ***For facilities compounding any Category 3 CSPs, a surface sampling must be completed prior to assigning BUDs longer than the limits established in Table 13.***	Yes	Facility performs monthly surface sampling.	6.3, 6.3.1, 14.4.2
41.3	The pharmacy uses an appropriate microbiological growth media for sampling. ***Inspector note: An appropriate microbiological growth media means a surface sampling device with a raised convex surface for sampling flat surfaces is used that contain general microbial growth media that supports the growth of bacteria and fungi (eg, TSA supplemented with additives that neutralize effects of any disinfecting agent, eg, lecithin and polysorbate 80), accompanied by a COA that verifies that the media meets expected growth promotion, pH, and sterilization requirements. Per USP, "sterile swabs wetted with sterile water or a sterile neutralizing buffer may be used when sampling irregular surfaces and difficult-to-reach locations such as crevices, corners, and spaces between surfaces."***	Yes		6.3.2 Box 6

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		Observation	Inspector Notes	USP Reference(s)
41.4	The pharmacy incubates all surface samples in compliance with USP <797> following the one media device method. ***Inspector notes: Per USP <797>, when using the one media device method, sampling media is to be covered, inverted, and incubated at 30°C-35°C for no less than 48 hours. Then, after examination and recording of results, further incubated at 20°C-25°C for no less than five additional days.*** ***If the pharmacy does not utilize this method or sends offsite, inspector should answer statement as N/A.***	Yes		6.3.2 Box 6
41.5	The pharmacy incubates all surface samples in compliance with USP <797> following the alternative two media device method. ***Inspector note: Per USP <797>, two samples may be collected for each sample location and incubated concurrently to shorten the overall incubation period. Both samples are TSA, or one sample is TSA and the other fungal media (eg, MEA or SDA). Media must be supplemented with neutralizing additives (eg, lecithin and polysorbate 80). Each sample is incubated in a separate incubator, one sample at 30°C-35°C for no less than 48 hours the other sample at 20°C-25°C for no less than five days. If fungal media is used, incubate at 20°C-25°C for no less than five days.*** ***If the pharmacy does not utilize this method or sends offsite, inspector should answer statement as N/A.***	N/A		6.3.2 Box 7

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		Observation	Inspector Notes	USP Reference(s)
41.6	Results for all plates are recorded for each sample and did not exceed USP <797> Table 8 action levels (or internal action levels if more restrictive). **ISO Class 5: >3 cfu/media device** **ISO Class 7: >5 cfu/media device** **ISO Class 8: > 50 cfu/media device** ***Inspector note: Per USP <797>, if two sampling media devices are collected at a single location, all recovered growth on each must be documented and action levels applied to each sampling media device separately.***	Yes		6.3.3 Table 8
41.7	For any surface sample locations exceeding action levels, pharmacy works with the assistance of a microbiologist to identify any microorganisms recovered to the genus level. ***Inspector note: Per USP <797>, an attempt must be made (meaning the lab attempted to identify the microorganisms and was unsuccessful).***	Yes		6.3.3
41.8	For any areas that exceed action levels, an investigation is conducted to determine cause, and a corrective action plan is implemented.	Yes		6.3.3

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		Observation	Inspector Notes	USP Reference(s)
	Compounding Personal Hygiene and Garbing			
42.0	Does the pharmacy have a process to ensure all personnel entering the compounding area adhere to restrictions intended to minimize the risk of contamination in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		3.1
42.1	Compounding personnel are required to report conditions that may contaminate the sterile preparation and environment to the designated person(s). ***Inspector note: Per USP <797>, examples of conditions that have a higher risk of contaminating the CSP and sterile environment includes: rashes, recent tattoos, oozing sores, conjunctivitis, or active respiratory infections.***	Yes		3, 3.1
42.2	The designated person(s) is responsible for evaluating whether compounding personnel should be excluded from working in compounding areas before their conditions have been resolved. ***Inspector note: Per USP <797>, the designated person(s) may permit accommodations as long as the quality of the CSP and environment will not be affected.***	Yes		3, 3.1
42.3	Any accommodations permitted by the designated person(s) are documented.	Yes		3.1
42.4	Food (including mints, gum, etc) and drinks are not permitted in anterooms, buffer rooms, or segregated compounding areas.	Yes		3.1

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		Observation	Inspector Notes	USP Reference(s)
43.0	Does the pharmacy stock the necessary garb to ensure minimum garbing requirements are continuously met in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		3.3
43.1	The pharmacy stocks gowns and/or coveralls that are low-lint with sleeves that fit snugly around the wrists and an enclosed neck.	Yes		3.3
43.2	The pharmacy stocks shoe covers that are low lint.	Yes		3.3
43.3	The pharmacy stocks head covers that are low lint and cover the hair and ears.	Yes		3.3
43.4	The pharmacy stocks facial hair covers (not masks) that are low-lint. ***If the pharmacy does not have personnel with beards, inspector should answer this statement as N/A.***	Yes		3.3
43.5	The pharmacy stocks masks that are low lint.	Yes		3.3
43.6	The pharmacy stocks sterile, powder-free gloves.	Yes		3.3
43.7	**Category 1 and Category 2:** All non-disposable garb used to prepare Category 1 and Category 2 CSPs is laundered before reuse. ***If only disposable items are used, inspector should mark as N/A.***	N/A	No non-disposable garb is used.	3.3

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		Observation	Inspector Notes	USP Reference(s)
43.8	**Category 3 only:** The pharmacy stocks low lint face and neck coverings that ensure no skin is exposed. ***Inspector note: This is an additional garbing requirement for facilities preparing any Category 3 CSPs.*** ***If the pharmacy does not prepare Category 3 CSPs, inspector should answer statement as N/A.***	N/A		3.3, 14.4.2
43.9	**Category 3 only:** The pharmacy stocks sterile, low lint outer garb (including sterile sleeves over gauntlet sleeves when a RABS is used). ***Inspector note: This is an additional garbing requirement for facilities preparing any Category 3 CSPs.*** ***If the pharmacy does not prepare Category 3 CSPs, inspector should answer statement as N/A.***	N/A		3.3
43.10	**Category 3 only:** All non-disposable garb used to prepare Category 3 CSPs is **laundered and resterilized** with a validated cycle before each use. ***Document whether laundering and sterilization is performed in-house or by an outside vendor.*** ***If only disposable items are used, inspector should answer statement as N/A.***	N/A		3.3, 14.4.2

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		Observation	Inspector Notes	USP Reference(s)
	Media-Fill			
44.0	Is the media-fill testing simulation performed by the pharmacy in compliance with USP <797> standards? ***Inspector note: Per USP, "When performing a media-fill test, simulate the most difficult and challenging aseptic compounding procedures encountered by the person replacing all the components used in the CSPs with soybean-casein digest media. The simulation must capture elements that could potentially affect the sterility of the CSP."*** ***If no, go to compliance statements.***	Yes		2.3
44.1	The simulation captures factors associated with the length of the process that can pose contamination risk (eg, operator fatigue, quality of equipment).	Yes		2.3
44.2	The simulation captures number of aseptic additions or transfers.	Yes		2.3
44.3	The simulation captures number, type, and complexity of manipulations.	Yes		2.3
44.4	The simulation captures number of personnel in the buffer room or SCA.	Yes		2.3
44.5	Does the facility define "the most difficult and challenging procedures" and the rationale for how they are the most challenging? ***Inspector note: Best practice is for this to be documented in an SOP. Inspectors may also find this information documented on a training/competency assessment checklist. For complex/variety of compounding practices, inspectors may find additional media fills are completed (more than what is required by the USP chapters).***	Yes		2.3, 20

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45.0	Are the pharmacy's media-fill storage, review, and preparation processes in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		2.3
45.1	If pharmacy uses commercial sterile microbial growth media, a COA was obtained. ***If pharmacy does not use commercial sterile microbial growth media, inspector should answer statement as N/A.***	N/A		2.3
45.2	The COA for the commercial sterile microbial growth media includes statements from the supplier that the lot of the growth media will support the growth of microorganisms. ***If pharmacy does not use commercial sterile microbial growth media, inspector should answer statement as N/A.***	N/A		2.3
45.3	Storage of commercial sterile microbial growth media is in accordance with manufacturer instructions. ***If pharmacy does not use commercial sterile microbial growth media, inspector should answer statement as N/A.***	N/A		2.3

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e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
45.4	Commercial sterile microbial growth media is stored and used before its expiration date. ***Inspector note: Media is to be inoculated by the expiration date, meaning that the test needs to be started (not that incubation needs to be completed before the expiration date).*** ***If pharmacy does not use commercial sterile microbial growth media, inspector should answer statement as N/A.***	N/A		2.3
45.5	Sterile-to-sterile media-fill testing microbial growth media (non-commercial) was prepared and growth promotion capability was demonstrated prior to use, following USP <71>. ***If pharmacy only uses commercial sterile microbial growth media, inspector should answer statement as N/A.***	N/A		2.3
45.6	Nonsterile starting components (commercially available nonsterile soybean-casein digest powder) are dissolved to make a 3% nonsterile solution, manipulated in a manner that simulates nonsterile-to-sterile compounding activities, with a minimum of one positive control container. ***If pharmacy does not perform sterile compounding using nonsterile ingredients, inspector should answer statement as N/A.***	Yes		Box 2

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
	Cleaning and Disinfection			7
46.0	Is the pharmacy equipped with the necessary cleaning and disinfecting equipment and supplies that comply with USP <797> standards? ***If no, go to compliance statements.***	Yes		7, 7.1.1, 7.1.2 <1072>
46.1	All cleaning and disinfecting supplies (eg, wipers, sponges, pads, and mop heads), with the exception of tool handles and holders, are low lint (and sterile if used within PEC).	Yes		7.1.2
46.2	Reusable cleaning tools are made of cleanable materials (no wood handles or any other porous material).	Yes		7.1.2
46.3	Reusable cleaning tools are dedicated for use in the classified areas or SCA and are not removed from these areas except for disposal.	Yes		7.1.2
46.4	The pharmacy has the appropriate cleaners **EPA-registered disinfecting agent(s)** to adequately perform cleaning and disinfection. ***Inspector note: Examples of EPA-registered disinfectants include, but are not limited to: phenolics; oxidizers, such as peroxyacetic acid and sodium hypochlorite; quaternary ammonium; and hydrogen peroxide. If the agent is EPA-registered, a registration number will be on the label. Compounding personnel should have access to SDS and information/knowledge on dwell times. Per USP, Box 7, the pharmacy is to ensure the contact time specified by the manufacturer is achieved.***	Yes	TB1 and Sterile IPA are used daily.	7.1.1 Box 7 <1072>

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
46.5	The pharmacy has the appropriate **EPA-registered sporicidal agent(s)** to adequately perform sporicidal disinfection. ***Inspector notes: Examples of EPA-registered agents include but are not limited to: oxidizers such as peroxyacetic acid, sodium hypochlorite, and hydrogen peroxide.*** ***Compounding personnel should have access to SDS and information/knowledge on dwell times. Per USP, Box 8, the pharmacy is to ensure the contact time specified by the manufacturer is achieved.*** ***Per USP, Inspector should check to see if agent is effective against Clostridium difficile.***	Yes	Peridox is the sporicidal agent used.	7.1.1 Box 7 <1072>
46.6	All cleaning and disinfectant agents are appropriately labeled including expiration dates. ***Inspector should verify that no expired agents are present.***	Yes		7.1.1
46.7	When used in the PEC, any cleaning and disinfecting agents that are not "ready-to-use" sterile formulations are diluted using sterile water. ***If only ready-to-use sterile formulations are used, inspector should answer statement as N/A.***	N/A	All RTU formulations are used.	7.1.1
47.0	Does the pharmacy's documented **cleaning and disinfection** activities for surfaces in the classified areas and/or SCA comply with the **frequencies** specified in USP <797> Table 10? ***Review cleaning logs to verify. If no, go to compliance statements.***	Yes		7.2 Table 10
47.1	All interior surfaces of the PEC are cleaned and disinfected on days when compounding occurs.	Yes		7.2 Table 10

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Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
47.2	All interior surfaces of the PEC are cleaned and disinfected when surface contamination is known or suspected.	Yes		7.2 Table 10
47.3	The removable work tray inside the PEC is cleaned and disinfected on days when compounding occurs. ***If the PEC is not equipped with a removeable work tray, inspector should answer statement as N/A.***	N/A		7.2 Table 10
47.4	All equipment inside the PEC is cleaned and disinfected on days when compounding occurs.	Yes		7.2, 9.1 Table 10
47.5	All work surfaces outside of the PEC (eg, counters, work tables) are cleaned and disinfected on days when compounding occurs.	Yes		7.2 Table 10
47.6	All pass-through chambers are cleaned and disinfected on days when compounding occurs. ***If the pharmacy is not equipped with a pass-through chamber, inspector should answer statement as N/A.***	Yes		7.2 Table 10
47.7	Floors in the buffer room, anteroom, and/or SCA are cleaned and disinfected on days when compounding occurs.	Yes		7.2 Table 10
47.8	Sinks used for hand hygiene are cleaned and disinfected on each day of use.	Yes		4.4, 7.2, Table 10
47.9	Walls, doors, and door frames are cleaned and disinfected monthly.	Yes		7.2 Table 10

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
47.10	Storage and shelving bins are cleaned and disinfected monthly.	Yes		7.2 Table 10
47.11	All equipment outside the PEC are cleaned and disinfected monthly. ***Inspector note: Equipment in the SEC/SCA may include, but is not limited to: carts, refrigerators, computers, barcode readers, and label printers.***	Yes		7.2 Table 10
47.12	Ceilings in the buffer room and anteroom are cleaned and disinfected monthly. ***If the pharmacy performs compounding only in a SCA, inspector should answer statement as N/A.***	Yes		7.2 Table 10
47.13	Ceilings in the SCA are required to be cleaned and disinfected only when visibly soiled and when surface contamination is suspected. ***If the pharmacy performs compounding only in a cleanroom suite, inspector should answer statement as N/A.***	N/A		7.2 Table 10
47.14	The surface of the removable work tray and the area underneath the removable work tray of the PEC is cleaned and disinfected monthly. ***If the PEC is not equipped with a removable work tray, inspector should answer statement as N/A.***	N/A		7.2 Table 10
48.0	Does the pharmacy's documented application of **sporicidal disinfectant** on surfaces comply with the **frequencies** specified for each CSP category in USP <797> Table 10? ***Inspector note: Per USP <797>, if the pharmacy prepares any Category 3 CSPs, the cleaning requirements for Category 3 must be followed at all times regardless of whether a Category 3 CSPs is prepared on any given day.*** ***Review cleaning logs to verify. If no, go to compliance statements.***	Yes		7.2, 14.4.2 Table 10

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Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
48.1	**Sporicidal disinfectant** is applied to all interior surfaces of the **PEC** at the specified frequency. ***Inspector note: For Category 1 and Category 2 compounding only, the application frequency is monthly. For any Category 3 compounding, the application frequency is weekly.***	Yes		7.2, Table 10
48.2	Sporicidal disinfectant is applied to equipment inside the PEC at the specified frequency. ***Inspector note: For Category 1 and Category 2 compounding only, the application frequency is monthly. For any Category 3 compounding, the application frequency is weekly.***	Yes		7.2 Table 10
48.3	Sporicidal disinfectant is applied to work surfaces outside the PEC (eg, counters, work tables) at the specified frequency. ***Inspector note: For Category 1 and Category 2 compounding only, application frequency is monthly. For any Category 3 compounding, application frequency is weekly.***	Yes		7.2 Table 10
48.4	Sporicidal disinfectant is applied to surfaces in the pass-through chambers at the specified frequency. ***Inspector note: For Category 1 and Category 2 compounding only, the application frequency is monthly. For any Category 3 compounding, the application frequency is weekly.*** ***If the facility is not equipped with a pass-through chamber, inspector should answer statement as N/A.***	Yes		7.2 Table 10

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
48.5	Sporicidal disinfectant is applied to the floors in the buffer room, anteroom, and SCA at least monthly. ***Inspector note: For Category 1 and Category 2 compounding only, the application frequency is monthly. For any Category 3 compounding, the application frequency is weekly.***	Yes		7.2 Table 10
48.6	Sporicidal disinfectant is applied to walls, doors, and door frames at least monthly. ***Inspector note: Per USP <797> Table 10, the application frequency is monthly for all category types.***	Yes		7.2 Table 10
48.7	Sporicidal disinfectant is applied to storage shelving and bins at least monthly. ***Inspector note: Per USP <797> Table 10, the application frequency is monthly for all category types.***	Yes		7.2 Table 10
48.8	Sporicidal disinfectant is applied to equipment stored outside the PEC at least monthly. ***Inspector note: Per USP <797> Table 10, the application frequency is monthly for all category types.***	Yes		7.2 Table 10
48.9	Sporicidal disinfectant is applied to ceilings in the buffer room, anteroom, and SCA at least monthly. ***Inspector note: Per USP <797>, Table 10, the application frequency is monthly for all category types. Per USP, ceilings of the SCA are required to be cleaned, disinfected, and applied with sporicidal disinfectant only when visibly soiled and when surface contamination is suspected. The SCA may not have an accessible ceiling.***	Yes		7.2 Table 10

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
48.10	Sporicidal disinfectant is applied to sinks used for hand hygiene at least monthly. ***Inspector note: Per USP <797> Table 10, the application frequency is monthly for all category types.***	Yes		4.4, 7.2 Table 10
48.11	Sporicidal disinfectant is applied to the work surface of the removable tray in the PEC and area underneath the removable work tray at least monthly. ***Inspector note: Per USP <797> Table 10, the application frequency is monthly for all category types.*** ***If the PEC is not equipped with a removable work tray, inspector should answer statement as N/A.***	N/A		7.2 Table 10
	Components FDA defines manufacturer, as used in section 510 of the Federal Food, Drug, and Cosmetic Act, includes the activities of relabelers, repackers, and salvagers. When not modified by "domestic" or "foreign," the term includes both domestic manufacturers and foreign manufacturers.			9
49.0	Does the pharmacy compound CSPs using active pharmaceutical ingredients (APIs) and non-API components? ***Inspector note: Per USP <797>, non-API components may include pharmaceutical excipients, sterile containers, and container closure systems.*** ***If the pharmacy does not compound using API or non-API components, inspector should answer this question as N/A.***	Yes		9.3
50.0	Is the pharmacy's selection of active API and non-API components in compliance with USP <797> standards? ***Verify by selecting products from the shelf of different suppliers and ask to see the COAs for those products. If no, go to compliance statements. If the pharmacy does not compound using API or non-API components, inspector should answer this question as N/A.***	Yes		9.3

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Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
50.1	**APIs**: APIs used are compliant with the criteria in the USP–NF monograph, if one exists. ***If pharmacy does not compound CSPs that have a USP monograph, inspector should answer this statement as N/A.***	Yes		9.3.1
50.2	**APIs**: All APIs used have a COA that includes the specifications (eg, compendial requirements for quality) and that test results for the component show that the API meets expected quality.	Yes	Doc04_S50.2 - COA's	9.3.1
50.3	**APIs**: All APIs used are manufactured by an FDA-registered facility. ***Inspector note: This is a Federal Food, Drug, and Cosmetic Act, Section 503A, requirement as well. Inspector should verify the pharmacy looks up the name of the manufacturer listed on the COA to determine if they are registered as an FDA drug establishment https://dps.fda.gov/decrs.***	Yes		9.3.1
50.4	All **non-API components** comply with the criteria in the USP–NF monograph, if one exists.	Yes		9.3.1
50.5	All **non-API components** are accompanied by documentation (eg, COA, labeling) that include the specifications and test results and shows that the component meets the specifications.	Yes		9.3.1

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Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
50.6	All **non-API components** used are manufactured by an FDA-registered facility. ***Inspector note: Per USP <797>, "If a component cannot be obtained from an FDA-registered facility, the designated person(s) must select an acceptable and reliable source (see USP <1197> Good Distribution Practices for Bulk Pharmaceutical Excipients). The compounding facility must establish the identity, strength, purity, and quality of the ingredients obtained from that supplier by reasonable means. Reasonable means may include but are not limited to visual inspections, evaluation of a COA supplied by the manufacturer, and/or verification by analytically testing a sample to determine conformance with the COA or other specifications."***	Yes		9.3.1
51.0	Does the pharmacy have processes in place to evaluate API and non-API components upon receipt and before use in compliance with USP <797> standards? ***Inspector note: Non-API components may be defined as excipients, containers, and container closure systems.*** ***If no, go to compliance statements.*** ***If the pharmacy does not compound with API or other non-API components, inspector should answer question as N/A.***	Yes		9.3.2, 9.3.3
51.1	APIs or other components have been evaluated for use in sterile drug preparation. ***Inspector note: Per USP <797>, "Components labeled with 'not for pharmaceutical use,' 'not for injectable use,' 'not for human use' or an equivalent statement must not be used to compound for these purposes."*** ***If no, photograph and describe in the notes column. Request copies of the invoices for products with these types of labels.***	Yes		9.3.2, 9.3.3

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Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
51.2	Upon receipt of each lot of a component, personnel verify the labeling and condition of each component and examine the external packaging for evidence of deterioration and other aspects of unacceptable quality (eg, outer packaging is damaged, temperature-sensing indicators show that the component has been exposed to excessive temperatures).	Yes		9.3.2, 9.3.3
51.3	Each lot of commercially available sterile, depyrogenated containers and container-closure systems are accompanied by a COA or other documentation showing conformance with established specifications for sterility and depyrogenation requirements.	Yes		9.3.1, 9.3.2, 9.3.3
51.4	The date of receipt by the pharmacy is clearly marked on each API or component package that lacks a vendor expiration date and are assigned and labeled with an expiration date not to exceed one year after receipt by the pharmacy.	Yes		9.3.2, 9.3.3
51.5	All components are reinspected before use. ***Inspector note: Per USP <797>, all packages must be inspected to detect container breaks, looseness of the cap or closure, and deviation from the expected appearance, aroma, and/or texture of the contents that might have occurred during storage. Sterile container closures are visually reinspected to ensure that they are free from defects that could compromise sterility and that they are otherwise suitable for their intended use.***	Yes		9.3.2, 9.3.3
51.6	Any component found to be of unacceptable quality upon receipt or reinspection prior to use is promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before appropriate disposal.	Yes		9.3.2, 9.3.3
51.7	Any other lots of that component from that vendor are examined to determine whether other lots have the same defect.	Yes		9.3.2, 9.3.3

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
	Equipment and Supplies			9
52.0	Is the pharmacy equipped with the appropriate supplies and equipment used for compounding in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		9, 9.1, 9.2
52.1	Supplies (eg, beakers, utensils, needles, syringes, filters, and tubing sets) that contact components are not reactive, additive, sorptive, and do not alter the quality of sterile compounded preparation. ***Inspector note: The appropriate supplies are available as applicable to the type of CSPs prepared (eg, non-PVC, silicone-free, able to withstand high heat, able to be sterilized).***	Yes		9.2
52.2	Any supplies that are in direct contact with CSPs are sterile and/or depyrogenated.	Yes		9.2
52.3	The equipment must be able to be cleaned using the required agents and tools without damaging the equipment and/or contaminating the compounded preparation. ***Inspector note: Equipment used in compounding are of suitable composition and the surfaces that contact components are not reactive or sorptive.***	Yes		9.1

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Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
52.4	When nonsterile ingredients, products, components, or devices (eg, non-sterile APIs and nonsterile vials and closures) are used for compounding, the pharmacy has the appropriate equipment to sterilize the finished product. Per USP, "Injectable compounded preparations that contain nonsterile components or that come into contact with nonsterile devices (eg, containers, tubing) during any phase of the compounding procedure must be sterilized within 6 hours after completing the preparation to minimize the generation of bacterial endotoxins in CSPs." ***If the pharmacy does not perform compounding that requires sterilization, inspector should answer statement as N/A.***	Yes		9.1, 9.3.1, 10
53.0	Does the pharmacy operate and maintain records for all equipment used for compounding in accordance with manufacturer specifications and USP <797> standards? ***If no, go to compliance statements.***	Unknown	These records are documented in Pharmacy Stars.	9.1, 20
53.1	Automated, mechanical, or electronic equipment (monitoring equipment, autoclaves, ovens, etc) are periodically inspected and calibrated yearly or in accordance with the equipment manufacturer guidelines.	Unknown	Last calibration/inspection report was not available.	9.1, 9.3.4
53.2	Automated compounding devices (ACDs) and other similar equipment (single channel or multi-channel) are assessed for accuracy and calibrated daily, prior to initial use, and a daily record is maintained. ***Inspector note: Per USP, "The precision of the equipment can be monitored based on an assessment of day-to-day variations in its accuracy measures. Compounding personnel must maintain a daily record of the accuracy measurements on the days the equipment is in use. Corrective actions must be implemented if accuracy measurements are outside the manufacturer's specification."***	Yes		9.1

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Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
53.3	Incubators used for environmental and personnel monitoring are placed in a location outside of the sterile compounding area and calibrated in accordance with manufacturer's instructions. ***If the pharmacy does not incubate samples and or/media-fills in-house, inspector should answer statement as N/A.***	Yes		6.1, 6.2.2, 6.3.2
53.4	Incubators used for environmental and personnel monitoring are monitored for temperature during incubation periods either manually or by use of a continuous recording device. ***Inspector note: Incubators store media at 20˚C-25˚C and 30˚C-35˚C. If the pharmacy has more than one incubator, review records for both incubators.*** ***View incubator temperature records to verify. Evaluate the size of the incubator and volume of media it can store. If the pharmacy does not incubate samples and/or media-fills in-house, inspector should answer statement as N/A.***	Yes		6.2.2, 6.3.2 Box 5
	Compounding Personnel Observation - Inspector ***must*** observe personnel performing compounding and related activities. This section will require the inspector to observe the staff while performing compounding and related activities. If the inspector is unable to view activities from a window or other observation area, it is expected they will gown/gerb into compounding area. It is acceptable for pharmacy staff to perform mock compounding activities (with sterile saline or other drug) as long as all observations can be viewed.			
54.0	**Personnel Preparation Observation:** Before entering the compounding area, do compounding personnel remove any items that are not easily cleanable or are not necessary for compounding in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		3.1
54.1	All outer garments such as hats, scarves, sweaters, bandanas, vests, coats, and jackets are removed.	Yes		3.1

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Verified Pharmacy Program® Inspection Form

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Facility Name: Artisan Drug Inc dba Artisan Drug
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Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
54.2	Makeup and/or cosmetics are removed.	Yes		3.1
54.3	All hand, wrist, and other exposed jewelry, including piercings such as earrings, lip or eyebrow piercings, etc, are removed and any jewelry that cannot be removed is covered.	Yes		3.1
54.4	Earbuds or headphones are removed.	Yes		3.1
54.5	Electronic devices that are not necessary for compounding or other required tasks are prohibited from entering the compounding areas.	Yes		3.1
54.6	Nails are kept clean and neatly trimmed.	Yes		3.1
54.7	Any nail polish, artificial nails, or extenders are removed.	Yes		3.1
54.8	If worn, eyeglasses are wiped. ***If none of the pharmacy staff wear glasses, inspector should answer statement as N/A.***	Yes		3.1
54.9	Any accommodations permitted by the designated person(s) have been documented. ***Inspector note: Per USP <797>, accommodations may be permitted as long as the quality of the CSP and environment will not be affected.***	N/A		3.1

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
55.0	**Hand Hygiene Observation:** Were compounding personnel entering the compounding area observed performing the appropriate hand washing procedures in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		3.2 Box 3
55.1	All personnel entering the compounding area performed hand hygiene.	Yes		3.2 Box 3
55.2	The order of hand washing was performed in the appropriate sequence in relation to the placement of the sink. ***Inspector note: If hand hygiene is completed outside of a classified area, alcohol-based hand rub must be used prior to donning garb.***	Yes		3.2 Box 3
55.3	Fingernails are cleaned under warm running water using a disposable nail cleaner (eg, nail pick). ***Inspector note: During observations, inspect whether nail picks are available for use when performing hand hygiene.***	Yes		3.2 Box 3
55.4	Brushes are not used for hand hygiene.	Yes		3.2 Box 3
55.5	Hands and forearms are washed up to the elbows with soap and warm water for at least 30 seconds. ***Inspector note: Compounding personnel describe method for ensuring they have washed for 30 seconds (example: clock or timer is available near the sink).***	Yes		3.2 Box 3

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		Observation	Inspector Notes	USP Reference(s)
55.6	Soap containers are not refilled or topped off.	Yes		3.2
55.7	Hands and forearms are completely dried up to the elbows with low-lint disposable towels or wipers.	Yes		3.2 Box 3
55.8	Hand dryers are not used for hand hygiene.	Yes		3.2 Box 3
56.0	**Garbing Observation:** Were compounding personnel observed following the appropriate garbing procedures in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		3.3
56.1	All personnel entering the compounding area are fully garbed (with the required garb as determined by the facility SOPs).	Yes		3.3
56.2	Compounding personnel entering the cleanroom suite and/or SCA adhere to the minimum garbing requirements in USP <797>. ***Inspector note: Per USP <797>, additional garbing requirements must be continuously met in the buffer room where Category 3 CSPs are prepared, regardless of whether Category 3 CSPs are compounded on a given day.***	Yes	Sterile compounding garb includes shoe covers, face mask, beard covers, head covers, full sterile bunny suit with hood, goggles and sterile gloves.	3.3
56.3	Donning procedures are performed in an order that reduces the risk of contamination. ***Inspector note: USP recommends (not requires) the donning procedure to be performed in the anteroom.*** ***If no, inspector must describe in the notes column why a risk of contamination is a concern.***	Yes		3.3

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		Observation	Inspector Notes	USP Reference(s)
56.4	Doffing procedures are performed in an order that reduces the risk of contamination.	Yes		3.3
56.5	The order of garbing was performed in the appropriate sequence in relation to the placement of the sink. ***Inspector note: If hand hygiene is completed outside of a classified area, alcohol-based hand rub must be used prior to donning garb.***	Yes		3.2, 3.3
56.6	Sterile gloves are donned in a classified room or SCA. ***Inspector note: If hand hygiene is completed outside of a classified area, alcohol-based hand rub must be used prior to donning garb and again before sterile gloves are donned, see USP <797> FAQ #97.***	Yes		3.2
56.7	Skin is not exposed inside the ISO Class 5 PEC.	Yes		3.3
56.8	Garb is replaced immediately if it becomes visibly soiled or if its integrity is compromised.	Yes		3.3

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		Observation	Inspector Notes	USP Reference(s)
56.9	**Category 1 and Category 2 only:** Upon exit of the compounding area, all garb (except for gowns) is discarded or laundered prior to reuse. ***Inspector note: Gowns (disposable and non-disposable) may be reused within the same shift by the same person only if stored appropriately.*** ***If the facility prepares any Category 3 CSPs, additional garbing requirements must be followed and gowns must not be reused, inspector should answer statement as N/A.***	Yes	All disposable garb is used.	3.3
56.10	**Category 1 and Category 2 only:** Gowns reused within the same shift and by the same person are maintained in a manner that prevents contamination. ***Inspector note: Per USP <797>, gowns stored for reuse must be maintained in a classified area or adjacent to or within the SCA in a manner that prevents contamination (eg, away from sinks to avoid splashing).*** ***If the facility prepares any Category 3 CSPs, additional garbing requirements must be followed and gowns must not be reused, inspector should answer statement as N/A.***	N/A		3.3
57.0	List the name(s) of the CSPs observed by the inspector as part of live compounding demonstration.		Tirzepatide 12.5mg/L-Carnitine 100 mg/ml in NS - 4 ml vials X 250.	
58.0	**Compounding Observation:** Are compounding personnel observed using the appropriate aseptic technique that ensures the quality of the CSP and the environment is maintained in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		1, 2.1, 2.3

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		Observation	Inspector Notes	USP Reference(s)
58.1	All sterile compounding is performed in a PEC with ISO Class 5 conditions or better. ***If the pharmacy only performs immediate use compounding, inspector should answer this statement as N/A.***	Yes		4.1.2
58.2	**Category 2 and Category 3 only:** All PECs are placed in a cleanroom suite. ***Inspector note: Per USP, "If compounding only Category 1 CSPs, the PEC may be placed in an unclassified SCA."*** ***If the pharmacy only prepares Category 1 CSPs, inspector should answer this statement as N/A.***	Yes		4.1.2
58.3	Compounding personnel ascertain before use that components are of the correct identity, appropriate quality, within the expiration date, and have been stored under the proper conditions.	Yes		9.3.3
58.4	All items are wiped with a sporicidal disinfectant, EPA-registered disinfectant, or sterile 70% IPA prior to being introduced into the clean side of the anteroom, placed into a pass-through chamber, and/or brought into the SCA. ***Inspector note: The wiping procedure or agents used should not compromise the packaging integrity or render the product label unreadable. Disinfectant dwell time minimums, as specified by the manufacturer, are to be followed.***	Yes		8.1

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		Observation	Inspector Notes	USP Reference(s)
58.5	Before any item is introduced into the PEC, it is wiped with sterile 70% IPA using sterile low-lint wipers and allowed to dry before use. ***Inspector note: Per USP, "When sterile items are received in sealed containers designed to keep them sterile until opening, the sterile items may be removed from the covering as the supplies are introduced into the ISO Class 5 PEC without the need to wipe the individual sterile supply items with sterile 70% IPA. The wiping procedure must not render the product label unreadable."***	Yes		8.2
58.6	Aseptic processes and manipulations are performed in a manner intended to minimize the risk of contamination. ***Inspector note: Observe the compounder's technique to ensure proper aseptic technique is utilized such as: preparation occurs in the direct compounding area (DCA); the compounder does not interrupt first air during the compounding process; proper set up of equipment, supplies, and components that ensure first air is not interrupted; the compounder handles the syringe in a manner that does not introduce contaminates (touch contamination on the plunger rod); proper entry and exit of materials in ISO Class 5 PEC; and frequent sanitization of gloves.***	Yes		2.3
58.7	All critical sites (eg, vial stoppers, ampule necks, and IV bag septums) are wiped with sterile 70% IPA in the PEC and allowed to dry before puncturing.	Yes		7, 8.3
58.8	Gloves are disinfected with sterile 70% IPA immediately before compounding and regularly throughout the compounding process. ***Inspector note: Per USP, best practice is to re-sanitize each time hands re-enter the PEC. This may not occur when compounder is staging the next batch.***	Yes		3.3

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		Observation	Inspector Notes	USP Reference(s)
58.9	Gloves are regularly inspected for holes, punctures, or tears, and are replaced immediately if such defects are detected.	Yes		3.3
59.0	Do compounding personnel adhere to the USP established time limits for components after initial puncture or entry in compliance with USP <797> standards? ***Look at punctured, stored containers and confirm if puncture time or BUD is noted on the container and stored within time limits. If no, go to the compliance statements.***	Yes		15
59.1	Single dose containers (entered or punctured only in an ISO Class 5 air or cleaner air) are not used beyond 12 hours after initial puncture or entry or assigned BUD, whichever is shorter. ***Inspector note: This applies to conventionally manufactured single-dose vials, compounded single-dose CSPs used as components, and CSP stock solutions. The labeled storage requirements during that 12-hour period must be maintained. Additionally, per USP, "This time limit for entering or puncturing (a single-dose CSP or CSP stock solution) is not intended to restrict the BUD of the final CSP."***	Yes		15.1, 16.2
59.2	Multiple-use containers are not used for more than 28 days after initial puncture or entry, manufacturer specifications, or assigned BUD, whichever is shorter. ***Inspector note: This applies to conventionally manufactured multiple-dose vials and compounded multiple-dose CSPs used as components. Multiple-dose CSPs are required to meet the criteria for antimicrobial effectiveness testing (USP <51>) and must be stored under the conditions upon which its BUD is based (eg, refrigerator or controlled room temperature).***	N/A		14.5, 15.2, 16.1

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		Observation	Inspector Notes	USP Reference(s)
59.3	The remaining contents of opened single-dose ampules (or vials where container closure system has been removed) are discarded immediately. ***Inspector note: Ampules or vials where the container closure system has been removed must not be stored for any time period.***	N/A		15.1
59.4	Pharmacy bulk package containers of sterile drugs for parenteral use are only entered or punctured in an ISO Class 5 PEC. ***Inspector note: Per USP, the pharmacy bulk package system must be used according to the manufacturer's labeling.***	N/A		15.3
60.0	**Inspect several different finished compounded sterile preparations.** Are all the finished compounded sterile preparations free from any evidence of particulates, filaments, floaters, or signs of contamination? ***Inspector note: If found, request the compounded preparation to be quarantined and notify NABP immediately. Additionally, list the name(s) of the compounded preparation(s) observed; description of type of contamination suspected (eg, filament or floater); number of preparations affected (eg, two of the five vials on the shelf); lot or batch information; BUD assigned; and collect photographs, copy of MFR, and CR.***	Yes		12

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		Observation	Inspector Notes	USP Reference(s)
61.0	Are there procedures for in-process checks performed by a pharmacist? ***Inspector note: In-process checks are safety steps for complex, multi-step compounding processes or high risk drugs or high risk populations (eg, neonates).*** ***These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists and visual inspection of product. Documentation of the compounding accuracy is recommended to be performed by someone other than the compounder to ensure proper measurement, reconstitution, and component usage. Some checks may be done retrospectively and with the assistance of technology.***	Yes	Currently the pharmacy has pharmacist process checks but is working on scale integration for documenting weights computer pictures for volume checks.	2 Table 2, Table 3
62.0	**Cleaning and Disinfection Observation:** Does the pharmacy perform cleaning and disinfection activities in compliance with USP <797> standards? ***If inspector is unable to observe cleaning activities (due to timing of compounding activities observed), inspector should interview compounder(s) to have them walk through their normal process. If this occurs, Inspector should record in notes column "process only."*** ***If no, go to compliance statements.***	Yes		7
62.1	All cleaning and disinfection activities are performed by appropriately garbed personnel.	Yes		7
62.2	Cleaning and disinfection are performed on all surfaces in the classified area and SCA.	Yes		7

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		Observation	Inspector Notes	USP Reference(s)
62.3	Cleaning is performed in the direction of clean to dirty areas.	Yes		7
62.4	Reusable cleaning tools are disinfected prior to and after each use.	Yes		7.1.2
62.5	Only sterile cleaning, disinfecting, and sporicidal agents are permitted for use in the PEC. ***Inspector note: If pharmacy utilizes non-ready to use (RTU) agents, they must be diluted with sterile water. Per USP, "Once opened, sterile cleaning and disinfecting agents and supplies (eg, closed containers of sterile wipers) and sterile 70% IPA may be reused for a time period specified as by the manufacturer and/or described in the facility written SOPs."***	Yes		7.1.1, 7.1.2
62.6	Only sterile supplies and equipment are permitted for use in the PEC. ***Inspector notes: Non-disposable cleaning tools or handles must be properly disinfected prior to entering the PEC and prior to use.***	Yes		7.1.1, 7.1.2
62.7	Compounding personnel are using the appropriate sterile cleaning, disinfecting, and sporicidal agents within the PEC.	Yes		7.1.1

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		Observation	Inspector Notes	USP Reference(s)
62.8	Compounding personnel are using the appropriate cleaning and disinfecting procedures and techniques within the PEC. ***Inspector note: Per USP, "All cleaning, disinfecting, and application of sporicidal disinfectants must be documented according to the facility's SOPs"; "Cleaning must be performed in the direction of clean to dirty areas"; and when 70% sterile IPA is used, it is used last and allowed to dry. There are differing opinions on the best order of cleaning. Procedure includes using a sterile low-lint wiper to all surfaces. Allow surfaces to dry completely before beginning compounding.***	Yes		7.1.2 Box 7, Box 8
62.9	The manufacturer's directions or published data for the minimum contact time is followed for each of the cleaning, disinfecting, and sporicidal disinfectant used. ***Per USP, contact times should be included in the SOP based on the agent used.***	Yes		7.1.1 Box 7, Box 8
62.10	Sterile 70% IPA is applied to all surfaces in the ISO Class 5 PEC at the frequencies specified by USP during active compounding. ***Inspector note: Per USP <797>, sterile 70% IPA must be applied: immediately before initiating compounding procedures, to the work surface of the PEC at least every 30 minutes (if the compounding process takes 30 minutes or less), to the work surface of the PEC immediately after compounding (when the compounding process takes more than 30 minutes), after each batch or lot is completed, and after cleaning and disinfecting.***	Yes		7

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		Observation	Inspector Notes	USP Reference(s)
	Sterilization and Depyrogenation			10
63.0	Does the pharmacy compound preparations with any nonsterile starting components? ***If the pharmacy does not compound preparations with any nonsterile starting components, inspector should answer question as N/A.***	Yes		10
64.0	Are injectable compounded preparations that contain nonsterile components or that come into contact with nonsterile devices (eg, containers, tubing) during any phase of the compounding procedure, sterilized within six hours after completing the preparation? ***If no, describe observations and collect a copy of the master formulation record, a copy of the compounding record, and a copy of the process for sterilization.*** ***If the pharmacy does not compound with nonsterile components or devices, or they only compound sterile ophthalmic and/or sterile drugs administered by inhalation, inspector should answer question as N/A.***	Yes		10
65.0	**Filter Sterilization:** Does the pharmacy use the appropriate type of sterilization method, equipment, documentation, and testing in compliance with USP <797> standards? ***View compounding records for CSPs sterilized by filtration to verify.*** ***Inspector note: The sterilization method used must sterilize the CSP without degrading its physical and chemical stability (eg, affecting its strength, purity, or quality) or the packaging integrity.*** ***If no, go to compliance statements.*** ***If the pharmacy does not use this sterilization method, inspector should answer question as N/A.***	Yes		10.2 USP <1229.4>

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		Observation	Inspector Notes	USP Reference(s)
65.1	Sterilization by filtration is performed in an ISO 5 environment.	Yes		4.1.2, 10.2
65.2	Filters used have enough capacity to filter the required volumes. ***Inspector note: Per USP: "The filter dimensions and the CSP to be sterilized by filtration should permit the sterilization process to be completed without the need for replacement of the filter during the process."***	Yes		10.2
65.3	The 0.2 micron sterile micro-porous membrane filter used to sterilize CSP solutions is chemically and physically compatible with the CSP. Inspector note: Per USP <797>, sterilizing filters must be appropriate for pharmaceutical use. Sterilizing filters labeled "for laboratory use" or equivalent must not be used. "Sterilizing filters must be certified by the manufacturer to retain at least 10^7 microorganisms of a strain of Brevundimonas diminuta per square centimeter of upstream filter surface area under conditions similar to those in which the CSPs will be filtered (ie, pressure, flow rate, and volume filtered)."	Yes		10.2
65.4	Confirmation of filter integrity (bubble testing) is performed and documented for each filter used with each batch sterilized by filtration. ***Inspector note: If multiple filters are required for the compounding process, each of the filters must be tested.*** ***If no, collect a copy of the master formulation record and compounding record.***	Yes		10.2

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		Observation	Inspector Notes	USP Reference(s)
65.5	A prefiltration step is performed for any CSPs that are known to contain excessive particulate matter. ***Inspector note: The prefiltration step consists of using a filter with a larger nominal pore size (eg, 1.2 micron) or a separate filter of larger nominal pore size should be placed upstream of (ie, prior to) the sterilizing filter to remove gross particulate contaminants before the CSP is passed through the sterilizing-grade filter.***	N/A		10.2
65.6	CSPs that are prepared using a filter that failed integrity tests are either discarded or, after investigating the cause of the failure and selection of an appropriate filter, refiltered for sterilization not more than one additional time. ***If no, collect a copy of the master formulation record and compounding record.***	Yes		10.2
65.7	Single-use filters are only used once.	Yes		4.1.2, 10.2
66.0	**Steam Sterilization:** Does the pharmacy use the appropriate type of sterilization method, equipment (autoclave), documentation, and testing in compliance with USP <797> standards? ***Inspector note: The sterilization method used must sterilize the CSP without degrading its physical and chemical stability (eg, affecting its strength, purity, or quality) or the packaging integrity.*** ***View documentation on compounding records for CSPs sterilized by steam to confirm. If no, go to compliance statements.*** ***If the pharmacy does not use this sterilization method, inspector should answer question as N/A.***	Yes	Steam sterilization is used for compounding instruments only.	10.3 USP <1229.1>

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		Observation	Inspector Notes	USP Reference(s)
66.1	The pharmacy has evaluated if steam sterilization would cause degradation of the drug. ***Inspector note: Per USP, compounded preparations that are degraded by moisture, pressure, or temperatures used may not be sterilized by steam heat.***	N/A		10.3
66.2	Steam supplied is free of contaminants and generated using water per manufacturer's specifications.	Yes		10.3
66.3	Solutions are passed through a 1.2 micron or smaller filter into the final containers to remove particulates before sterilization.	N/A		10.3
66.4	Items are placed in the autoclave in a manner that allows steam to reach them without entrapment of air. ***Inspector note: The pharmacy should have the autoclave cycle validated for the size of the batch, sterilization temperature, and sterilization time to ensure the load will be sterile.***	Yes		10.3 USP <1229.1>
66.5	Sealed containers used are able to generate steam internally (eg, small amount of water in empty crimped vials).	Yes		10.3

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Sterile Compounding Inspection for USP <797>

Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
66.6	The appropriate biological indicators (USP <1229>) are used to verify the effectiveness of each sterilization run or load and documented in the compounding record. ***Inspector note: Per USP <797>, "The effectiveness of steam sterilization must be verified and documented with each sterilization run or load by using appropriate biological indicators, such as spores of Geobacillus stearothermophilus (ATCC 12980, ATCC 7953, or equivalent; see Biological Indicators for Sterilization USP <1229.5>), and other confirmation methods such as physicochemical indicators (see Physicochemical Integrators and Indicators for Sterilization USP <1229.9>). The date, run, and load numbers of the steam sterilizer used to sterilize a CSP is documented in the compounding record."***	Yes		10.3 USP <1229.5> USP <1229.9>
66.7	All items are directly exposed to steam under adequate pressure for the length of time necessary as determined by use of appropriate biological indicators to render the items sterile. ***Inspector note: Per USP <797>, the duration of the exposure period must include sufficient time for the entire contents of the CSP and other items to reach the sterilizing temperature. The CSP and other items must remain at the sterilizing temperature for the duration of the sterilization period (an example provided in the chapter is 20-60 minutes at 121°C saturated steam under a pressure of 15 psi, depending on the volume or size of the CSP being sterilized).*** ***Any parameters for the autoclave must be set through validation.***	Yes		10.3 USP <1229.1>
66.8	A calibrated data recorder or chart is used to monitor each cycle and to examine for cycle irregularities (eg, deviations in temperature or pressure) and results documented on the CR.	Yes		10.3, 20

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		Observation	Inspector Notes	USP Reference(s)
67.0	**Dry Heat Sterilization:** Does the pharmacy use the appropriate type of sterilization method, equipment, documentation, and testing in compliance with USP <797> standards? ***Inspector note: The sterilization method used must sterilize the CSP without degrading its physical and chemical stability (eg, affecting its strength, purity, or quality) or the packaging integrity. USP <1229.8> also applies.*** ***View documentation on compounding records for CSPs sterilized by dry heat to confirm. If no, go to compliance statements.*** ***If the pharmacy does not use this sterilization method, inspector should answer question as N/A.***	N/A		10.4 USP <1229.8>
67.1	The pharmacy has the appropriate dry heat sterilization equipment. ***Inspector note: Dry heat sterilization is usually performed in an oven designed for sterilization at 160°C or higher. The dry heat oven should be able to get to the appropriate temperature and pressure, for example, not be a toaster oven.***	N/A		10.4
67.2	Solutions are passed through a 1.2 micron or smaller filter into the final containers to remove particulates before sterilization.	N/A		10.4
67.3	During sterilization, sufficient space is left between materials to allow for circulation of hot air.	N/A		10.4
67.4	CSPs and other items are exposed to dry heat for the length of time necessary for all items to reach sterilizing temperature of 160°C or higher. ***Inspector note: Per USP <797>, if lower temperatures are used, they are validated by biological indicators (see USP <1229.8>, Validation of Dry Heat Sterilization, Biological Indicators). The calibrated oven must be equipped with temperature controls and a timer.***	N/A		10.4

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		Observation	Inspector Notes	USP Reference(s)
67.5	The appropriate biological indicators are used to verify the effectiveness each sterilization run or load and documented in the compounding record. ***Inspector note: Per USP <797>, "The effectiveness of dry heat sterilization must be verified and documented with each sterilization run or load by using appropriate biological indicators, such as spores of Bacillus atrophaeus (ATCC 9372; see Biological Indicators for Sterilization USP <1229.5>) and other confirmation methods (e.g., temperature-sensing devices). The date, run, and load numbers of the dry heat oven used to sterilize a CSP must be documented in the CR."***	N/A		10.4 USP <1229.5>
67.6	A calibrated data recorder or chart is used to monitor each cycle and the data is reviewed to identify cycle irregularities (eg, deviations in temperature or exposure time) and results documented on the CR.	N/A		10.4, 20
68.0	**Dry Heat Depyrogenation:** Is the appropriate depyrogenation method used and documented in compliance with USP <797> standards? ***View documentation records of items depyrogenated to confirm. If the pharmacy does not use this method, Inspector should answer question as N/A.***	Yes	Glassware is depyrogenated in the Dry Heat Oven.	10.1 USP <1228.1>
68.1	Glassware, metal, and other thermostable containers are exposed to dry heat for the length of time necessary for all items to be rendered pyrogen free.	Yes		10.1

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68.2	The effectiveness of the dry heat depyrogenation cycle is established and documented. ***Inspector note: Per USP <797>, this must be done initially, re-established any time there are changes made to the cycle (eg, load conditions, duration, temperature), and verified at least annually by using endotoxin challenge vials (ECVs) to demonstrate that the cycle is capable of achieving a > 3-log reduction in endotoxins (see Bacterial Endotoxins Test USP <85>). The verification must be documented.***	Yes		10.1 USP <1228.1> USP <85>
68.3	Items that are not thermostable are depyrogenated by multiple rinses with sterile, nonpyrogenic water (eg, sterile water for injection or sterile water for irrigation) and then thoroughly drained or dried immediately before use in compounding. ***Inspector note: USP <1228.4> Depyrogenation by Rinsing also applies.***	Yes		10.1 USP <1228.4>
	Master Formulation and Compounding Records **Inspector should review a minimum of five (5) master formulation records and five (5) compounding records.**			11
69.0	Are **Master Formulation Records (MFRs)** created and maintained in compliance with USP <797> standards? ***If no, go to the compliance statements.***	Yes		11.1
69.1	The pharmacy creates and maintains MFRs for CSPs that are prepared for more than one patient.	Yes		11.1, 20
69.2	MFR changes and alterations are approved and documented according to the pharmacy's SOPs.	Yes		11.1
69.3	The pharmacy creates and maintains MFRs for CSPs that are prepared from nonsterile ingredients.	Yes		11.1, 20

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		Observation	Inspector Notes	USP Reference(s)
69.4	The MFR includes the name, strength or activity, and dosage form of the sterile compounded preparation.	Yes		11.1, 20
69.5	The MFR includes the identities and amounts of all ingredients.	Yes		11.1, 20
69.6	The MFR includes the type and size of container closure.	Yes		11.1, 20
69.7	The MFR includes complete instructions for preparing the sterile compounded preparation, including equipment, supplies, a description of the compounding steps, and any special precautions.	Yes		11.1, 20
69.8	The MFR includes a physical description of the final CSP.	Yes		11.1, 20
69.9	The MFR includes the BUD and storage requirements.	Yes		11.1, 14.2, 20
69.10	The MFR includes the reference source to support the stability of the CSP.	Yes		11.1, 20
69.11	The MFR includes quality control procedures (eg, pH testing, filter integrity testing).	Yes		11.1, 20

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69.12	The MFR includes other information as needed to describe the compounding process and ensure repeatability (eg, adjusting pH and tonicity, sterilization method).	Yes		11.1, 20
69.13	The MFR includes all required release tests, and if applicable, sterility test methods, process, number and endotoxin test and limits.	Yes		11.1, 12, 20
70.0	Are **Compounding Records (CR)** created and maintained in compliance with USP <797> standards? ***Inspector note: Per USP, a prescription or medication order or label may serve as the CR. Also, a copy of the MFR can be made that contains spaces for recording the information needed to complete the CR (eg, both the MFR and CR are on the same document/form). A CR may be kept electronically, if readily retrievable, as long as it contains all required information.*** ***If no, go to compliance statements.***	Yes		11.2 Box 10
70.1	The pharmacy creates and maintains CRs for all for immediate-use CSPs prepared for more than one patient. ***Inspector note: if pharmacy does not prepare any CSPs for immediate-use, inspector should answer compliance statement as N/A.***	Yes		11.2 Box 10
70.2	The pharmacy creates and maintains CRs for all Category 1, Category 2, and Category 3 CSPs.	Yes		11.2 Box 10
70.3	The CR includes the name, strength or activity, dosage form of the CSP, and (if applicable) the MFR reference.	Yes		11.2 Box 10

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		Observation	Inspector Notes	USP Reference(s)
70.4	The CR includes the date and time of preparation.	Yes		11.2 Box 10
70.5	The CR includes an assigned internal identification number (eg, prescription, order, or lot number).	Yes		11.2 Box 10
70.6	The CR includes the identity of the individual(s) involved in the compounding process.	Yes		11.2 Box 10
70.7	The CR includes identity of the individual(s) verifying the final CSP.	Yes		11.2 Box 10
70.8	The CR includes the name of each component.	Yes		11.2 Box 10
70.9	The CR includes the vendor/manufacturer, lot number, and expiration date for each component. ***Inspector note: this is required for CSPs prepared for more than one patient and for CSPs prepared from nonsterile ingredient(s).***	Yes		11.2 Box 10
70.10	The CR includes the weight or volume of each component.	Yes		11.2 Box 10
70.11	The CR includes the strength or activity of each component.	Yes		11.2 Box 10
70.12	The CR includes the total quantity compounded.	Yes		11.2 Box 10

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70.13	The CR includes the final yield (eg, quantity, containers, number of units).	Yes		11.2 Box 10
70.14	The CR includes the assigned BUD and storage requirements.	Yes		11.2 Box 10
70.15	The CR includes results of quality-control procedures (eg, visual inspection, filter integrity testing, pH testing).	Yes		11.2, 12 Box 10
70.16	The CR includes calculations made to determine and verify quantities and/or concentrations of components. ***Inspector note: Per USP, "If applicable, the CR must also include...Calculations."***	Yes		11.2 Box 10
70.17	The CR is verified by the pharmacist for appropriateness and accuracy with in-process and final checks. ***Inspector note: "Documentation must comply with all laws and regulations of the applicable regulatory jurisdiction."***	Yes		2, 11.2, 12.1, 13, 20 Box 10
71.0	Are the pharmacy's labels for CSPs in compliance with USP <797> standards and display all required information? ***If no, go to compliance statements.***	Yes		13 USP <7>

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		Observation	Inspector Notes	USP Reference(s)
71.1	Information on the label is prominently and legibly displayed. ***Inspector note: Definition of labeling includes other accompanying materials with the CSP, which includes, "written, printed, or graphic matter on the immediate container or on or inside any package or wrapper in which it is enclosed." The shipping container is not included in the definition of the "label."***	Yes		13
71.2	Labeling meets any state or federal regulatory requirements.	Yes		13
71.3	Labeling on the immediate container includes an assigned internal identification number (eg, barcode, prescription, order, or lot number).	Yes		13
71.4	Labeling on the immediate container includes the active ingredients and their amounts, activity, or concentration.	Yes		13
71.5	Labeling on the immediate container includes the storage conditions, if other than controlled room temperature.	Yes		13
71.6	Labeling on the immediate container includes the BUD. Per USP, "Each CSP label must state the date, or the hour and date, beyond which the preparation must not be used and must be discarded (ie, the BUD)."	Yes		13, 14.1
71.7	The compounded CSP label does not use the term "expiration date" or equivalent.	Yes		13, 14.1 USP <7>
71.8	Labeling on the immediate container includes the dosage form.	Yes		13

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		Observation	Inspector Notes	USP Reference(s)
71.9	Labeling on the immediate container includes the total amount or volume when not obvious from the container.	Yes		13
71.10	Labeling on the immediate container states that the CSP is a single-dose container (when space permits).	Yes		13
71.11	Labeling on the immediate container states that the CSP is a multiple-dose container.	Yes		13
71.12	Labeling includes the route of administration, as applicable.	Yes		13
71.13	Labeling includes any special handling instructions and/or warning statements, as applicable.	Yes		13
71.14	Labeling includes the compounding facility name and contact information if the CSP is to be sent outside of the facility or health care system in which it was compounded.	Yes		13
72.0	Does the label contain information identifying the CSP is a compounded preparation? ***Inspector note: Per USP, this is a recommendation/should***	No		13 USP <7>

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		Observation	Inspector Notes	USP Reference(s)
	Establishing BUDs			14
73.0	**Category 1 and Category 2 CSPs:** Does the pharmacy assign BUDs for Category 1 and Category 2 CSPs in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		14, 14.1, 14.2
73.1	The assigned BUD does not exceed the shortest expiration date of any of the individual commercially available starting components.	Yes		14.3
73.2	When assigning BUDs, the pharmacy ensures that the CSP formulation remains chemically and physically stable and that its packaging maintains its integrity for the duration of the assigned BUD.	Yes		14.3
73.3	**Category 1 CSPs:** BUDs for **Category 1 CSPs** prepared in an SCA do not exceed the limits established in Table 12. ***Inspector note: Per USP <797> Table 12, BUD maximum limits for Category 1 CSPs are defined as 12 hours at controlled room temperature (CRT 20°C-25°C) or 24 hours refrigerated (2°C-8°C).*** ***If no Category 1 CSPs are prepared, inspector should answer statement as N/A.***	N/A		14.3, Table 12

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		Observation	Inspector Notes	USP Reference(s)
73.4	**Category 2 CSPs:** BUDs for **aseptically processed (by filtration) Category 2 CSPs** that **do not** undergo sterility testing do not exceed the limits established in Table 13. ***Inspector note: Per USP <797> Table 13, BUD maximum limits for aseptically processed Category 2 CSPs using one or more nonsterile starting components are defined as: one day CRT; four days refrigerator; and 45 days freezer. Aseptically processed Category 2 CSPs using only sterile starting components are defined as: four days CRT; 10 days refrigerator; and 45 days freezer.*** ***If no aseptically processed Category 2 CSPs are prepared, inspector should answer statement as N/A.***	N/A		14.3, Table 13
73.5	**Category 2 CSPs:** BUDs for **aseptically processed (by filtration) Category 2 CSPs** where **sterility testing and endotoxin testing (if applicable) are performed** and passed do not exceed the limits established in Table 13. ***Inspector note: Per USP <797> Table 13, BUD maximum limits for aseptically processed Category 2 CSPs, that were sterility tested and passed, regardless of starting components being sterile or nonsterile, are defined as: 30 days CRT; 45 days refrigerator; and 60 days freezer.*** ***If no aseptically processed Category 2 CSPs are prepared, inspector should answer statement as N/A.***	Yes		14.3, 14.2.1, 14.2.3, Table 13

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		Observation	Inspector Notes	USP Reference(s)
73.6	**Category 2 CSPs:** BUDs for **terminally sterilized Category 2 CSPs** that do not undergo sterility testing do not exceed the limits established in Table 13. ***Inspector note: Per USP <797> Table 13, BUD maximum limits for terminally sterilized to probability of nonsterile unit (PNSU) of 10^{-6} (eg, dry heat, steam, irradiation) Category 2 CSPs are defined as: 14 days CRT; 28 days refrigerator; and 45 days freezer.*** ***If no terminally sterilized Category 2 CSPs are prepared, inspector should answer statement as N/A.***	N/A		14.3, 14.2.1, Table 13
73.7	**Category 2 CSPs:** BUDs for **terminally sterilized Category 2 CSPs** where **sterility testing and endotoxin testing (if applicable) are performed** and passed do not exceed the limits established in Table 13. ***Inspector note: Per USP <797> Table 13, BUD maximum limits for terminally sterilized to PNSU of 10^{-6} (eg, dry heat, steam, irradiation) Category 2 CSPs are defined as: 45 days CRT; 60 days refrigerator; and 90 days freezer. Endotoxin testing is required for Category 2 injectable CSPs compounded from one or more nonsterile component(s) and assigned a BUD that requires sterility testing.*** ***USP <797> recommends that all injectable Category 2 CSPs made from one or more nonsterile components are also endotoxin tested.*** ***If no terminally sterilized Category 2 CSPs are prepared, inspector should answer statement as N/A.***	N/A		14.3, 14.2.1, 14.2.3, Table 13

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74.0	Does the pharmacy ensure the assigned BUD does not exceed the shortest beyond use date of any individual compounded components? ***Inspector note: Per USP, "the BUD should generally not exceed the shortest BUD of any of the individual compounded components. However, there may be acceptable instances when the BUD of the final CSP exceeds the BUD assigned to compounded components (eg, pH-altering solutions). If the assigned BUD of the final CSP exceeds the BUD of the compounded components, the physical, chemical, and microbiological quality of the final CSP must not be negatively impacted." Other examples where this may occur: formula within a formula, preservative-free compounded component used in a preserved final CSP, "in-use" times for pharmacy bulk packages, and cyclosporine ophthalmic stock solution.*** ***If no, inspector should describe the observations, including the name of the component whose BUD was shorter than the assigned BUD of the final CSP.***	Yes		14.3
75.0	Are BUDs for **Category 3 CSPs** assigned in compliance with all conditions outlined in USP <797> standards and do not exceed the maximum limits established in Table 14? ***Inspector note: If all of the conditions described for Category 3 CSPs are not met, the applicable BUD must not exceed the established maximum limits in Table 13 for Category 2 CSPs.*** ***If no, go to compliance statements.*** ***If the pharmacy does not prepare Category 3 CSPs, inspector should answer question as N/A.***	N/A		14.3, 14.4., 14.4.1, 14.4.2, 14.4.3, 14.4.4, Table 14
75.1	The assigned BUD does not exceed the shortest expiration date of any of the individual starting components.	N/A		14.3 Table 14

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75.2	When assigning BUDs, the pharmacy ensures that the CSP formulation remains chemically and physically stable and its packaging maintains its integrity for the duration of the assigned BUD.	N/A		14.3 Table 15
75.3	BUDs for **Category 3 CSPs** do not exceed the maximum limits for aseptically processed (eg, filtered) established in Table 14. ***Inspector note: Per USP <797> Table 14, BUD maximum limits for aseptically processed Category 3 CSPs where sterility testing (and endotoxin testing, if applicable) had been performed and passed are defined as: 60 days CRT; 90 days refrigerator; and 120 days frozen.***	N/A		14.4.1 Table 14
75.4	BUDs for **Category 3 CSPs** do not exceed the maximum limits for terminally sterilized established in Table 14. ***Inspector note: Per USP <797> Table 14, BUD maximum limits terminally sterilized Category 3 CSPs where sterility testing (and endotoxin testing, if applicable) had been performed and passed are defined as: 90 days CRT; 120 days refrigerator; and 180 days frozen.***	N/A		14.4.1 Table 14

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Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
75.5	**Category 3 CSPs** are supported by stability data obtained using methods described in USP <1225> or a validated noninferior stability-indicating analytical method. ***Inspector note: Per USP <797>, Category 3 CSPs must prepared according to the EXACT formulation (API and other ingredients of identical grade and procedures) from which the stability data is derived. Category 3 CSPs must be packaged and stored in container closure of the same materials of composition as used in study and the facility must have documentation of the stability study.*** ***View records to verify the preparation exactly matches the preparation cited in the documentation including concentration of all active ingredients, excipients, etc.***	N/A		14.4.3 Table 14 USP <1225>
75.6	**Category 3 CSPs** undergo sterility testing. ***Inspector note: Sterility testing is performed on all Category 3 CSPs.***	N/A		14.4.4 Table 14 USP <71>
75.7	**Category 3 CSPs** undergo bacterial endotoxin testing. ***If all compounds prepared are ophthalmics and/or drug administered by inhalation, bacterial endotoxin is not required, inspector should answer statement as N/A.***	N/A		12.3, 14.4.4 Table 14 USP <85>
75.8	**Category 3 CSPs** undergo particulate matter testing. ***Inspector note: If the Category 3 CSP is an injection or an ophthalmic solution, particulate matter testing is also conducted once per formulation with acceptable results (See USP <788> Particulate Matter in Injections and USP <789> Particulate Matter in Ophthalmic Solutions).***	N/A		14.4.3 Table 14 USP <788>, <789>

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: Artisan Drug Inc dba Artisan Drug
e-Profile ID: 1790502
Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
75.9	**Category 3 CSPs** undergo an evaluation for the container closure system. ***Inspector note: The container closure system used is evaluated for and conforms to container closure integrity to the end of the BUD (see USP <1207> Package Integrity Evaluation—Sterile Products). Evaluation must be done once for each formulation and for each container closure system in which it will be packaged.***	N/A		14.4.3 Table 14 USP <1207>
76.0	Are **multiple-dose CSPs prepared** in compliance with USP <797> standards? ***If no, go to compliance statements.*** ***If the pharmacy does not prepare multiple-dose CSPs, inspector should answer question as N/A.***	Yes		14.5
76.1	Multiple-dose CSPs are prepared as a Category 2 or Category 3 CSP only.	Yes		14.5
76.2	When preservatives are used, they are appropriate for the CSP formulation and the route of administration. Inspector note: Per USP <797>, "The preservative must not be inactivated by any ingredients in the CSP, and some preservatives are not always appropriate for the patient (eg, neonates) or route of administration (eg, intrathecal or ophthalmic injection)."	Yes		14.5

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		Observation	Inspector Notes	USP Reference(s)
76.3	Aqueous multiple-dose CSPs pass antimicrobial effectiveness testing in accordance with USP <51>. ***Inspector note: Per USP <797>, a test can be one test done for each formulation in the particular container-closure system in which it will be packaged, or test results provided by an FDA-registered facility or in appropriate peer-reviewed literature, provided the sterile compounded preparation formulation and container-closure system used are exactly the same as those tested, unless a bracketing study is performed. The concentration of all other ingredients (including preservatives) must be the same throughout the bracketing study. Additionally, multiple-dose, nonpreserved, aqueous topical, and topical ophthalmic CSPs prepared as a Category 2 or Category 3 CSP are not required to pass antimicrobial effectiveness testing if the preparation is: For use by a single patient, labeled (in the label or labeling) to indicate that, once opened, it must be discarded after 24 hours when stored at controlled room temperature and/or that, once opened, it must be discarded after 72 hours when stored under refrigeration.***	Yes		14.5 USP <51>
76.4	Multiple-dose CSPs are labeled to indicate the beyond use date of the CSP once it is opened or punctured. ***Inspector note: Labeling on the CSP should indicate that once the CSP container is entered or punctured, it must not be used for longer than the assigned BUD or 28 days (if supported by antimicrobial effectiveness testing results), whichever is shorter.*** ***Inspector should review the CR or final compounded preparation to verify the label contains this information.***	Yes		14.5
76.5	Container-closure systems used are evaluated for maintaining integrity (USP <1207>) for each formulation and fill volume. ***Inspector note: Per USP <797>, the container closure integrity test needs to be conducted only once on each formulation and on fill volume in the particular container closure system in which the multiple-dose CSP will be packaged.***	Yes		14.5 USP <1207>

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Sterile Compounding Inspection for USP <797>

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		Observation	Inspector Notes	USP Reference(s)
	Finished Preparation Release Checks and Tests			12
77.0	Are all CSPs visually inspected for quality prior to release or dispensing in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		12.1
77.1	The CSP label is visually inspected to confirm that the CSP and its labeling match the prescription or medication order.	Yes		12.1
77.2	CSPs are visually inspected for quality characteristics such as discoloration, visible particulates, or cloudiness.	Yes		12.1
77.3	CSPs are visually inspected to verify container closure integrity (eg, checking for leakage, cracks in the container, or improper seals).	Yes		12.1
77.4	A visual inspection is also repeated prior to release or dispense for CSPs that have been stored in the pharmacy and not released or dispensed on the day of preparation.	Yes		12.1

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Sterile Compounding Inspection for USP <797>

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		Observation	Inspector Notes	USP Reference(s)
77.5	Any CSPs found to be of unacceptable quality (eg, observed defects) are promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before appropriate disposal.	Yes		12.1
78.0	For any CSPs assigned beyond use dates that require sterility testing, does the pharmacy ensure that all testing is performed, evaluated, and documented in accordance with USP <71> or a validated alternative method that is noninferior to USP <71> testing and USP <797> standards? ***Inspector note: Alternative testing methods may not be accepted in all regulatory jurisdictions that the pharmacy conducts business.*** ***If no, go to compliance statements.*** ***If the pharmacy does not prepare any CSPs that require sterility testing, inspector should mark as N/A.***	Yes	Testing is performed by Eagle Analytical for every batch compounded.	12.2

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		Observation	Inspector Notes	USP Reference(s)
78.1	The required number of sterile compounded preparation units, as described in USP <71> and USP <797>, are tested. ***Inspector note: Per USP <71> Table 3, the minimum number of items to be tested for each medium is:*** ***Parenterals*** ***Not more than 100 containers = 10% or four containers, whichever is greater*** ***More than 100, but not more than 250 containers = 10 containers*** ***Large volume parenterals*** ***2% or 10 containers, whichever is less*** ***Non-parenterals (eye drops, inhalation, pellets, etc.)*** ***Not more than 200 containers = 5% or two containers, whichever is greater*** ***More than 200, but not more than 250 containers = 10 containers*** ***Per USP <797>, if the number of CSPs compounded in a single batch is less than what is needed for testing as specified in USP <71> Table 3, additional units must be compounded to be able to perform testing as follows:*** ****If 1-39 CSPs are compounded in a single batch, the sterility testing must be performed on a number of units equal to 10% of the number of CSPs prepared, rounded up to the next whole number.*** ****If more than 40 CSPs are prepared in a single batch, the sample sizes specified in USP <71> Table 3 must be used.***	Yes		12.2, 14.2.3 USP <71>
78.2	Batch sizes of sterile CSPs do not exceed 250. ***Inspector Note: Per USP <797>, the maximum batch size for all sterile compounded preparation requiring sterility testing is limited to 250 final yield units.***	Yes		12.2, 14.2.3

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		Observation	Inspector Notes	USP Reference(s)
78.3	Pharmacy is utilizing an alternative method for sterility assurance testing (other than USP <71>). ***Inspector note: Per USP, "If an alternative method is used for sterility testing, the method must be validated (see USP <1223>) and demonstrated to be suitable for that CSP formulation."*** ***If an alternative method is used, describe the method used and how the pharmacy ensures they are compliant with state-specific regulations.***	Yes	Scan RDI	12.2 USP <71>, <1223>
78.4	When sterility testing identifies a failure, the pharmacy has processes to investigate and identify any contributing factors. ***Inspector note: Per USP, "Sterility tests resulting in failures must prompt an investigation into the possible causes and must include identification of the microorganism, as well as an evaluation of the sterility testing procedure, compounding facility, process, and/or personnel that may have contributed to the failure. The source(s) of the contamination, if identified, must be corrected, and the facility must determine whether the conditions causing the sterility failure affect other CSPs. The investigation and resulting corrective actions must be documented." Additionally, some rapid sterility test methods do not allow for the identification of the recovered microorganisms. If one of these methods is used, the pharmacy is not in compliance with the chapter, as the investigation must include identification of the recovered microorganism.***	Yes		12.2

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		Observation	Inspector Notes	USP Reference(s)
79.0	For any CSPs assigned BUDs that require **bacterial endotoxin testing**, does the pharmacy ensure that all testing is performed and documented in compliance with USP <85> and USP <797> standards? ***Inspector note: Endotoxin limits reflect limits in an official monograph, or calculated as described in USP Chapter <85> for the route of administration for humans, and for animals based on weight.*** ***Although USP <797> refers to USP <85> Bacterial Endotoxins Test for calculating endotoxin limits for the appropriate route of administration, it does not address products administered epidurally or administered directly into the central nervous system. CSPs administered epidurally should have the same endotoxin limit as that of intrathecally administered CSPs.*** ***If no, go to compliance statements.*** ***If the pharmacy does not prepare CSPs that require bacterial endotoxin testing, inspector should answer question as N/A.***	Yes		12.3 USP <85>
79.1	The pharmacy has an appropriate procedure for calculating/determining endotoxin limits. ***Per USP, there are endotoxin limits listed in USP product and compounded preparation monographs. The laboratory may be performing the calculation rather than the pharmacy; however, if done in house, this should be included in the pharmacy SOPs.*** ***If the dosage form does not require, inspector should answer statement as N/A.***	Yes	The testing is performed by Eagle Analytical.	12.3
79.2	The pharmacy collects patient weight to make bacterial endotoxin calculation for an animal patient. ***If the dosage form does not require or the pharmacy does not compound sterile preparations for animals, inspector should answer statement as N/A.***	N/A		12.3

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		Observation	Inspector Notes	USP Reference(s)
79.3	Bacterial endotoxins testing (USP <85>) is performed on all **injectable Category 2 CSPs** compounded from one or more nonsterile components that are assigned a BUD requiring sterility testing per Table 13. ***Inspector note: USP <797> recommends that all injectable Category 2 CSPs made from one or more nonsterile components is also endotoxin tested.***	Yes		12.3 Table 13 USP <85>
79.4	Bacterial endotoxins testing (USP <85>) is performed on all **injectable Category 3 CSPs** compounded from one or more nonsterile components.	N/A		12.3 Table 13 USP <85>
79.5	Any CSPs with failed endotoxin testing are quarantined, not further released, and action is taken for any product released prior to receipt of failed test results. ***View testing records and note any products with failed results and actions taken.***	Yes		12.2, 12.3
	CSP Packaging, Shipping and Transport			19
80.0	Are processes and techniques for packaging and transporting CSPs in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		19.1, 19.2, 19.3
80.1	The pharmacy uses the appropriate shipping containers and packaging materials (eg, coolers and light-resistant packaging) based on the product specifications.	Yes		19.2

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		Observation	Inspector Notes	USP Reference(s)
80.2	CSPs are appropriately packaged to protect against damage, leakage, contamination, degradation, and adsorption during storage and transport. ***Inspector should look at packaging materials used to ensure cushioning to prevent breakage of glass vials and ensure that container is generally clean without non-microbial growth that would come in direct contact with CSPs.***	Yes		19.2
80.3	Specific handling instructions when applicable, are included on the exterior of the container.	Yes		19.3
80.4	The pharmacy selects transport modes that ensure CSPs are delivered properly in undamaged, sterile, and stable conditions (eg, no undue exposure to heat, cold, or light). ***Inspector note: Transport modes include pneumatic tube transport systems and should not be used if the CSP is sensitive to shaking.***	Yes		19.3
	Quality Assurance and Quality Control			
81.0	**Quality Assurance and Quality Control (QA/QC):** Does the pharmacy's SOP on quality assurance and quality control meet the requirements in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		18 USP <1163>
81.1	Description of procedures for complaint handling, adverse events, and recalls that include corrective action, investigation, reporting, and documentation requirements.	Yes		18.1, 18.2

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		Observation	Inspector Notes	USP Reference(s)
81.2	**QA/QC Out-Of-Specification (OOS) SOPs:** The pharmacy's procedures for recall of out-of-specification dispensed CSPs includes a process to determine the severity of the problem and the urgency for implementation and completion of the recall.	Yes		18.1
81.3	**QA/QC OOS SOPs:** The pharmacy's procedures for recall of out-of-specification dispensed CSPs includes a process to determine the distribution of any affected CSP, including the date and quantity of distribution.	Yes		18.1
81.4	**QA/QC OOS SOPs:** The pharmacy's procedures for recall of out-of-specification dispensed CSPs includes a process to identify patients who have received the CSP.	Yes		18.1
81.5	**QA/QC OOS SOPs:** The pharmacy's procedures for recall of out-of-specification dispensed CSPs includes a process for the disposal and documentation of the recalled CSP.	Yes		18.1
81.6	**QA/QC OOS SOPs:** The pharmacy's procedures for recall of out-of-specification dispensed CSPs includes a process to investigate and document the reason for failure.	Yes		18.1
82.0	Does the pharmacy ensure that QA and QC programs are conducted in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		18, 20

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		Observation	Inspector Notes	USP Reference(s)
82.1	The pharmacy has a formal QA/QC program with documented activities. ***Inspector note: Per USP, "Designated person(s) must ensure that the facility has formal, written QA and QC programs that establish a system of: adherence to procedures; prevention and detection of errors and other quality problems; evaluation of complaints and adverse events, and appropriate investigations and corrective actions."***	Yes		18
82.2	The pharmacy's QA/QC program is reviewed at least once every 12 months by the designated person(s) and the results of the review are documented.	Yes		18
82.3	The designated person(s) reviews all complaints to determine whether the complaint indicates a potential quality problem with the CSP.	Yes		18.2, 20
82.4	All complaints and adverse events are thoroughly investigated. ***Inspector note: Per USP <797>, the timeframe is specified in the facility SOP. Additionally, USP states, "The investigation must consider whether the quality problem extends to other CSPs."*** ***If facility SOP permits a long investigation period, include in the inspector notes the SOP's expected time frame to complete an investigation. State may have a more aggressive time frame to complete an investigation and report quality events to the state.***	Yes		18.2, 18.3, 20

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		Observation	Inspector Notes	USP Reference(s)
82.5	The record of each complaint is maintained by the pharmacy regardless of the source of the complaint (eg, email, telephone, or mail) and includes the minimum required information. ***Inspector note: Per USP <797>, the complaint record must contain the following information:*** ***-Name of the complainant or other unique identifier;*** ***-Date the complaint was received;*** ***-Nature of the complaint;*** ***-The response to the complaint; and*** ***-Results of any investigation and any follow-up.*** ***In addition, to the extent that the information is known, the following should be recorded:*** ***-The name and strength of the CSP and the assigned internal identification number (eg, prescription, order, or lot number).*** ***If no, inspector should document what is missing in the notes column.***	Yes		18.2, 20
82.6	The pharmacy's QA/QC program includes documentation of steps necessary for completing a recall, including reporting the recall to appropriate regulatory agencies. ***Inspector note: Per USP, "The recall must be reported to appropriate regulatory bodies as required by laws and regulations of the applicable regulatory jurisdiction."***	Yes		18.1, 18.2

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		Observation	Inspector Notes	USP Reference(s)
83.0	If a CSP is dispensed or administered **before the results of release testing are known**, does the pharmacy ensure procedures for recalls and out-of-specification notifications are conducted and documented in compliance with USP-<797> standards? ***Inspector note: Per USP <797>, if a CSP is dispensed or administered before the results of release testing are known, the facility must have procedures in place to notify, recall, and investigate.*** ***If no, go to the compliance statements.***	N/A		18.1, 20
83.1	The pharmacy has a process in place to immediately notify the prescriber of a failure of specifications with the potential to cause patient harm (eg, sterility, strength, purity, bacterial endotoxin, or other quality attributes).	N/A		18.1
83.2	The pharmacy has a process in place to recall any unused dispensed CSPs and quarantine any stock remaining in the pharmacy.	N/A		18.1
83.3	The pharmacy has a process in place to investigate if other lots are affected and recall if necessary.	N/A		18.1

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Sterile Compounding Inspection for USP <797>

Facility Name: Artisan Drug Inc dba Artisan Drug
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Inspection Date: 10/21/2025, 10/28/2025 & 10/29/2025

		Observation	Inspector Notes	USP Reference(s)
	Personnel Training and Evaluation - Verify records of all compounding personnel (up to 10). Use the records tab to document records reviewed.			2
84.0	Is the pharmacy's documented hand hygiene and garbing competency evaluations compliant with USP <797> standards? ***Inspector note: Only "No" or "Missing" documents would cause this question to be answered no.*** ***If no, refer to the records review worksheet for details.***	Yes		2.2, 20 Box 1, Table 1
85.0	Is the pharmacy's documented aseptic manipulation competency evaluation compliant with USP <797> standards? ***Inspector note: Only "No" or "Missing" documents would cause this question to be answered no.*** ***If no, refer to the records review worksheet for details.***	Yes		2.3, 20 Box 2, Table 1
86.0	Is the pharmacy's documented training program and ongoing competency evaluation compliant with USP <797> standards? ***Inspector note: Only "No" or "Missing" documents would cause this question to be answered no.*** ***If no, refer to the records review worksheet for details.***	Yes		2, 2.1; 17 Table 2, Table 3

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Sterile Compounding Personnel Records Review

Select personnel with compounding responsibilities for your records review; preferably select staff performing compounding duties at time of inspection or staff identified during CR review.
- Recommend also pulling supervising personnel file.
- Inspector can consider pulling non-compounder employee file ("Other") who cleans and stocks compounding area but who does not compound (Note: frequency of competency assessment will be defined by pharmacy SOPs).
Review five (5) personnel files and document your observations. (For applicants seeking a Class E-S Non-Resident Sterile Compounding Inspection (Texas Sampling), review a total of 10 personnel records.)
- *Note: long-term employees may not have initial training available. If this is the case, you may select an alternative file. If an alternate file is not available, document length of service of long-term employee.*
Inspector Note: soybean casein digest medium and trypticase soy broth are the same media.

Inspector Instructions	Demonstrating Knowledge and Competency of Core Skills (Section 2.1)
1. Use the drop-down list and make the appropriate selection for the Employee Title, Personnel Function, and CSP Category Type for the files reviewed. *Do not record the employee name, only the title or position. **2. Review the selected files to verify that the required training and competency records are present in the personnel file and comply with USP <797> standards for training and demonstrated competency.** **3. Select the appropriate response for each item reviewed.** **-Select "Yes" if the document is present in the records and the competency evaluation was conducted in compliance USP <797> standards.** **-Select "No" if the document is present but is not compliant with USP <797> standards (eg, incorrect frequency of test, GFT and surface sample was not conducted after media-fill, failed tests did not include a corrective action, etc). Document the area(s) of non-compliance in the notes column.** **-Select "Missing" if the document is not present in the file.** **-Select "N/A" if the training does not apply, eg, long-term employees may not have initial training available. Document further in the notes column.** **4. Use the notes column to document any pertinent information.**	**USP requirements:** **1. Personnel who perform or oversee compounding or *support activities* must be trained in the SOPs and trained on maintaining the quality of the environment (See Table 2).** **2. Compounding personnel and supervising personnel must complete training needed to demonstrate knowledge of principles and competency of skills for performing sterile manipulations and achieving and maintaining appropriate environmental conditions (See Table 2 and Table 3). This must be completed initially and every 12 months in at least the following areas:** **-Hand hygiene** **-Garbing** **-Cleaning and disinfection** **-Calculations, measuring, and mixing** **-Aseptic technique** **-Achieving and/or maintaining sterility (and apyrogenicity if compounding with nonsterile components)** **-Use of equipment** **-Documentation of the compounding process (eg, master formulation and compounding records)** **-Principles of high-efficiency particulate air (HEPA)-filtered unidirectional airflow within the ISO Class 5 area** **-Proper use of PECs** **-Principles of movement of materials and personnel within the compounding area** **3. Personnel who only perform restocking or cleaning and disinfecting duties outside of the primary engineering control (PEC) must complete ongoing training as required by the facility's SOPs (See Table 3).** **4. Personnel compounding only immediate-use CSPs must complete training as required by the facility's SOPs (See Table 3).** **5. All training and evaluations must be documented.**

Employee Record #	Employee Title	Personnel Function	CSP Category Type	Compounding SOPs	Initial Training and Competency in Maintaining the Quality of the Environment	Initial Training and Competency in Sterile Compounding Principles and Practices	Ongoing Training and Competency in Sterile Compounding Principles and Practices	Notes
				Compounders and Supervising Personnel: initially and at least every 12 months Other Personnel (examples: persons who do not compound but clean/disinfect and restock or who perform in-process checks; persons who only compound immediate use): initially and as defined by pharmacy SOPs.				
#1	Pharmacist	Supervising/Direct Oversight	Category 2 only	Yes	Yes	Yes	Yes	Three staff members participate in sterile compounding.

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#2	Pharmacy Technician	Designated Person	Category 2 only	Yes	Yes	Yes	Yes	
#3	Pharmacy Technician	Compounder	Category 2 only	Yes	Yes	Yes	Yes	
#4								
#5								
#6								
#7								
#8								
#9								
#10								

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Hand Hygiene and Garbing Competency Evaluation (Section 2.2)
USP requirements: 1. The garbing and hand hygiene competency evaluation consists of a visual observation and gloved fingertip and thumb sampling (GFT) of both hands. 2. The initial competency evaluation consists of three (3) separate and complete hand hygiene observation, followed by a full garbing procedure and a GFT after garbing. The initial three (3) successful completions must be in succession—failure of any of the three (3) initial garbing competency evaluations requires repeat testing until personnel successfully complete three (3) evaluations in a row. 3. The pharmacy uses a microbiological growth media device (eg, plates, paddles, or slides) containing general microbial growth agar (eg, trypticase soy agar [TSA]) supplemented with neutralizing additives (eg, lecithin and polysorbate 80) that supports both bacterial and fungal growth. 4. The media device is incubated at 30°C-35°C for no less than 48h and then at 20°C-25°C for no less than an additional five days. 5. Failure is indicated by visual observation of improper hand hygiene and garbing procedures and/or GFT results that exceed the defined action levels. Action level after garbing: >0 cfu/total from both hands. 6. Documentation includes, at minimum: -Name of the person evaluated -Evaluation date and time -Media and components used including manufacturer, expiration date, and lot number -Starting temperature for each interval of incubation -Dates of incubation -Results (the number of cfu per hand must be recorded; microbial identification of the cfu is not required by the chapter for GFT) -Results of the evaluation and any corrective actions -Name of the observer and personnel reading and documenting the results

Employee Record #	Employee Title	Personnel Function	CSP Category Type	Hand Hygiene and Garbing Visual Observation	*Initial GFT x 3 (Post hand washing and garbing)	Subsequent GFT (Post handwashing and garbing)	Documented Failures and Retraining Needs (if none, please mark as N/A)	Notes
				Category 1 and 2 compounders: Initially and at least every 6 months Category 3 compounders: Initially at least every 3 months Supervising Personnel: Initially and at least every 12 months				
#1	Pharmacist	Supervising/Direct Oversight	Category 2 only	Yes	Yes	Yes	N/A	Three staff members participate in sterile compounding.
#2	Pharmacy Technician	Designated Person	Category 2 only	Yes	Yes	Yes	N/A	
#3	Pharmacy Technician	Compounder	Category 2 only	Yes	Yes	Yes	N/A	
#4								
#5								
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#7								
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#9								
#10								

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3. Select the appropriate response for each item reviewed.
-Select "Yes" if the document is present in the records and the competency evaluation was conducted in compliance USP <797> standards.
-Select "No" if the document is present but is not compliant with USP <797> standards (eg, incorrect frequency of test, GFT and surface sample was not conducted after media-fill, failed tests did not include a corrective action, etc). Document the area(s) of non-compliance in the notes column.
-Select "Missing" if the document is not present in the file.
-Select "N/A" if the training does not apply, eg, long-term employees may not have initial training available. Document further in the notes column.
4. Use the notes column to document any pertinent information.
5. Document in notes if initial aseptic manipulation competencies are present in files (*unless long-term employee).

Aseptic Manipulation Competency (Section 2.3)

USP requirements:
1. Media-fill testing procedures simulate the most difficult compounding procedures encountered by personnel.
2. The pharmacy conducts media-fill testing as described in Box 2.
3. The final containers are incubated at 20°C-25°C and 30°C-35°C for a minimum of seven days at each temperature band.
4. Failure is indicated by visible turbidity or other visual manifestations of growth in the media in one or more container closure unit(s) on or before 14 days.
5. Immediately following the media-fill test, GFT is performed on both hands and inside of an ISO Class 5 PEC. Failure is indicated by visual observation of GFT results that exceed defined action levels. Action level after media-fill testing: >3 cfu/total from both hands.
6. Immediately following the GFT, a surface sample of the direct compounding area inside the PEC is performed in accordance with USP standards for surface sample monitoring and action levels. Action level ISO Class 5: >3 cfu/media device.
7. Failure in the media fill, GFT, or surface sampling constitutes an overall failure of the aseptic manipulation competency.
8. Documentation includes, at minimum:
-Name of the person evaluated
-Evaluation date and time
-Media and components used including manufacturer, expiration date, and lot number
-Starting temperature for each interval of incubation
-Dates of incubation
-Results (for GFT, the number of cfu per hand must be recorded and for surface samples, the number of cfu per sample must be recorded. Note: microbial identification of the cfu is not required for media-fill testing)
-Results of the evaluation and any corrective actions
-Name of the observer and personnel reading and documenting the results

Employee Record #	Employee Title	Personnel Function	CSP Category Type	Aseptic Manipulation Visual Observation	Media-fill	GFT (post media-fill)	Surface Sampling (post media-fill)	Documented Failures and Retraining Needs (If none, please mark as N/A)	Notes
				Category 1 and 2 compounders: Initially and at least every 6 months Category 3 compounders: Initially and at least every 3 months Supervising Personnel: Initially and at least every 12 months					
#1	Pharmacist	Supervising/Direct Oversight	Category 2 only	Yes	Yes	Yes	Yes	N/A	Three staff members participate in sterile compounding.
#2	Pharmacy Technician	Designated Person	Category 2 only	Yes	Yes	Yes	Yes	N/A	
#3	Pharmacy Technician	Compounder	Category 2 only	Yes	Yes	Yes	Yes	N/A	
#4									
#5									
#6									
#7									
#8									
#9									
#10									

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GLOSSARY USP <797>
ACD: Automated compounding device.
ACPH: Air changes per hour.
Active pharmaceutical ingredient (API): Any substance or mixture of substances intended to be used in the compounding of a preparation, thereby becoming the active ingredient in that preparation and furnishing pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans and animals or affecting the structure and function of the body. Also referred to as *Bulk drug substance*. A conventionally manufactured drug product is not an API but is typically manufactured from an API(s).
Added substance: An ingredient that is necessary to compound a preparation but is not intended or expected to cause a pharmacologic response if administered alone in the amount or concentration contained in a single dose of the compounded preparation. The term is used synonymously with the terms *inactive ingredient, excipient, and pharmaceutical ingredient.*
Administration: The direct application of a sterile product or preparation to a single patient by injecting, infusing, or otherwise providing a sterile product or preparation in its final form.
Airlock: A space with interlocked doors, constructed to maintain air pressure control when items move between two adjoining areas (generally with different air cleanliness standards). The intent of an airlock is to prevent ingress of particulate matter and microbial contamination from a lesser-controlled area.
Alcohol-based hand rub: An alcohol-containing preparation (liquid, gel, or foam) designed for application to the hands of health care personnel to inactivate microorganisms and/or temporarily suppress their growth. Such preparations may contain one or more types of alcohol, other active ingredients, excipients, and humectants.
Allergenic extract compounding area (AECA): A designated space, area, or room that is not required to be classified, with a visible perimeter that is suitable for preparation of allergenic extract prescription sets.
Allergenic extract prescription set: Combinations of licensed allergenic extracts that would be mixed and diluted to provide subcutaneous immunotherapy to an individual patient, even though these allergenic extract combinations are not specified in the approved BLAs for the licensed biological products.
Allergenic extract: A biological substance used for the diagnosis and/or treatment of allergic diseases such as allergic rhinitis, allergic sinusitis, allergic conjunctivitis, bee venom allergy, and food allergy.
Anteroom: An ISO Class 8 or cleaner room with fixed walls and doors where personnel hand hygiene, garbing procedures, and other activities that generate high particulate levels may be performed. The anteroom is the transition room between the unclassified area of the facility and the buffer room.

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GLOSSARY USP <797>
Aseptic processing: A method by which separate, sterile components (eg, drugs, containers, or closures) are brought together under conditions that maintain their sterility. The components can either be purchased as sterile or, when starting with nonsterile components, can be separately sterilized prior to combining (eg, by membrane filtration or by autoclave).
Aseptic technique: A set of methods used to keep objects and areas free of microorganisms and thereby minimize infection risk to the patient. It is accomplished through practices that maintain the microbe count at an irreducible minimum.
Assigned trainer: One or more individuals assigned by the designated person(s) to be responsible and accountable for directly providing the training, observation, and/or evaluation of personnel for the preparation of CSPs.
Batch: More than one CSP prepared as described in the MFR in a single, discrete process, and expected to have uniform character and quality, within specified limits.
Beyond-use date (BUD): The date, or the hour and date, after which a CSP must not be used, stored, or transported. The date is determined from the date and time the preparation is compounded.
Biological safety cabinet (BSC), Class II: A ventilated cabinet with an open front and inward and downward unidirectional HEPA-filtered airflow and HEPA-filtered exhaust. A BSC used to prepare a CSP must be capable of providing an ISO Class 5 or better environment for preparation of the CSPs.
Biological safety cabinet (BSC): A ventilated cabinet that may be used for compounding. These cabinets are divided into three general classes (Class I, Class II, and Class III). Class II BSCs are further divided into types (Type A1, Type A2, Type B1, Type B2, and Type C1).
BLA: Biological license application.
Blood components: Any therapeutic constituent of blood separated by physical or mechanical means (eg, white cells, red cells, platelets, plasma, serum). It is not intended to include plasma-derived products (eg, albumin, coagulation factors, immunoglobulins) manufactured under an approved BLA or equivalent.
BMBL: Biosafety in Microbiological and Biomedical Laboratories.
Buffer room: An ISO Class 7 or cleaner room with fixed walls and doors where PEC(s) that generate and maintain an ISO Class 5 environment are physically located. The buffer room may only be accessed through the anteroom or another buffer room.
Bulk drug substance: See the entry for *Active pharmaceutical ingredient*.

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Category 1 CSP: A CSP that is assigned a BUD of 12 hours or less at controlled room temperature or 24 hours or less refrigerated that is compounded in accordance with all applicable requirements for Category 1 CSPs in this chapter.
Category 2 CSP: A CSP that may be assigned a BUD of greater than 12 hours at controlled room temperature or greater than 24 hours refrigerated that is compounded in accordance with all applicable requirements for Category 2 CSPs in this chapter.
Category 3 CSP: A CSP that may be assigned a BUD exceeding the limits in *Table 13* for Category 2 CSPs and is compounded in accordance with all applicable requirements for Category 3 CSPs in this chapter.
CDC: Centers for Disease Control and Prevention.
Certificate of analysis (COA): A report from the supplier of a component, container, or closure that accompanies the supplier's material and contains the specifications and results of all analyses and a description of the material.
CFU: Colony-forming units.
Classified area: An area that maintains an air quality classification based on the ISO standards required in this chapter (see also the definition for *ISO class).*
Cleaning agent: An agent, usually containing a surfactant, used for the removal of substances (eg, dirt, debris, microbes, and residual drugs or chemicals) from surfaces.
Cleaning: The process of removing substances (eg, organic and inorganic material) from objects and surfaces, normally accomplished by manually or mechanically using water with detergents or enzymatic products.
Cleanroom suite: A classified area that consists of both an anteroom and buffer room.
Component: Any ingredient used in the compounding of a preparation, including any active ingredient, added substance, or conventionally manufactured product.
Compounded sterile preparation (CSP): A preparation intended to be sterile that is created by combining, admixing, diluting, pooling, reconstituting, repackaging, or otherwise altering a drug product or bulk drug substance.
Compounded stock solution: A sterile mixture of components that is used to compound additional CSPs.
Compounding area: The area where compounding is occurring (ie, a cleanroom suite, inside the perimeter of the SCA, or AECA).

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GLOSSARY USP <797>
Compounding aseptic containment isolator (CACI): A type of RABS that uses HEPA filtration to provide an ISO Class 5 unidirectional air environment designed for the compounding of sterile HDs.
Compounding aseptic isolator (CAI): A type of RABS that uses HEPA filtration to provide an ISO Class 5 unidirectional air environment designed for compounding of sterile non-HDs.
Compounding record (CR): Documents the compounding of each CSP.
Compounding: The process of combining, admixing, diluting, pooling, reconstituting, repackaging, or otherwise altering a drug product or bulk drug substance to create a sterile preparation.
Container closure system: Packaging components that together contain and protect the dosage form. This includes primary packaging components and secondary packaging components, if the latter are intended to provide additional protection.
Containment glove bag: A single-use disposable glove bag that is capable of containing airborne chemical particles.
Containment ventilated enclosure (CVE): A non-ISO classified full or partial enclosure that uses ventilation principles to capture, contain, and remove airborne contaminants through HEPA filtration and prevent their release into the work environment.
Conventionally manufactured product: A pharmaceutical dosage form, usually the subject of an application approved by the applicable national regulatory agency, that is manufactured under current good manufacturing practice conditions.
Critical site: A location that includes any component or fluid pathway surfaces (eg, vial septa, injection ports, and beakers) or openings (eg, opened ampules and needle hubs) that are exposed and at risk of direct contact with air (eg, ambient room or HEPA filtered), moisture (eg, oral and mucosal secretions), or touch contamination.
Designated person(s): One or more individuals assigned to be responsible and accountable for the performance and operation of the facility and personnel as related to the preparation of CSPs.
Direct compounding area (DCA): A critical area within the ISO Class 5 PEC where critical sites are exposed to unidirectional HEPA-filtered air, also known as first air.
Disinfectant: A chemical or physical agent used on inanimate surfaces and objects to destroy fungi, viruses, and bacteria. Sporicidal disinfectants are considered a special class of disinfectants that also are effective against bacterial and fungal spores.
Dynamic airflow smoke pattern test: A PEC test in which a visible source of smoke, which is neutrally buoyant, is used to observe air patterns within the unidirectional space (i.e., the DCA) under dynamic operating conditions (see the entry for *Dynamic operating conditions).* This test is not appropriate for ISO Class 7 or ISO Class 8 cleanrooms that do not have unidirectional airflow (see the entry for *Visual smoke study).*

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GLOSSARY USP <797>
Dynamic operating conditions: Conditions in the compounding area in which operating personnel are present and simulating or performing compounding. The conditions should reflect the largest number of personnel and highest complexity of compounding expected during routine operations as determined by the designated person(s).
ECV: Endotoxin challenge vial.
EPA: US Environmental Protection Agency.
Excipient: See the entry for *Added substance*.
FDA: US Food and Drug Administration.
Filter integrity test: A test (eg, bubble point test) of the integrity of a sterilizing-grade filter performed after the filtration process to detect whether the integrity of the filter has been compromised.
Final yield: The total number of containers prepared at the end of the compounding process prior to release testing.
First air: The air exiting the HEPA filter in a unidirectional air stream.
Formulation: The specific qualitative and quantitative composition of the final CSP.
Garb: Items such as gloves, garments (eg, gowns), shoe covers, head and facial hair covers, masks, and other items designed to reduce particle shedding from personnel and minimize the risk of contamination of CSP(s).
GFT: Gloved fingertip and thumb testing.
Hazardous drug (HD): Any drug identified by at least one of the following six criteria: carcinogenicity, teratogenicity or developmental toxicity, reproductive toxicity in humans, organ toxicity at low dose in humans or animals, genotoxicity, or new drugs that mimic existing HDs in structure or toxicity.
High-efficiency particulate air (HEPA) filtration: Being, using, or containing a filter designed to remove 99.97% of airborne particles measuring 0.3-micron or greater in diameter passing through it.
HVAC: Heating, ventilation, and air conditioning.
Integrated vertical laminar flow zone (IVLFZ): A designated ISO Class 5 area serving as the PEC within an ISO Class 7 or cleaner buffer room. In the IVLFZ, unidirectional airflow is created by placing HEPA filters over the entire surface of the worktables and by effective placement of air returns.
IPA: Isopropyl alcohol.

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ISO class: An air-quality classification from the International Organization for Standardization.
ISO: International Organization for Standardization.
Label: The part of the labeling on the immediate container.
Labeling: All labels and other written, printed, or graphic matter on the immediate container or on or inside any packaging system or wrapper in which the article is enclosed, except any outer shipping container.
Laminar airflow system (LAFS): A device or zone within a buffer room that provides an ISO Class 5 or better air quality environment for sterile compounding. The system provides a unidirectional HEPA-filtered airflow.
Laminar airflow workbench (LAFW): A device that is a type of LAFS that provides an ISO Class 5 or better air quality environment for sterile compounding. The device provides a unidirectional HEPA-filtered airflow.
Line of demarcation: A visible line on the floor that separates the clean and dirty sides of the anteroom.
Low-lint wiper: A wiper exhibiting few, if any, fibers or other contamination, visible without magnification, which is separate from or easily removed from the wiper material in a dry condition.
Master formulation record (MFR): A detailed record of procedures that describes how the CSP is to be prepared.
MEA: Malt extract agar.
Media-fill test: A simulation used to qualify processes and personnel engaged in sterile compounding to ensure that the processes and personnel are able to prepare CSPs without contamination.
Monograph: A quality documentary standard within *USP–NF* that articulates the quality expectations for a medicine including for its identity, strength, purity, and performance. It also describes the tests to validate that a medicine and its ingredients meet these criteria.
Multiple-dose container: A container of sterile product for parenteral administration (eg, injection or infusion) that is designed to contain more than one dose of the sterile product. A multiple-dose container is usually required to meet the antimicrobial effectiveness testing criteria. See <659>Injection Packaging Systems, Multiple-dose container.
One-step disinfectant cleaner: A product with an EPA-registered (or equivalent) claim that it can clean and disinfect a nonporous surface in the presence of light to moderate organic soiling without a separate cleaning step.

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GLOSSARY USP <797>
Oversight: The review, monitoring, and supervision of actions taken by personnel, bearing responsibility for those actions, and being available for consultation if and when needed, even if not physically present.
Pass-through chamber: An enclosure with sealed doors on both sides that should be interlocked. The pass-through chamber is positioned between two spaces for the purpose of minimizing particulate transfer while moving materials from one space to another.
Perimeter: A visible demarcation (such as a door, walls, or visible marking on the floor) that defines the SCA or AECA.
Pharmaceutical isolator: An enclosure that provides HEPA-filtered ISO Class 5 unidirectional air operated at a continuously higher pressure than its surrounding environment and is decontaminated using an automated system. It uses only decontaminated interfaces or rapid transfer ports for materials transfer. [Note—A CAI or CACI is not a pharmaceutical isolator.]
Pharmacy bulk package: A conventionally manufactured sterile product for parenteral use that contains many single doses intended for use in a pharmacy admixture program. A pharmacy bulk package may either be used to prepare admixtures for infusion or, through a sterile transfer device, for filling sterile containers. See <659> *Injection Packaging Systems, Pharmacy bulk package*.
Positive-pressure room: A room that is maintained at higher pressure than the adjacent spaces, and therefore the net airflow is out of the room.
PPE: Personal protective equipment.
Preservative: A substance added to inhibit microbial growth.
Primary engineering control (PEC): A device or zone that provides an ISO Class 5 air quality environment for sterile compounding.
Probability of a nonsterile unit (PNSU): The probability of an item being nonsterile after it has been exposed to a verified sterilization process. A PNSU value can only be applied to terminal sterilization. [Note—This is also called the sterility assurance level (SAL).]
Pyrogen: A substance that induces a febrile reaction in a patient.
Quality assurance (QA): A system of procedures, activities, and oversight that ensures that the compounding process consistently meets quality standards.
Quality control (QC): The sampling, testing, and documentation of results that, taken together, ensure that specifications have been met before release of the CSP.
Reconstitution: The process of adding a diluent to a conventionally manufactured product to prepare a sterile solution or suspension.
Release inspection and testing: Visual inspection and testing performed to ensure that a preparation meets appropriate quality characteristics.

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GLOSSARY USP <797>
Repackaging: The act of removing a sterile product or preparation from its original primary container and placing it into another primary container, usually of smaller size without further manipulation.
Restricted-access barrier system (RABS): An enclosure that provides HEPA-filtered ISO Class 5 unidirectional air that allows for the ingress and/or egress of materials through defined openings that have been designed and validated to preclude the transfer of contamination, and that generally are not to be opened during operations. Examples of RABS include CAIs and CACIs.
SDA: Sabouraud dextrose agar.
Secondary engineering control (SEC): The area where the PEC is placed (eg, a cleanroom suite or an SCA). It incorporates specific design and operational parameters required to minimize the risk of contamination within the compounding area.
Segregated compounding area (SCA): A designated space, area, or room that is not required to be classified and is defined with a visible perimeter. The SCA must contain a PEC and is suitable for preparation of Category 1 CSPs only.
Single-dose containers: A container of sterile product for parenteral administration (eg, injection or infusion) that is designed for use with a single patient as a single injection/infusion. A single-dose container usually does not contain a preservative. See <659> Injection Packaging Systems, Single-dose container.
SOP: Standard operating procedure.
Specification: The tests, analytical methods, and acceptance criteria to which any component, CSP, container closure system, equipment, or other material used in compounding CSPs must conform to be considered acceptable for its intended use.
Sporicidal disinfectant: A chemical or physical agent that destroys bacterial and fungal spores when used in sufficient concentration for a specified contact time. It is expected to kill all vegetative microorganisms.
Stability: The extent to which a product or preparation retains physical and chemical properties and characteristics within specified limits throughout its expiration or BUD.
Sterility assurance level (SAL): See the entry for *Probability of a nonsterile unit* (PNSU).
Sterility: The absence of viable microorganisms.
Sterilization by filtration: Passage of a gas or liquid through a sterilizing-grade membrane to yield filtrates that are sterile.

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GLOSSARY USP <797>
Sterilizing-grade filter: Filter membranes that are documented to retain 100% of a culture of 10^7 microorganisms of a strain of *Brevundimonas diminuta* per square centimeters of membrane surface under a pressure of not less than 30 psi. Such filter membranes are nominally 0.22- or 0.2-µm pore size.
Terminal sterilization: The application of a lethal process (eg, steam, dry heat, irradiation) to sealed containers for the purpose of achieving a predetermined PNSU of greater than 10−6 or a probability of less than one in one million of a nonsterile unit.
TSA: Trypticase soy agar.
Unclassified space: A space not required to meet any air cleanliness classification based on the ISO.
Unidirectional airflow: Air within a PEC moving in a single direction in a uniform manner and at sufficient velocity to sweep particles away from the DCA.
Verify: To confirm that a method, process, system, or equipment will perform as expected under the conditions of actual use.
Visual smoke study: A test, used in ISO Class 7 and ISO Class 8 rooms that do not have unidirectional airflow, in which a visible source of smoke, which is neutrally buoyant, is used to verify an absence of stagnant airflow. This test does not need to be performed under dynamic operating conditions and is not appropriate for PECs (see the entry for *Dynamic airflow smoke pattern test*).
Workflow management system: Technology comprised of hardware and/or software that allows for automation to assist in the verification of components of, and preparation of, CSPs and to document components and processes.

4UU

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Dangerous drugs ☒ Controlled substances DEA # [redacted] ☒ Non-sterile Compounding ☒ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Southend Pharmacy

Physical Address: 4802 North nSam Houston Pkwy W #100

City: Houston State: TX Zip: 77086

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 281-498-1450 Toll Free # (NAC 639.708, NRS 639.23286): 855-414-5356

Fax: 281-498-4798 Contact Email: _____

Website: https://southendpharmacystore.com/

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Ronald Richardson

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): _____

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Ronald Richardson	NV Pharmacist Registration #: 22915
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	✓	
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ■ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Texas

Parent Company (if any): _____

Corporation/Organization Name: Ap Max Incorporated

Mailing Address: 4802 North Sam Houston Pkwy W #100

City: Houston State: TX Zip: 77086

Telephone: 281-498-1450 Email: licensing@southendpharmacystore.com

Contact Person Name: Kush Patel

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chied Executive Officer (title) for Southend Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Kush Patel

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

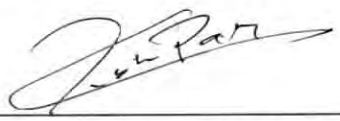
2/10/26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kush Patel

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

2/10/26

Date

Board Use Only	Date Received: 2/25/26	Amount: $500-CK 14120

SOUTHEND
PHARMACY

To Whom It May Concern,

Below are the list of owners/officer/etc for AP Max Inc DBA Southend Pharmacy:

Name	Title
Survam Patel	Owner, 65%
Kush Patel	Officer, 17.5 %
Shivam Patel	Officer, 17.5%

Thank You,

The Southend Pharmacy Team

4802 North Sam Houston Pkwy W #100
Houston, TX 77086
281-498-1450

SOUTHEND
PHARMACY

To Whom It May Concern,
Kush Patel: A reckless driving incident (Class B Misdemeanor) for Kush Patel occurred on June 26, 2010. Disposition occurred on July 19, 2011. Fort Bend County, Texas. County Court at Law 3. Court Documents attached.

Survam Patel: A DWI (Class B Misdemeanor) for Survam Patel occurred on August 19, 2012. He was on probation for 1 year which ended on January 22, 2014. Harris County, Texas. Court 15. Court Documents attached.

Kush Patel, officer 2/10/2026

Thank You,

The Southend Pharmacy Team

4802 North Sam Houston Pkwy W #100
Houston, TX 77086
281-498-1450

CASE NO. 184615701010
INCIDENT NO./TRN: 9168002084A001

P.6

THE STATE OF TEXAS	§	IN THE COUNTY CRIMINAL
	§	
V.	§	COURT AT LAW NO. 15
	§	
PATEL, SURVAM	§	HARRIS COUNTY, TEXAS
	§	
STATE ID NO.: ~~UNKNOWN~~ [redacted]	§	

JUDGMENT OF CONVICTION BY COURT—WAIVER OF JURY TRIAL

Judge Presiding:	HON. JEAN SPRADLING HUGHES	Date Judgment Entered:	1/23/2013
Attorney for State:	K.DAVIS	Attorney for Defendant:	SEGURA, ANTHONY RAY

Offense for which Defendant Convicted:
DWI 1ST OFFENDER BAC .08

Charging Instrument: **INFORMATION**	Statute for Offense: **N/A**
Date of Offense: **8/19/2012**	
Degree of Offense: **CLASS B MISDEMEANOR**	Plea to Offense: **GUILTY**
Findings on Deadly Weapon: **N/A**	

Terms of Plea Bargain:
180 DAYS HCJ PROBATED 1 YEAR $500 FINE

Plea to 1st Enhancement Paragraph:	N/A	Plea to 2nd Enhancement/Habitual Paragraph:	N/A
Findings on 1st Enhancement Paragraph:	N/A	Findings on 2nd Enhancement/Habitual Paragraph:	N/A
Date Sentence Imposed:	1/23/2013	Date Sentence to Commence:	N/A
Punishment and Place of Confinement:	180 DAYS COUNTY JAIL		

THIS SENTENCE SHALL RUN **CONCURRENTLY.**

☒ SENTENCE OF CONFINEMENT SUSPENDED, DEFENDANT PLACED ON COMMUNITY SUPERVISION FOR 1 YEAR.

Fine:	Court Costs:	Restitution:	Restitution Payable to:
$ 500	$ 447.00	$ N/A	☐ VICTIM (see below) ☐ AGENCY/AGENT (see below)

Time Credited: If Defendant is to serve sentence in county jail or is given credit toward fine and costs, enter days credited below.
N/A DAYS NOTES: N/A

Driver's license is suspended for a period of N/A

☐ **Family Violence:**
The Court FINDS that Defendant was prosecuted for an offense under Title 5 of the Penal Code that involved family violence. TEX. CODE CRIM. PROC. art. 42.013.

☐ **Weapon Forfeiture:**
The Court FINDS that a law enforcement agency, namely , seized a weapon, namely , in connection with an offense involving the use of a weapon or an offense under Chapter 46 of the Penal Code. The Court FINDS that 1) Defendant has been previously convicted under Chapter 46 of the Penal

Name changed from

All pertinent information, names and assessments indicated above are incorporated into the language of the judgment below by reference.

This cause was called for trial in **Harris County, Texas.** The State appeared by her District Attorney.

Counsel / Waiver of Counsel (select one)

☒ Defendant appeared in person with Counsel.
☐ Defendant knowingly, intelligently, and voluntarily waived the right to representation by counsel in writing in open court.

Electronically Filed
Chris Daniel - District Clerk
Harris County
20130123000239

Both parties announced ready for trial. Defendant waived the right of trial by jury and entered the plea indicated above. The Court then admonished Defendant as required by law. It appeared to the Court that Defendant was mentally competent to stand trial, made the plea freely and voluntarily, and was aware of the consequences of this plea. The Court received the plea and entered it of record. Having heard the evidence submitted, the Court found Defendant guilty of the offense indicated above. In the presence of Defendant, the Court pronounced sentence against Defendant.

The Court **FINDS** Defendant committed the above offense and **ORDERS, ADJUDGES AND DECREES** that Defendant is **GUILTY** of the above offense. The Court **FINDS** the Presentence Investigation, if so ordered, was done according to the applicable provisions of TEX. CODE CRIM. PROC. art. 42.12 § 9.

The Court **ORDERS** Defendant punished as indicated above. The Court **ORDERS** Defendant to pay all fines, court costs, and restitution as indicated above.

Punishment Options (select one)

☒ **County Jail—Confinement / Confinement in Lieu of Payment.** The Court **ORDERS** Defendant immediately committed to the custody of the **Sheriff of Harris County, Texas** on the date the sentence is to commence. Defendant shall be confined in the **Harris County Jail** for the period indicated above. The Court **ORDERS** that upon release from confinement, Defendant shall proceed immediately to the **Harris County District Clerk's office**. Once there, the Court **ORDERS** Defendant to pay, or make arrangements to pay, any remaining unpaid fines, court costs, and restitution as ordered by the Court above.

☐ **Fine Only Payment.** The punishment assessed against Defendant is for a **FINE ONLY**. The Court **ORDERS** Defendant to proceed immediately to the **Office of the Harris County District Clerk**. Once there, the Court **ORDERS** Defendant to pay or make arrangements to pay all fines and court costs as ordered by the Court in this cause.

Execution / Suspension of Sentence (select one)

☐ The Court **ORDERS** Defendant's sentence **EXECUTED**.

☒ The Court **ORDERS** Defendant's sentence of confinement **SUSPENDED**. The Court **ORDERS** Defendant placed on community supervision for the adjudged period (above) so long as Defendant abides by and does not violate the terms and conditions of community supervision. The order setting forth the terms and conditions of community supervision is incorporated into this judgment by reference.

The Court **ORDERS** that Defendant is given credit noted above on this sentence for the time spent incarcerated.

Furthermore, the following special findings or orders apply:

Signed and entered on January 23, 2013

X _____

JEAN SPRADLING HUGHES
JUDGE PRESIDING

Community Supervision Expires On: 1/22/2014

Ntc Appeal Filed: _____ Mandate Rec'd:

After Mandate Received, Sentence to Begin Date is: _____

Def. Received on _____ at _____ AM / PM

By: _____, Deputy Sheriff of Harris County

[redacted]

Right Thumbprint

Clerk: E UZZAMAN

Case Number: 184615701010
Defendant: PATEL, SURVAM
EN/KR23: _____ LCBT: _____ LCBU: _____

Unofficial Copy Office of Marilyn Burgess District Clerk

CAUSE NUMBER 184615701010

THE STATE OF TEXAS
VS.
SURVAM PATEL

IN COUNTY CRIMINAL COURT
AT LAW NO. 15
HARRIS COUNTY, TEXAS

CONDITIONS OF COMMUNITY SUPERVISION

On this the 23rd day of January, 2013, the defendant being granted 180 Days in the **Harris County Jail** probated 1 Year Community Supervision for the misdemeanor offense of DRIVING WHILE INTOXICATED in accordance with section 3 of Article 42.12, of the Texas Code of Criminal Procedure is hereby ordered to abide by all of the following conditions and terms of Community Supervision during the period of community supervision.

(1) **Commit no offense** against the laws of this or any other State or of the United States.

(2) **Avoid injurious or vicious habits**. You are forbidden to use, possess, or consume any controlled substance, dangerous drug, marijuana, alcohol or prescription drug not specifically prescribed to you by lawful prescription. **You are forbidden to use, consume, or possess alcoholic beverages.**

(3) **Avoid persons or places** of disreputable or harmful character.

(4) Report immediately in person, to the Community Supervision Officer for the County Criminal Court at Law No. **15** on the **23rd** day of **January, 2013** and continue to report to the Community Supervision Officer on the **23rd** of each month thereafter or as directed by the Community Supervision Officer for the remainder of the supervision term unless so ordered differently by the Court.

(5) Permit a Community Supervision Officer to **visit you at your home, place of employment** or elsewhere.

(6) **Abide by the rules and regulations** of the Harris County Community Supervision and Corrections Department (hereinafter referred to as HCCS&CD). Refrain from disorderly conduct, abusive language or disturbing the peace while present at any HCCS&CD office or facility.

(7) **Work faithfully** at suitable employment and present written verification of employment (including all attempts to secure employment) to your Community Supervision Officer on each reporting date. You must notify HCCS&CD within 48 hours of any change in your employment status.

(8) Remain within a specified place, to wit: **THE STATE OF TEXAS**. You may not travel outside of **THE STATE OF TEXAS** unless you receive prior written permission from the Court through your Community Supervision Officer. You must notify HCCS&CD **within 48 hours of any change of residence.**

(9) **Support your dependents** as required by law. Provide your Community Supervision Officer with a certified copy of all Court orders requiring payment of child support.

(10) Submit to **RANDOM drug/alcohol analysis** by authorized personnel of HCCS&CD, including any department having courtesy supervision jurisdiction. Provide proof of any medication legally prescribed to you prior to submitting a specimen.

(11) Participate in the HCCS&CD **Community Service Restitution Program (CSRP).** You shall perform a total of **24** hours, at the rate of 8 hours per **MONTH** beginning **02/23/2013**.

(12) Pay the following fees through HCCS&CD as specified herein. All payments MUST be in the form of a MONEY ORDER or Cashier 's Check. Write SPN and Cause # on Money Order or Cashier 's Check. Personal checks will not be accepted. **A $ 2.00 transaction fee will be charged each time you make a payment.**

12.1 Pay a **Supervision Fee** at the rate of **$ 60.00** per **month** for the **duration** of your community supervision beginning **02/23/2013** to HCCS&CD.

12.2 Pay a **Fine** and **Court Costs** to Harris County through the **District Clerk"s Criminal Courts Collections Division.**

Unofficial Copy Stan Stanart Harris County District Clerk

CONDITIONS OF COMMUNITY SUPERVISION

For: SURVAM PATEL

Cause: 184615701010

12.3 Pay **Laboratory Fees of $ 15.00** per **TEST** for the duration of your community supervision beginning **02/23/2013** to HCCS&CD.

12.4 Pay a **$ 12.50** fee for an **Offender Identification Card** by **02/23/2013** to HCCS&CD.

12.5 Pay **$ 25.00** to **Crime Stoppers of Houston** in one lump sum on **03/23/2013** through HCCS&CD.

(13) Report in person to HCCS&CD by **02/23/2013** for the purpose of creating and obtaining your **Offender Identification Card.** You are to carry this identification card on your person at all times.

(14) Submit to an **alcohol/drug evaluation** by **02/23/2013**. Attend **outpatient** treatment and aftercare as recommended. **If ordered by the Court, enter in- patient treatment.** Comply with all program rules, regulations and guidelines until successfully discharged or released by further order of the Court. On each reporting date, submit written verification of your enrollment, attendance and/or successful completion of the program to your Community Supervision Officer, to be retained in HCCS&CD's file.

(15) Participate in the HCCS&CD **Maximum Supervision Program** any time that you are assessed by HCCS&CD to require maximum supervision. Comply with all program rules, regulations and guidelines until successfully discharged or released by further order of the Court.

(16) Submit to an evaluation of your **educational skill level** by **02/23/2013.** If it is determined that you have not attained the average skill of students who have completed the sixth grade in public schools in this State, you shall participate in a program that teaches functionally illiterate persons to read. If you are non- English speaking, you will participate in English as a **Second Language (ESL) program, if it is determined there is a need in order for you to meet the state mandate beginning upon referral.** Comply with all program rules, regulations and guidelines until successfully discharged or released by further order of the Court. On each reporting date, submit written verification of your enrollment, attendance and/or successful completion of the program to your Community Supervision Officer, to be retained in HCCS&CD's file.

(17) Do not drive or operate a motor vehicle in Texas without a valid **Driver 's License and Insurance.**

(18) Participate in and complete, within 180 days from the date Community Supervision is granted **01/23/2013**, an **approved alcohol/drug education program** as required by V.A.C.C.P. Art. 42.12, Sec 13. Comply with all program rules, regulations, and guidelines until successfully discharged or released by further order of the Court.

(19) You shall comply with the **Texas Motor Vehicle Safety Responsibility Act** and provide evidence of financial responsibility, such as an automobile liability insurance policy, to a peace officer or Harris County Community Supervision and Corrections Employee on demand.

(20) Provide a breath specimen for **breathalyzer/intoxilyzer analysis** if requested by any community supervision officer or law enforcement officer.

(21) If during the term of your community supervision you are granted an **Occupational Driver"s License** or if you already have been granted an Occupational Driver"s License, you are required to abide by the terms and conditions of the order until the expiration of the order.

(22) During term of supervision, client is **strictly prohibited from shipping, transporting, possessing, receiving, or purchasing a firearm**, altered firearm, or ammunition, or attempting to ship, transport, possess, receive, or purchase a firearm, altered firearm, or ammunition.

(23) You are **not to lie or make false statements to any employee** of HCCS&CD beginning **01/23/2013**.

(24) You will not use, **ingest, or consume any substance that will alter or adulterate** any urinalysis results.

(25) **You must include HCCSCD as a creditor if at any time during the term of your supervision you file for bankruptcy**. You must provide verbal notification to HCCSCD of any bankruptcy filing during the term of your supervision, within 72 hours of filing for bankruptcy by contacting your Community Supervision Officer by telephone and providing written notification and documentation, including the "Notice of Bankruptcy Filing", to: Harris County Community Supervision Attention: General Counsel 49 San Jacinto, Suite 600 Houston, Texas 77002.

Unofficial Copy Office of Harris County District Clerk

CONDITIONS OF COMMUNITY SUPERVISION

For: SURVAM PATEL Cause: 184615701010

(26) Upon receipt of a **Valid Texas or Occupational Driver 's License**, you are only to operate a motor vehicle, including your vehicle or any other vehicle, **equipped with a deep- lung analysis mechanism (ignition interlock) WITH PHOTOGRAPHIC CAPABILITIES,** to make impractical the operation of the motor vehicle if ethyl alcohol is detected in your breath beginning **02/06/2013** until released by further order of the Court. You may not operate a motor vehicle unless it is equipped with an above said device.

Unofficial Copy Office of Marilyn Burgess District Clerk

CONDITIONS OF COMMUNITY SUPERVISION

For: SURVAM PATEL Cause: 184615701010

You are hereby advised that under the laws of this State, the Court shall determine the terms and conditions of Community Supervision, and may at any time during the period of Community Supervision, alter or modify the Conditions of Community Supervision.

The Court also has the authority at anytime during the period of Community Supervision to revoke the Community Supervision when a preponderance of the evidence establishes a violation of one or more of the conditions set forth above. The Clerk of the Court has furnished me with a copy of the terms and conditions of Community Supervision.

Community Supervision expires the 22nd day of January A.D. 2014

SURVAM PATEL, DEFENDANT — January 23, 2013 DATE

Signed this 23rd **day of** January **A.D.** 2013

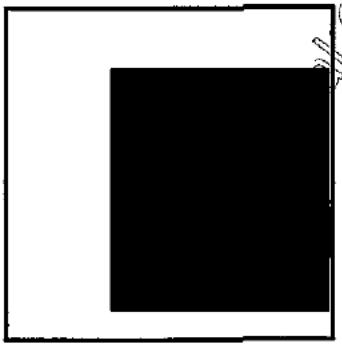
JEAN HUGHES , PRESIDING JUDGE

LAWRENCE URESTI , CLO/CSO OFFICER — January 23, 2013 DATE

SPN: 02633465

PLEA: GUILTY

FINE: $ 500.00



Defendant's Right Thumbprint

Official Copy Office of Marilyn Burgess District Clerk

10-CCR-150725
COGPNC
Conviction – Guilty Plea Nolo Contendere
1246958

NO. 10CR150725

THE STATE OF TEXAS	§	IN THE COUNTY COURT
	§	
V.S.	§	AT LAW NO. 3 OF
Kush Patel	§	
	§	FORT BEND COUNTY, TEXAS

JUDGMENT

On this the 19 day of July, 2011, this cause being called for trial, came the District Attorney for the State of Texas, the Defendant in person and by counsel, Anthony Segura, appeared in open Court, both parties announced ready for trial, and the Defendant, having been duly arraigned, pleaded GUILTY/NO CONTEST to the charge contained in this information herein, to-wit: Reckless Driving, and all parties waiving a trial by jury, submitted this cause to the Court. The Court duly admonished the Defendant of the consequences of HIS/HER plea of GUILTY/NO CONTEST and the Defendant insisted on pleading GUILTY/NO CONTEST of said charge, whereupon, the Court accepted such plea.

After hearing the evidence upon such plea and considering same, the Court adjudged the Defendant guilty and assessed HIS/HER punishment at a fine of $200 and/or 3 days in jail and ALL/NO costs of this prosecution.

It is therefore ORDERED, ADJUDGED and DECREED by the Court that the Defendant is guilty of the offense charged and HE/SHE be assessed punishment at a fine $200 and ALL/NO costs of this prosecution and that the State of Texas do have and recover of the Defendant said fine and costs, and that HE/SHE be committed to the custody of the Sheriff of Fort Bend County, Texas until all such fine and costs are fully paid and time is fully served. And execution may issue against the property of said Defendant for the amount of such fine and costs.

The Defendant is given credit for 3 days already served in the Fort Bend County Jail to apply to this judgment.

ENTERED as of the 19 day of July, 2011.

JUDGE PRESIDING

SENTENCE

On this the 19 day of July, 2011, this cause again being called, the State appeared by the District Attorney of Fort Bend County, Texas and the Defendant appeared in person and by Counsel Anthony Segura, for the purpose of having sentence of law pronounced in accordance with the verdict and judgment rendered against HIM/HER on the 19 day of July, 2011; said Defendant having waived the statutory ten (10) days within which to file motion for new trial and the arrest of judgment herein;

And thereupon the said Defendant was asked by the Court whether HE/SHE had anything to say why sentence should not be pronounced against HIM/HER and HE/SHE answered nothing in bar thereof, whereupon the Court proceeded, in presence of said Defendant, to pronounce sentence against HIM/HER as follows, to-wit:

It is the Order of the Court that the Defendant, who has been adjudged guilty of Reckless Driving, a misdemeanor, and whose punishment has been assessed a fine of $200, and ALL/NO costs of this prosecution and confinement in the County Jail of Fort Bend County, Texas for the confinement in the County Jail of Fort Bend County, Texas for said period of 3 days until said fine of $200 and ALL/NO costs of this prosecution are paid or discharged by law for which a Writ of Commitment shall issue, fine and costs being due and payable.

today

FILED FOR RECORD
NO ____ TIME ____ A.M P.M
JUL 19 2011
Joanne Wilson
County Clerk Fort Bend Co. Tex.

The State of Texas do have and recover of the said Defendant the said fine and costs. And execution may issue against the property of said Defendant for the amount of such fine and costs.

This Defendant is given credit for 3 days already served in Fort Bend County Jail, to apply to this sentence.

ENTERED as of the 19 day of July, 2011.

[redacted] & #1321

JUDGE PRESIDING

Cause No. 184615701010

THE STATE OF TEXAS

V.

PATEL, SURVAM A/K/A _____

County Criminal Court at Law No. 15

Harris County, Texas

Order Affecting Community Supervision

On 01/23/2013 the court placed defendant on community supervision for a term ending 01/22/2014.

Today, ☐ the undersigned representative of the Harris County Community Supervision and Corrections Department, ☐ the Defendant, ☐ the undersigned Assistant District Attorney of Harris County, Texas, asks the judge presiding to consider ☐ discharging ☐ terminating community supervision period of the defendant.

1-29-14
Date

George Torres
Signature

Today, after considering the evidence the judge presiding finds that:

☒ The period having expired, defendant is **discharged** by operation of law.

☐ Today the period of supervision expires, and defendant is **discharged.**

☐ The defendant died on _____ and is no longer subject to the jurisdiction of this court.

☐ The defendant was convicted of _____, a misdemeanor/felony, and will be confined in _____ for the remainder of his supervisory term.

☐ The defendant was deported from the United States on _____.

☐ (other) _____.

☐ **Early Term Community Supervision Discharge and Dismissal:** The court finds defendant satisfactorily fulfilled the conditions of supervision for a period in excess of one-third of the supervisory period or two years, whichever is less. Accordingly, this court **ORDERS** the period of supervision reduced to a term ending _____. This court further **ORDERS** defendant's guilty plea withdrawn. If there is no guilty plea, this court **ORDERS** the verdict set aside, and the indictment, complaint, or information **dismissed,** and defendant **discharged** from supervision.

☐ **Full Term Community Supervision Discharge and Dismissal.** The court finds defendant has satisfactorily fulfilled the conditions of supervision. Accordingly, this court **ORDERS** defendant's guilty plea withdrawn. If there is no guilty plea, this court **ORDERS** the verdict **set aside;** the indictment, complaint, or information **dismissed;** and defendant **discharged** from supervision.

☐ **Deferred Adjudication Early Termination.** The Court is of the opinion that the best interests of the defendant and society will be served by dismissing the proceedings and discharging the defendant. Accordingly, this court **ORDERS** the period of supervision **reduced** to a term ending _____. This court further **ORDERS** the proceeding against defendant **dismissed** and defendant **discharged** from supervision.

☐ **Deferred Adjudication Full Termination.** Today the period of community supervision expires. Accordingly, this court **ORDERS** the proceedings against defendant **dismissed** and defendant **discharged** from supervision.

☐ **Other:** _____.

Date signed: 1-29-14

_____

Judge Presiding, 15
County Criminal Court at Law No.
Harris County, Texas

Unofficial Copy Office of Marilyn Burgess District Clerk

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for AP MAX INCORPORATED (file number 801380047), a Domestic For-Profit Corporation, was filed in this office on February 07, 2011.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 10, 2026.

Jane Nelson
Secretary of State

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application
Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Southend Pharmacy
Pharmacy/Wholesaler License # (if applicable) _____
Physical Address 4802 N. Sam Houston Pkwy W. #100
City Houston, State Texas Zip 77086
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone _____ Website _____
Licensing Company Email _____

Section 2: Personal Information

First Ronald Middle Alan Last Richardson
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X
Mailing Address 4802 N. Sam Houston Pkwy W. #100
City Houston State TX Zip 77086
Telephone _____ Email Ronald.Richardson@Southendpharmacystore.com
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Houston Christian University		02/92 - 02/94	
Address: 7502 Fondren Rd	City: Houston	State: TX	Zip: 77074
Diploma/Degree obtained, if any: MBA			

School Name		From - To (MM/YY – MM/YY)	
Purdue University		08/79 – 12/84	
Address: 610 Purdue Mall	City: West Lafayette	State: IN	Zip: 47907
Diploma/Degree obtained, if any: B.S. Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Shortridge High school		1975 - 1979	
Address: 3401 N. Meridian St	City: Indianapolis	State: IN	Zip: 46208
Diploma/Degree obtained, if any: Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2002 – present	[redacted]	Missouri City	TX	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Covetrus			9/2016 – 12/2024	
Business Address		**City**	**State**	**Zip**
4802 N. Sam Houston Pkwy W.		Houston	TX	77086
Phone	**Title**		**Number of Employed Hours**	
	Pharmacist IN Charge		16,640	

Description of Duties

To make sure pharmacy followed All State Board & USP regulation

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5, 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

In response to Section 8, question 5, I responded "Yes" to this question. This is because Southend Pharmacy ("Southend"), where I serve as the Officer of the pharmacy, was named by Eli Lilly and Company ("Eli Lilly") in a meritless complaint filed on October 22, 2025. In this complaint, Eli Lilly made unfounded allegations Southend's compounding services constitute unfair competition with Eli Lilly's pharmaceutical products.

By way of further detail, Southend denies all allegations made by Eli Lilly in its complaint. In fact, Southend filed a Motion to Dismiss the complaint in its entirety adamantly arguing Eli Lilly's claims are meritless and part of a broader and unsuccessful litigation campaign that courts across the country have consistently rejected and dismissed. This case is just one of several complaints Eli Lilly filed against independent pharmacies that have also been dismissed.

Most recently, on December 30, 2025, the Court granted Southend's Motion to Stay on all claims and all aspects of the case pending a ruling on Southend's Motion to Dismiss. Consequently, the case will not move forward until the court rules on Southend's Motion to Dismiss. This means Southend does not have to file initial disclosures, participate in a case management conference, or otherwise participate in discovery until after the Motion to Dismiss is decided.

Although Southend is confident that its Motion to Dismiss will be granted in its entirety, Southend remains prepared to defend against Eli Lilly's inaccurate and unfounded allegations until a successful resolution is achieved. In light of this, I will supplement this disclosure if deemed necessary/appropriate.

In response to Section 8, question 6, I responded "Yes" to this question. An explanation is attached.

Ronald Richardson

Original Signature (electronic, copies or stamps not accepted)

2/10/26

Date

I, RONALD RICHARDSON, **certify that as the designated representative for**

_____,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ✓ RR I am at least 21 years of age;
3. ✓ RR I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. RR I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RR I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RR I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. RR I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

RONALD RICHARDSON

Print Name (First, Last)

Ronald Richardson

Original Signature (electronic, copies or stamps not accepted)

1/19/24

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

RONALD RICHARDSON

Print Name (First, Last)

Ronald Richardson — 1/19/26

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Harris

I, RONALD RICHARDSON, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Ronald Richardson — 1/19/26

Original Signature — **Date**

Subscribed and Sworn to before me this 19 day of January.

EDITH RUBIO NOTARY PUBLIC STATE OF TEXAS ID 135528554 EXP. 08-19-2029

Notary Public Signature

(Seal)

SOUTHEND
PHARMACY

To Whom It May Concern,

In response to question 6 in the application related to pending disciplinary action, we responded "Yes" to this question. This is because Southend Pharmacy ("Southend") currently has a matter pending with the Connecticut Department of Consumer Protection ("Department"). By way of further detail, the Department contacted Southend regarding allegations that Southend did not respond to certain requests for information pertaining to sterile compounding and that Southend did not submit an inspection report to the Department. Southend denies and disagrees with these allegations but is also cooperating with the Department to resolve the matter. Attached to this application is the Department's Compliance Meeting Notice issued to Southend.

By way of further background, June 9, 2023, Southend submitted its initial nonresident pharmacy application to the Department. On August 9, 2023, Southend's application was approved. On November 15, 2024, Southend contacted the Department to obtain a sterile compounding certification. At this time, Southend complied with all requests for information including by providing the Department with an NABP inspection report in support of this certification. Approximately three months later and after Southend submitted its inspection report and requested a sterile compounding certification, public records of the Department's January 29, 2025 meeting minutes reflect the following: *Incorporated dba Southend Pharmacy – Houston, TX Commission Action: Commissioner Inguanti is requesting additional documents for the above nonresident pharmacy applications for further review to approve the request for sterile compounding."* However, this information was never relayed to Southend Pharmacy.

Given that the Department's request for information was never relayed to Southend, Southend engaged in communications with the Department to amicably resolve the Department's allegations to clarify any miscommunications or misconceptions. We note that the compliance meeting was originally scheduled for October 2025 but was subsequently rescheduled to late December 2025 due to the Department's schedule. Following the compliance meeting, which went well, Southend remains in amicable and ongoing discussions with the Department to resolve the matter. Although Southend denies all allegations of wrongdoing, Southend is fully cooperating with the Department on this matter and anticipates that this matter will be resolved amicably. We also would note that Southend's non-resident pharmacy license in Connecticut remains in good standing at this time and during the pendency of the proceedings. Southend will supplement this disclosure with any additional developments but this information is current as of the date of this submission.

The Southend Pharmacy Team

4802 North Sam Houston Pkwy W #100
Houston, TX 77086
281-498-1450

STATE OF CONNECTICUT

DEPARTMENT OF CONSUMER PROTECTION

VIA FIRST CLASS MAIL
AND VIA EMAIL TO: apmaxsouthendpharmacy@gmail.com

September 19, 2025

AP Max Incorporated
415 Westheimer Road, Suite 103
Houston, TX 77006-3058

Notice of Compliance Meeting
Re: AP Max Incorporated
Non-Resident Pharmacy License No.0004220
Case No. 2025-1024

To Whom It May Concern:

The Department of Consumer Protection (the "Department") has received an investigation report (report attached) prepared by its Drug Control Division. This report alleges violations of provisions of the Connecticut General Statutes concerning your Non-Resident Pharmacy License No.0004220. Specifically, it is alleged that you:

1. Failed to comply with all requests for information made by the commission or department, in violation of Section 20-627(3) of the Connecticut General Statutes;

2. Failed to disclose to the department whether the nonresident pharmacy is dispensing sterile pharmaceuticals within this state, as defined in section 20-633b, within this state, in violation of Section 20-627(4) of the Connecticut General Statutes;

3. Failed to provide the Department of Consumer Protection proof that AP Max Incorporated (Inc.) Pharmacy has passed an inspection in their home state, based on the United Stated Pharmacopeia (USP) chapters, in violation of Section 20-633b(j) of the Connecticut General Statutes; and

4. Failed to provide the Department of Consumer Protection with a copy of the most recent sterile compounding inspection report every two years, in violation of Section 20-633b(j) of the Connecticut General Statutes.

The Department of Consumer Protection is pursuing administrative action against your license based on the allegations outlined in this letter and the investigation report. The first step in the formal administrative enforcement process is to offer you the opportunity to provide evidence contesting the alleged violation at a Compliance Meeting. In accordance with Section 4-182(c) of the Connecticut General Statutes and the remote administrative adjudication process, you are requested to attend a REMOTE Compliance Meeting (compliance meeting description sheet attached) on **Tuesday, October 7, 2025 at 2:00 p.m. EST** to be held via the Microsoft Teams

video meeting platform (Teams). The remote access instructions are attached. At said Compliance Meeting, you will be given the opportunity to show that you were in compliance with the relevant statutes.

Within two weeks of receipt of this notice, please contact Brian Rogers at Teams No. 860-757-6802 or Brian.Rogers@ct.gov to establish remote meeting contact information.

Please contact me if you have any questions. I can be reached at my Teams No. 860-816-8849 or via email at Brett.Aiello@ct.gov.

Sincerely,

/s/ Brett R. Aiello

Brett R. Aiello, Esq.
Staff Attorney

enclosures

Enclosures: Investigation Report, Compliance Meeting Description Sheet and Remote Video Meeting Platform (TEAMS) Instructions.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Southend Pharmacy

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 4802 North Sam Houston Pkwy West, Suite 100

City: Houston State: TX Zip: 77086

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 281-498-1450 Toll Free # (NAC 639.708, NRS 639.23286): +1 855-414-5356

Fax: 281-498-4798 Contact Email: licensing@southendpharmacystore.com

Website: southendpharmacystore.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Ronald Richardson

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22915

Name of Designated Person(s) as defined by revised USP-797 guidelines: Corey Anderson

Email of Designated Person(s): corey.anderson@southendpharmacystore.com

Telephone of Designated Person(s): +1 855-414-5356

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ☐ Category 2 ■ Category 3

If you marked "**Category 3**", you must also complete **section 4**.

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ☐ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ☐ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? 11/05/2025

6. What is the frequency of the recertification for the ISO classified areas? Every 6 months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? N/A

10. Will you be performing sterile hazardous drug compounding? ■ Yes No

If you marked "**Yes**", you must also complete **section 3**.

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Semaglutide/Pyridoxine 1.5/8 mg/mL Injection

Semaglutide/Pyridoxine 5/8 mg/mL Injection

Tirzepatide/Pyridoxine 22/4 mg/mL Injection

NAD+ 200 mg/mL Injection

Sermorelin 3 mg/mL Injection

12. What laboratory performs your sterility or endotoxin testing?

Name: Eagle Analytical Services

Address: 11111 S Wilcrest Dr S1000

City: Houston State: TX Zip: 77099

Telephone: 800-745-8916

13. What is your procedure for visual inspection of compounded sterile products?

Our procedure for visual inspection of compounded sterile products requires 100% inspection of all final preparations by trained personnel immediately prior to release, using appropriate lighting against both white and black backgrounds. Each CSP is gently swirled or inverted and examined to detect visible particulates, discoloration, haze, turbidity, incorrect fill volume, leaks, cracks, chips, incomplete seals, or other container integrity issues, with any suspect units rejected, segregated, documented, and investigated per facility SOPs to ensure all released CSPs are essentially free from visible defects and meet standards.

14. How often do you perform glove fingertip and medial fill testing?

Every 3 months.

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

Initial training for new personnel includes comprehensive didactic instruction on principles of sterile compounding, aseptic technique, personal hygiene, garbing procedures, facility design, environmental monitoring,use of equipment, cleaning/disinfection, and applicable SOPs. Ongoing training occurs at least annually.

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Our cleaning procedure for primary engineering controls and secondary engineering controls involves removing all items, cleaning from cleanest to dirtiest and highest to lowest using low-lint sterile wipes with sterile 70% isopropyl alcohol, applying a sporicidal disinfectant at least monthly to all surfaces in both PECs and SECs, with PECs cleaned and disinfected at the beginning of each work shift, before each batch, between batches, after spills, and whenever contamination is suspected, while SEC floors are mopped daily on compounding days, and walls, ceilings, shelving, and other surfaces are cleaned and disinfected monthly, all performed by trained personnel using documented SOPs, dedicated supplies, appropriate contact times, and logged records.

Agents used: Sterile 70% isopropyl alchohol, Peridox RTU.

17. Who performs the sterile compounding process at your facility?

Licensed, trained, and qualified sterile compounding technicians and pharmacists.

18. Who is responsible and accountable for the sterile compounding process at your facility?

The Designated Person

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

All medications are shipped overnight in insulated containers with ice packs to maintain storage conditions if applicable.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? Biological Safety Cabinets (BSCs)		
2. Are you complying with all USP 800 guidelines?	■ Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	■ Yes	No
4. Is your BSC or CACI vented 100% to the outside?	■ Yes	No
5. Do you have a negative pressure buffer room at your facility?	■ Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	■ Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	■ Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	■ No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

Keep away from heat, moisture and direct sunlight. Keep out of reach of children and pets. Do not freeze. Wipe the rubber stopper with an alcohol swap before each dose. Discard any unused medicine after the beyond use date or 28 days after puncture, which ever occurs first. Do not flush medication or pour down the sink or drain.

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

The initial training process for new employees prior to allowing them to independently compound sterile HDs follows a structured, multi-phase approach. This ensures compliance with USP <800> and integrates sterile compounding and nonsterile compounding standards.The process is overseen by the designated person, who is responsible for developing procedures, ensuring competency, and documentation. Training must be job function specific, occur before independent HD handling, and demonstrate effectiveness through competency assessments. It is documented and reassessed at least annually or sooner with introduction of new HDs, equipment, or SOP changes.

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

Semaglutide/Pyridoxine 1.5/8 mg/mL Injection

Semaglutide/Pyridoxine 5/8 mg/mL Injection

Tirzepatide/Pyridoxine 22/4 mg/mL Injection

NAD+ 200 mg/mL Injection

Sermorelin 3 mg/mL Injection

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

Every 3 Months

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? ■ Yes No

4. What is the frequency for completing volumetric active air sampling?

Monthly

5. What is the frequency for completing surface sampling? After every compounded lot and all surfaces weekly	
6. What is the frequency for using sporicidal agents? At least monthly	
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	■ Yes No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	■ Yes No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark Villarreal

Name of Person who Completed the Form

Director of Quality Operations

Title



Signature (copies or stamps not accepted)

02/04/2026

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

TEXAS STATE BOARD OF PHARMACY

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

Ron Richards — I am the Pharmacist-in-Charge (PIC) of *SOUTHEND PHARMACY*, pharmacy license number *27604*, and I ☑ was/ ☐ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *12/04/2025*.

Ron Richards — I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.

Ron Richards — I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF.

N/A — If applicable, the Warning Notice issued contains *0* deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice.

Ron Richards — I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please email this completed form to the TSBP Compliance Inspector for your area or to inspections@pharmacy.texas.gov within 7 days of the date of the inspection.

Signed: Ron Richards **Date:** *12/04/2025*

Printed Name: *RICHARDSON, RONALD ALAN* **License No.(if applicable):** *29408*

Texas State Board of Pharmacy

"Red Flags" Checklist for Pharmacies

YOU MIGHT BE A PILL MILL IF...

Check all that apply:

	(1) Your pharmacy fills a discernable pattern of prescriptions for prescribers who write essentially the same prescriptions for numerous persons, indicating a lack of individual drug therapy
	(2) Your pharmacy operates with limited hours of operation or closes after a certain threshold of controlled substance prescriptions are dispensed, and has overall low prescription dispensing volume.
	(3) Prescriptions presented to the pharmacy are for controlled substances with popularity as street drugs, such as opiates, benzodiazepines, muscle relaxants, psychostimulants, and/or cough syrups, or any combination of these drugs.
	(4) The prescriptions for controlled substances contain nonspecific or no diagnoses.
	(5) The prescriptions are commonly for the highest strength of the drug and/or for large quantities.
	(6) Dangerous drugs or OTC products (such as multi-vitamins or laxatives) are added to the controlled substance prescriptions, maintaining relatively consistent 1:1 ratio of controlled substances to dangerous drugs and/or OTC products dispensed as prescriptions.
	(7) Prescriptions are authorized by the same prescriber with what appears to be different handwriting on the hardcopy prescription drug order forms.
	(8) Upon contact with the prescriber's office, you are unable to engage in comprehensive discussion with the actual prescriber, or he/she is unconcerned about your apprehensions regarding his/her prescribing practices or unwilling to provide additional information, such as treatment goals and/or prognosis with prescribed drug therapy.
	(9) You rely solely on the prescriber's representation, or on the representation of the individual answering the phone at the number on the prescription, that prescriptions are legitimate.
	(10) The prescriber's clinic is not registered as a pain management clinic by the Texas Medical Board, despite routinely receiving prescriptions from the prescriber foropiates, benzodiazepines, and/or muscle relaxants.
	(11) Drugs prescribed are inconsistent with the prescriber's area of practice.
	(12) The prescriber of the drugs is located a significant distance from your pharmacy.
	(13) The prescriber has been subject to disciplinary action by the licensing board, had his/her DEA registration removed, or been subject to criminal action.
	(14) The Texas PMP system indicates that persons are obtaining prescriptions for the same drugs from multiple prescribers or that persons are filling prescriptions for the same drugs at multiple pharmacies.
	(15) The person's address is a significant distance from your pharmacy and/or from the prescriber's office.
	(16) Multiple persons with the same address present prescriptions from the same prescriber.
	(17) Persons pay with cash or credit card more often than through insurance.
	(18) Persons presenting controlled substance prescriptions are doing so in such a manner that varies from seeking routine pharmacy services (e.g., willing to wait in long lines to receive drugs, persons arrive in the same vehicle with prescriptions from same prescriber, one person presents to pick up prescriptions for multiple others, persons refer to drugs by "street names" and/or comment on drug's color, persons seek early refills, persons travel from outside reasonable trade area of pharmacy).
	(19) Your pharmacy charges and persons are willing to pay more for controlled substances than they would at nearby pharmacies.
	(20) Your pharmacy routinely orders controlled substances from more than one drug supplier, or your pharmacy has been discontinued by a drug supplier related to controlled substance orders.
	(21) Sporadic and non-consistent dispensing volume (including zero dispensing) varies from day to day and week to week, and your pharmacy does not maintain operational hours each week on Monday through Friday.
	(22) Your pharmacy employs or contracts security personnel during operational hours to prevent problems.
	(23) Your pharmacy has been previously warned or disciplined by the Texas State Board of Pharmacy for inappropriate dispensing of controlled substances (i.e., corresponding responsibility).

If you checked any of the above items, you should review the laws and rules regarding corresponding responsibility and non-therapeutic dispensing, especially Board rule §291.29, in the law book or on our website: www.pharmacy.texas.gov (click on Texas Pharmacy Rules and Laws). Additional educational material is available at: http://www.pharmacy.texas.gov/Nontherapeutic.asp. Failure of pharmacies and pharmacists to detect patterns of inappropriate dispensing of prescription drugs is unprofessional practice and constitutes grounds for disciplinary action.

Updated 2/2018

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Notice of Inspection

Facility Information

Name: *SOUTHEND PHARMACY*
License Number: *27604*
Address: *415 WESTHEIMER RD STE 102-103, HOUSTON, TX 77006*
Phone: *(281) 498-1450*
Email:
Class of License: *AS*
License Expiration: *08/31/2027*
DEA #: *FS2898647*
DEA Expiration: *02/28/2026*

Inspection Information

Type: *Compliance*
Purpose: *Other*
Purpose Other: *Change of location*
Date: *12/04/2025*
Arrival Time: *10:00 AM*

Acknowledgment

This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

RICHARDSON, RONALD ALAN *PIC* *29408*

Witness

Shinu George

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *SOUTHEND PHARMACY* License Number: *27604*

Class of License: *AS*

Inspection Information

Type: *Compliance* Purpose: *Other* Purpose Other: *Change of location*

Date: *12/04/2025* Arrival Time: *10:00 AM* Departure Time: *11:30 AM*

Action Taken: *Other* Action Other: *Change of location*

General Comments: *Changing location for AS pharmacy to 4802 N Sam Houston Pwky W Houston, TX, 77086. Pharmacy does engage in high risk compounding. Licensed in 42 states.*

Inspection Checklist

Verify Owner/Owner's Representative ID — *Not Applicable*

Name	Title
:	:

Verify PIC ID — *Yes*

Name	Title
: *RICHARDSON, RONALD ALAN*	: *PIC*

1. The prescription department has adequate space for the size and scope of the pharmaceutical services provided by the pharmacy. — *Yes*

2. Fixtures (i.e. shelving, countertops, etc.) for the storage of drugs, equipment, and supplies necessary to operate a pharmacy are installed. — *Yes*

3. Electrical supply exists. — *Yes*

4. A sink with hot and cold running water available exclusive of the restroom facilities. — *Yes*

5. Pharmacy arranged in an orderly fashion and kept clean. — *Yes*

6. The prescription department is complete and contains the following required equipment and supplies including, but not limited to: — *Yes*

6a. data processing system including a printer or comparable equipment; — *Yes*

Comment

Data processing system: lifefile.

6b. refrigerator to be maintained within a range compatible with the proper storage of drugs requiring refrigeration; — *Yes*

6c. adequate supply of child-resistant, light-resistant, tight, and, if applicable, glass containers; *Not Applicable*

6d. adequate supply of prescription labels with name, address, and telephone number of the pharmacy; *Yes*

6e. appropriate equipment necessary for the proper preparation of prescription drug orders; *Yes*

6f. metric-apothecary weight and measure conversion charts; *Yes*

6g. if the pharmacy serves the public, the word "pharmacy" or similar word or symbol, as determined by the board, is displayed in a prominent place on the front of the pharmacy. *Yes*

Comment

Pharmacy is closed door.

7. A reference library is on site and current: *Yes*

Comment

Reference: Micromedex.

7a. Texas Pharmacy Laws and Regulations (publication year: _____) *Yes*

Publication Year
: *Online*

7b. Drug Interactions Reference (publication year: _____) *Yes*

Publication Year
: *Online*

7c. General Information Reference (publication year: _____) *Yes*

Publication Year
: *Online*

7d. Chapter 795 of the USP/NF concerning Pharmacy Compounding Non-Sterile Preparations (if the pharmacy is compounding non-sterile preparations) *Yes*

Comment

USP Compounding Compendium.

7e. General reference text on veterinary drugs (if the pharmacy dispenses veterinary prescriptions) *Not Applicable*

7f. Basic Antidote Information and telephone number of the nearest Regional Poison Control Center. *Yes*

8.If the pharmacy is compounding sterile preparations, the following references are also required: *Yes*

8a. United States Pharmacopeia/National Formulary or USP Pharmacist's Pharmacopeia containing USP Chapter 797, Pharmaceutical Compounding Sterile Preparations *Yes*

8b. Chapter 71 of the USP/NF concerning Sterility Tests *Yes*

8c. Chapter 85 of the USP/NF concerning Bacterial Endotoxins Test	*Yes*
8d. Chapter 1163 of the USP/NF concerning Quality Assurance in Pharmaceutical Compounding	*Yes*
8e. Handbook on Injectable Drugs (publication year: _____)	*Yes*

Publication Year
: *Online*

8f. Specialty reference text appropriate for the scope of pharmacy services provided by the pharmacy (e.g., if the pharmacy prepares hazardous drugs, a reference text on the preparation of hazardous drugs)	*Yes*
9. Security Requirements can be met to assure the pharmacy will be locked by key, combination, or other mechanical or electronic means to prohibit unauthorized access when a pharmacist is not on-site.	*Yes*
10. Pharmacy has basic alarm system with the off-site monitoring and perimeter and motion sensors. (Alarm must be activated). *If your city requires an alarm permit, provide a copy of the permit.	*Yes*
11. Written policies and procedures/SOPs for the pharmacy's security system that meet the requirements of Rule 291.33(b)(2)(E)	*Yes*
12. An area suitable for confidential patient counseling, if the pharmacy serves the general public	*Yes*
13. If compounding sterile preparations, the pharmacy has controlled area that meets the requirements in Rule 291.133 (d)(6)(A) if the pharmacy is compounding low-risk and medium-risk preparations or Rule291.133(d)(6)(B) if high-risk preparations are being compounded.	*Yes*
14. Certified primary engineering control device (e.g., laminar airflow work benches, biological safety cabinets, compounding aseptic isolators, and compounding aseptic containment isolators).	*Yes*

Comment

Pharmacy has five (MAC 10 standard) PEC all are ISO 5 under dynamic conditions per Valogic certification report 11/05/2025.

15. Certified clean room(s) (e.g. ante area, buffer area).	*Yes*

Comment

Valogicbio certification report- date : 11/05/2025:
Ante ISO : 8
Buffer ISO : 7

Discussion Items

The requirements of TSBP Rule 291.11 and Section 565.0591 of the Pharmacy Act regarding the operation of a pharmacy within 6 months of becoming licensed.	*Not Applicable*

Corresponding Responsibility and the Red Flags checklist using references from the DEA RPh Manual, the Texas Controlled Substances Act, and TSBP Rules 291.29 and 291.34 (b).	*Not Applicable*
Pharmacy will need to conduct an opening inventory of all controlled substances on the first day of business.	*Not Applicable*
Pharmacy will need to report all controlled substances to the PMP as required.	*Not Applicable*

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and
- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).

RICHARDSON, RONALD ALAN, PIC, 29408

Shinu George

TEXAS STATE BOARD OF PHARMACY

Re:	Southend Pharmacy
Address:	4802 North Sam Houston Parkway W, Suite 100 Houston, Texas 77086
License No.:	27604
Date Issued:	August 19, 2011
Licensure Status:	Active
Expiration Date:	August 31, 2027
Type of Pharmacy:	Community – Class A
Prior Disciplinary Orders:	No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Southend Pharmacy (Texas Pharmacy License #27604) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Eamon D. Briggs
Deputy General Counsel
Texas State Board of Pharmacy

December 19, 2025
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

TEXAS STATE BOARD OF PHARMACY
1801 Congress Avenue, Suite 13.100
Austin, TX 78701-1319
(512) 305-8000

License Number: 27604

(Date PDF Version Generated: 12/17/2025)

HELPFUL PHARMACY INFORMATION

- Pharmacies are required to notify TSBP within 10 days of a discontinuance of service, change of location or closure. See the TSBP website here Pharmacy - Renew & Update (texas.gov) for changes.
- Renewals open about 60 days prior to your expiration date, renewal information can be found here Renew | Pharmacy (texas.gov).
- Change of Employment or Change of PIC information can be found here Update | Employment (texas.gov).
- Change of Ownership – Call (512) 305-8021 or see Apply | Change of Ownership (texas.gov).
- For questions or assistance regarding rules, contact TSBP Rules Queue line at (512) 305-8070 see www.pharmacy.texas.gov.
- Non-Resident Pharmacy questions call (512) 305-9127 or email NonResPhcy@pharmacy.texas.gov.

An up-to-date License Verification is always available on the Board's website: http://www.pharmacy.texas.gov/

CERTIFICATE
TEXAS
BOARD OF PHARMACY

This certifies that the pharmacy named below is hereby licensed to operate as a Class **AS** pharmacy.

License No. **27604** Expiration Date: **08/31/2027**

Balances: **9**

SOUTHEND PHARMACY
4802 N SAM HOUSTON PKWY W STE 100
HOUSTON, TX 77086

Daniel R. Carroll

Daniel R. Carroll, Pharm.D.,
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 27604

SOUTHEND PHARMACY

License Information

License Status Active
License # 27604
Expiration Date 08/31/2027
Date License Issued 08/19/2011

Address

4802 N SAM HOUSTON PKWY W STE 100
HOUSTON, TX 77086
County HARRIS
Phone (281) 498-1450

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy
Community Sterile Compounding
Type of Ownership Corporation
Type of Pharmacy Community Independent
# of Hospital beds

Employment Information

Pharmacist in Charge
RICHARDSON, RONALD ALAN

Pharmacy Profile ¥

Accessible to disabled persons? Yes

Participates in the Texas Medicaid program? No

Translating services (Listed Below If Available)

Spanish

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and/or Inspection Reports

- 290113 27604 SOUTHEND PHARMACY 2025-08 08-2030.pdf
- 290113 27604 SOUTHENDPHARMACY 2023-05 05-2028.pdf
- 290113 27604 SOUTHENDPHARMACY 2023-09 09-2028-1.pdf
- 290113 27604 SOUTHENDPHARMACY 2023-09 09-2028-2.pdf
- 290113 27604 SOUTHENDPHARMACY 2024-04 04-2029.pdf
- 290113 27604 SOUTHENDPHARMACY 2025-12 12-2030.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	No
Ship Prescription Out of State	Yes
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	No
Compounding Sterile-Risk Level Med	No
Compounding Sterile-Risk Level High	Yes
Compounding Non-Sterile	Yes
24 Hour Service	No
Closed Door	Yes
Compounding, Office Use	No
Home Delivery	No
Infusion	No
Pharmacist Administered Immunizations	No
Veterinary Prescriptions	No
In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	No

Texas Pharmacist Employment Information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
ANDERSON, COREY	62128	01/18/2018	05/31/2026	Staff	Active
ANGEL, ILEANA	75340	01/30/2025	06/30/2027	Staff	Active
AROWORADE, OLAITAN JACQUELINE	57096	08/06/2015	09/30/2027	Relief	Active
ASKARI, ASIYA HOSAIN	41301	12/05/2002	08/31/2026	Staff	Active
BARO, ANISA MOHAMMED	67863	10/29/2020	09/30/2026	Staff	Active
BASS, ALICIA	66044	10/31/2019	04/30/2027	Relief	Active
BRAXTON, SHARON	55981	11/13/2014	07/31/2026	Staff	Active
DICKIE, SEAN MICHAEL	37991	08/08/1998	01/31/2028	Staff	Active
DOSS, SONIA K	38040	08/08/1998	12/31/2026	Staff	Active
EDWARDS, DAAIYAH AESHA	63367	08/23/2018	01/31/2027	Relief	Active
ELSAIED, MARWA	64220	02/07/2019	03/31/2027	Staff	Active
ESTELLO, NGOC TRAN	49947	06/30/2011	11/30/2026	Staff	Active
FONCHA, ADELAIDE TSOKAM	63948	11/15/2018	06/30/2026	Staff	Active
FREDDIE, DAVID BLAKE	70248	03/31/2022	06/30/2026	Staff	Active
FU, JERRY	49339	09/10/2010	01/31/2027	Staff	Active
GAMBLE, DAVID PAUL	45830	11/15/2007	10/31/2027	Staff	Active
GIWA, MOBOLAJI SHUAIB	68880	07/29/2021	02/28/2027	Staff	Active
GRIFFIN, MELVIN MONTGOMERY	31884	08/01/1990	05/31/2026	Staff	Active

GROVER, PUJA	42253	03/09/2004	05/31/2026	Staff	Active
HALL, COLTON	70993	08/11/2022	02/29/2028	Staff	Active

Page 1 of 2 20 View 1 - 20 of 39

Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
ANDERSON, ALAYAH TIYNA	348283	11/22/2022	01/31/2027	Staff	Active
ARVIZU, DANIEL ALEXANDER	260028	09/07/2016	12/31/2027	Staff	Active
BAINES, AMBER	301595	10/15/2019	11/30/2027	Staff	Active
BENNETT, SHANA	338348	04/11/2022	04/30/2026	Staff	Active
BEVERLY, RONALD JOSEPH	379945	11/12/2024	11/30/2026	Staff	Active
BIRMINGHAM, CELESTE R	275093	10/02/2017	10/31/2027	Staff	Active
BLANCHARD , BRIAN JAMAL	347780	11/10/2022	01/31/2027	Staff	Active
BONHAM, DEANNA	395487	10/13/2025	10/31/2027	Staff	Active
BRADING, MICHAEL	214488	11/27/2012	11/30/2026	Staff	Active
BRICETTE, DEBBIE	396620	11/10/2025	11/30/2027	Staff	Active
BROOKS JR, TRODY DEMOND	396256	10/31/2025	10/31/2027	Staff	Active
BROWN, ANIYAH	395857	10/21/2025	10/31/2027	Staff	Active
BROWN, LASHUN TRANIECE	388898	06/13/2025	06/30/2027	Staff	Active
BRYANT, RYAN RENO	399840	01/26/2026	01/31/2028	Staff	Active
CABALLERO, ERICK	153452	07/06/2009	04/30/2027	Staff	Active
CASTELLANO, CHRYSTOPHER	372561	06/20/2024	06/30/2026	Staff	Active
CASTREJON, MARIA ISABEL	371252	05/21/2024	05/31/2026	Staff	Active
CHASE, MELISSA MEADOWS	109593	05/21/2004	02/28/2027	Staff	Active
CLARK, LEAH	400137	02/03/2026	02/29/2028	Staff	Active
COLBERT, DIAMOND	351405	02/17/2023	10/31/2027	Staff	Active

Page 1 of 5 20 View 1 - 20 of 87

Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
AP MAX INCORPORATED	OWNER	415 WESTHEIMER RD STE	HOUSTON	TX	77006
PATEL, SURVAM	OFFICER	,			
PATEL, KUSH	OFFICER	,			
PATEL, SHIVAM	OFFICER	,			

Page 1 of 1 20 View 1 - 4 of 4

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Southend Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): _____

Physical Address: 4802 N Sam Houston Pkwy W #100

City: Houston State: TX Zip: 77086

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 281-498-1450 Website: southendpharmacystore.com

Licensing Company Email: licensing@southendpharmacystore.com

Section 2: Personal Information

First: Kush Middle: _____ Last: Patel

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Richmond State: TX Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Houston		08/2005-05/2009	
Address	City	State	Zip
4302 University Dr	Houston	TX	77004
Diploma/Degree obtained, if any			
Finance			

School Name		From - To (MM/YY – MM/YY)	
I. H. Kempner High School		08/2002-05/2005	
Address	City	State	Zip
14777 Voss Rd	Sugar Land	TX	77498
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/2023-current	[redacted]	Richmond	TX	[redacted]
1998-11/2023		Sugar Land	TX	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Ruby Management Services LLC			01/24-01/26	
Business Address		**City**	**State**	**Zip**
415 Westheimer Rd		Houston	TX	77006
Phone	**Title**			
	Officer			
Description of Duties				
Operations				

Business Name			From - To (MM/YY – MM/YY)	
AP Max Incorporated			02/17-01/26	
Business Address		**City**	**State**	**Zip**
4802 North Sam Houston Parkway West #100		Houston	TX	77086
Phone	**Title**			
281-498-4798	Officer			
Description of Duties				
Operations				

Business Name			From - To (MM/YY – MM/YY)	
Keian Management LLC			12/17-01/26	
Business Address		**City**	**State**	**Zip**
16935 Kilgarth		Richmond	TX	77047
Phone	**Title**			
713-398-0887	Officer			
Description of Duties				
Finance & Operations				

Business Name			From - To (MM/YY – MM/YY)	
Hunterpharm Inc			04/17-01/26	
Business Address		**City**	**State**	**Zip**
1501 Dorothy Nichols Unit A		Smithville	TX	78957
Phone	**Title**			
512-237-5216	Director			
Description of Duties				
Finance & Operations				

Business Name			From - To (MM/YY – MM/YY)	
Krishiv Industries			09/2009-04/2017	
Business Address		**City**	**State**	**Zip**
6330 Alder Dr		Houston	TX	77081
Phone	**Title**			
	General Manager			
Description of Duties				
Operations				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

In response to Section 8, question 5, I responded "Yes" to this question. This is because Southend Pharmacy ("Southend"), where I serve as the Officer of the pharmacy, was named by Eli Lilly and Company ("Eli Lilly") in a meritless complaint filed on October 22, 2025. In this complaint, Eli Lilly made unfounded allegations Southend's compounding services constitute unfair competition with Eli Lilly's pharmaceutical products. By way of further detail, Southend denies all allegations made by Eli Lilly in its complaint. In fact, Southend filed a Motion to Dismiss the complaint in its entirety adamantly arguing Eli Lilly's claims are meritless and part of a broader and unsuccessful litigation campaign that courts across the country have consistently rejected and dismissed. This case is just one of several complaints Eli Lilly filed against independent pharmacies that have also been dismissed. Most recently, on December 30, 2025, the Court granted Southend's Motion to Stay on all claims and all aspects of the case pending a ruling on Southend's Motion to Dismiss. Consequently, the case will not move forward until the court rules on Southend's Motion to Dismiss. This means Southend does not have to file initial disclosures, participate in a case management conference, or otherwise participate in discovery until after the Motion to Dismiss is decided. Although Southend is confident that its Motion to Dismiss will be granted in its entirety, Southend remains prepared to defend against Eli Lilly's inaccurate and unfounded allegations until a successful resolution is achieved. In light of this, I will supplement this disclosure if deemed necessary/appropriate.

In response to Section 8, question 6, I responded "Yes" to this question. An explanation is attached.

In response to Section 8, question 1, I responded "Yes" to this question. A reckless driving incident (Class B Misdemeanor) for Kush Patel occurred on June 26, 2010. Disposition occurred on July 19, 2011. Fort Bend County, Texas. County Court at Law 3. Court Documents attached.



Original Signature (electronic, copies or stamps not accepted)

2/10/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kush Patel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/10/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Harris

I, Kush Patel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/10/2026

Date

Subscribed and Sworn to before me this 10 day of February.

Notary Public Signature

EDITH RUBIO
NOTARY PUBLIC
STATE OF TEXAS
ID 135528554
EXP. 08-19-2029

(Seal)

10-CCR-150725
COGPNC
Conviction - Guilty Plea Nolo Contendere
1245968

NO. 10CR150725

THE STATE OF TEXAS § IN THE COUNTY COURT
§
V.S. § AT LAW NO. 3 OF
Kush Patel §
§ FORT BEND COUNTY, TEXAS

JUDGMENT

On this the 19 day of July, 2011, this cause being called for trial, came the District Attorney for the State of Texas, the Defendant in person and by counsel, Anthony Segura, appeared in open Court, both parties announced ready for trial, and the Defendant, having been duly arraigned, pleaded GUILTY/NO CONTEST to the charge contained in this information herein, to-wit: Reckless Driving, and all parties waiving a trial by jury, submitted this cause to the Court. The Court duly admonished the Defendant of the consequences of HIS/HER plea of GUILTY/NO CONTEST and the Defendant insisted on pleading GUILTY/NO CONTEST of said charge, whereupon, the Court accepted such plea.

After hearing the evidence upon such plea and considering same, the Court adjudged the Defendant guilty and assessed HIS/HER punishment at a fine of $200 and/or 3 days in jail and ALL/NO costs of this prosecution.

It is therefore ORDERED, ADJUDGED and DECREED by the Court that the Defendant is guilty of the offense charged and HE/SHE be assessed punishment at a fine $200 and ALL/NO costs of this prosecution and that the State of Texas do have and recover of the Defendant said fine and costs, and that HE/SHE be committed to the custody of the Sheriff of Fort Bend County, Texas until all such fine and costs are fully paid and time is fully served. And execution may issue against the property of said Defendant for the amount of such fine and costs.

The Defendant is given credit for 3 days already served in the Fort Bend County Jail to apply to this judgment.

ENTERED as of the 19 day of July, 2011.

JUDGE PRESIDING

SENTENCE

On this the 19 day of July, 2011, this cause again being called, the State appeared by the District Attorney of Fort Bend County, Texas and the Defendant appeared in person and by Counsel Anthony Segura, for the purpose of having sentence of law pronounced in accordance with the verdict and judgment rendered against HIM/HER on the 19 day of July, 2011; said Defendant having waived the statutory ten (10) days within which to file motion for new trial and the arrest of judgment herein;

And thereupon the said Defendant was asked by the Court whether HE/SHE had anything to say why sentence should not be pronounced against HIM/HER and HE/SHE answered nothing in bar thereof, whereupon the Court proceeded, in presence of said Defendant, to pronounce sentence against HIM/HER as follows, to-wit:

It is the Order of the Court that the Defendant, who has been adjudged guilty of Reckless Driving, a misdemeanor, and whose punishment has been assessed a fine of $200, and ALL/NO costs of this prosecution and confinement in the County Jail of Fort Bend County, Texas for the confinement in the County Jail of Fort Bend County, Texas for said period of 3 days until said fine of $200 and ALL/NO costs of this prosecution are paid or discharged by law for which a Writ of Commitment shall issue, fine and costs being due and payable.

today

FILED FOR RECORD
NO ____ TIME ____ A.M P.M
JUL 19 2011
Dianne Wilson
County Clerk Fort Bend Co. Tex.

The State of Texas do have and recover of the said Defendant the said fine and costs. And execution may issue against the property of said Defendant for the amount of such fine and costs.

This Defendant is given credit for 3 days already served in Fort Bend County Jail, to apply to this sentence.

ENTERED as of the 19 day of July, 2011.

[redacted] & #132

JUDGE PRESIDING

SOUTHEND
PHARMACY

To Whom It May Concern,

In response to question 6 in the application related to pending disciplinary action, we responded "Yes" to this question. This is because Southend Pharmacy ("Southend") currently has a matter pending with the Connecticut Department of Consumer Protection ("Department"). By way of further detail, the Department contacted Southend regarding allegations that Southend did not respond to certain requests for information pertaining to sterile compounding and that Southend did not submit an inspection report to the Department. Southend denies and disagrees with these allegations but is also cooperating with the Department to resolve the matter. Attached to this application is the Department's Compliance Meeting Notice issued to Southend.

By way of further background, June 9, 2023, Southend submitted its initial nonresident pharmacy application to the Department. On August 9, 2023, Southend's application was approved. On November 15, 2024, Southend contacted the Department to obtain a sterile compounding certification. At this time, Southend complied with all requests for information including by providing the Department with an NABP inspection report in support of this certification. Approximately three months later and after Southend submitted its inspection report and requested a sterile compounding certification, public records of the Department's January 29, 2025 meeting minutes reflect the following: *Incorporated dba Southend Pharmacy – Houston, TX Commission Action: Commissioner Inguanti is requesting additional documents for the above nonresident pharmacy applications for further review to approve the request for sterile compounding."* However, this information was never relayed to Southend Pharmacy.

Given that the Department's request for information was never relayed to Southend, Southend engaged in communications with the Department to amicably resolve the Department's allegations to clarify any miscommunications or misconceptions. We note that the compliance meeting was originally scheduled for October 2025 but was subsequently rescheduled to late December 2025 due to the Department's schedule. Following the compliance meeting, which went well, Southend remains in amicable and ongoing discussions with the Department to resolve the matter. Although Southend denies all allegations of wrongdoing, Southend is fully cooperating with the Department on this matter and anticipates that this matter will be resolved amicably. We also would note that Southend's non-resident pharmacy license in Connecticut remains in good standing at this time and during the pendency of the proceedings. Southend will supplement this disclosure with any additional developments but this information is current as of the date of this submission.

The Southend Pharmacy Team

4802 North Sam Houston Pkwy W #100
Houston, TX 77086
281-498-1450

STATE OF CONNECTICUT

DEPARTMENT OF CONSUMER PROTECTION

VIA FIRST CLASS MAIL
AND VIA EMAIL TO: apmaxsouthendpharmacy@gmail.com

September 19, 2025

AP Max Incorporated
415 Westheimer Road, Suite 103
Houston, TX 77006-3058

Notice of Compliance Meeting
Re: AP Max Incorporated
Non-Resident Pharmacy License No.0004220
Case No. 2025-1024

To Whom It May Concern:

The Department of Consumer Protection (the "Department") has received an investigation report (report attached) prepared by its Drug Control Division. This report alleges violations of provisions of the Connecticut General Statutes concerning your Non-Resident Pharmacy License No.0004220. Specifically, it is alleged that you:

1. Failed to comply with all requests for information made by the commission or department, in violation of Section 20-627(3) of the Connecticut General Statutes;

2. Failed to disclose to the department whether the nonresident pharmacy is dispensing sterile pharmaceuticals within this state, as defined in section 20-633b, within this state, in violation of Section 20-627(4) of the Connecticut General Statutes;

3. Failed to provide the Department of Consumer Protection proof that AP Max Incorporated (Inc.) Pharmacy has passed an inspection in their home state, based on the United Stated Pharmacopeia (USP) chapters, in violation of Section 20-633b(j) of the Connecticut General Statutes; and

4. Failed to provide the Department of Consumer Protection with a copy of the most recent sterile compounding inspection report every two years, in violation of Section 20-633b(j) of the Connecticut General Statutes.

The Department of Consumer Protection is pursuing administrative action against your license based on the allegations outlined in this letter and the investigation report. The first step in the formal administrative enforcement process is to offer you the opportunity to provide evidence contesting the alleged violation at a Compliance Meeting. In accordance with Section 4-182(c) of the Connecticut General Statutes and the remote administrative adjudication process, you are requested to attend a REMOTE Compliance Meeting (compliance meeting description sheet attached) on **Tuesday, October 7, 2025 at 2:00 p.m. EST** to be held via the Microsoft Teams

video meeting platform (Teams). The remote access instructions are attached. At said Compliance Meeting, you will be given the opportunity to show that you were in compliance with the relevant statutes.

Within two weeks of receipt of this notice, please contact Brian Rogers at Teams No. 860-757-6802 or Brian.Rogers@ct.gov to establish remote meeting contact information.

Please contact me if you have any questions. I can be reached at my Teams No. 860-816-8849 or via email at Brett.Aiello@ct.gov.

Sincerely,

/s/ Brett R. Aiello

Brett R. Aiello, Esq.
Staff Attorney

enclosures

Enclosures: Investigation Report, Compliance Meeting Description Sheet and Remote Video Meeting Platform (TEAMS) Instructions.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Southend Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 4802 North Sam Houston Pkwy W #100

City: Houston State: TX Zip: 77086

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 281-498-1450 Website: southendpharmacystore.com

Licensing Company Email: licensing@southendpharmacystore.com

Section 2: Personal Information

First: Shivam Middle: Last: Patel

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: SUGAR LAND State: TX Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The University of Texas at Dallas		01/2008-05/2011	
Address	City	State	Zip
800 W Campbell Rd	Richardson	TX	75080
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
The University of Texas at Austin		09/2001-05/2005	
Address	City	State	Zip
2515 Speedway	Austin	TX	78712
Diploma/Degree obtained, if any			
Bachelor of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Clements High School		09/1997-05/2001	
Address	City	State	Zip
4200 Elkins Rd	Sugar Land	TX	77479
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	
11/18-Current	[redacted]	Sugar Land	TX	[redacted]
11/17-11/18		Sugar Land	TX	
06/15-11/17		Farmers Branch	TX	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Ruby Management Services LLC			01/24-01/26
Business Address	**City**	**State**	**Zip**
415 Westheimer Rd	Houston	TX	77006
Phone	**Title**		
	Officer		
Description of Duties			
Finance			

Business Name			From - To (MM/YY – MM/YY)
AP Max Incorporated			02/17-01/26
Business Address	**City**	**State**	**Zip**
4802 North Sam Houston Parkway West #100	Houston	TX	77086
Phone	**Title**		
281-498-4798	Officer		
Description of Duties			
Finance			

Business Name			From - To (MM/YY – MM/YY)
Keian Management LLC			12/17-01/26
Business Address	**City**	**State**	**Zip**
16935 Kilgarth	Richmond	TX	77047
Phone	**Title**		
713-398-0887	Officer		
Description of Duties			
Finance & Operations			

Business Name			From - To (MM/YY – MM/YY)
Hunterpharm Inc			04/17-01/26
Business Address	**City**	**State**	**Zip**
1501 Dorothy Nichols Unit A	Smithville	TX	78957
Phone	**Title**		
512-237-5216	Director		
Description of Duties			
Finance & Operations			

Business Name			From - To (MM/YY – MM/YY)
CVS Caremark			06/05-04/17
Business Address	**City**	**State**	**Zip**
750 W John Carpenter Fwy	Irving	TX	77479
Phone	**Title**		
469-524-4700	Finance Manager		
Description of Duties			
Finance			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5, 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

In response to Section 8, question 5, I responded "Yes" to this question. This is because Southend Pharmacy ("Southend"), where I serve as the Officer of the pharmacy, was named by Eli Lilly and Company ("Eli Lilly") in a meritless complaint filed on October 22, 2025. In this complaint, Eli Lilly made unfounded allegations Southend's compounding services constitute unfair competition with Eli Lilly's pharmaceutical products.
By way of further detail, Southend denies all allegations made by Eli Lilly in its complaint. In fact, Southend filed a Motion to Dismiss the complaint in its entirety adamantly arguing Eli Lilly's claims are meritless and part of a broader and unsuccessful litigation campaign that courts across the country have consistently rejected and dismissed. This case is just one of several complaints Eli Lilly filed against independent pharmacies that have also been dismissed.
Most recently, on December 30, 2025, the Court granted Southend's Motion to Stay on all claims and all aspects of the case pending a ruling on Southend's Motion to Dismiss. Consequently, the case will not move forward until the court rules on Southend's Motion to Dismiss. This means Southend does not have to file initial disclosures, participate in a case management conference, or otherwise participate in discovery until after the Motion to Dismiss is decided.
Although Southend is confident that its Motion to Dismiss will be granted in its entirety, Southend remains prepared to defend against Eli Lilly's inaccurate and unfounded allegations until a successful resolution is achieved. In light of this, I will supplement this disclosure if deemed necessary/appropriate.

In response to Section 8, question 6, I responded "Yes" to this question. An explanation is attached.

Original Signature (electronic, copies or stamps not accepted)

1/20/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Shivam Patel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/20/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Harris

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/20/2026

Date

Subscribed and ~~Sworn to~~ before me this 20 day of ~~February~~ January

Notary Public Signature

EDITH RUBIO
NOTARY PUBLIC
STATE OF TEXAS
ID. 135528554
EXP. 08-19-2029

(Seal)

SOUTHEND
PHARMACY

To Whom It May Concern,

In response to question 6 in the application related to pending disciplinary action, we responded "Yes" to this question. This is because Southend Pharmacy ("Southend") currently has a matter pending with the Connecticut Department of Consumer Protection ("Department"). By way of further detail, the Department contacted Southend regarding allegations that Southend did not respond to certain requests for information pertaining to sterile compounding and that Southend did not submit an inspection report to the Department. Southend denies and disagrees with these allegations but is also cooperating with the Department to resolve the matter. Attached to this application is the Department's Compliance Meeting Notice issued to Southend.

By way of further background, June 9, 2023, Southend submitted its initial nonresident pharmacy application to the Department. On August 9, 2023, Southend's application was approved. On November 15, 2024, Southend contacted the Department to obtain a sterile compounding certification. At this time, Southend complied with all requests for information including by providing the Department with an NABP inspection report in support of this certification. Approximately three months later and after Southend submitted its inspection report and requested a sterile compounding certification, public records of the Department's January 29, 2025 meeting minutes reflect the following: *Incorporated dba Southend Pharmacy – Houston, TX Commission Action: Commissioner Inguanti is requesting additional documents for the above nonresident pharmacy applications for further review to approve the request for sterile compounding."* However, this information was never relayed to Southend Pharmacy.

Given that the Department's request for information was never relayed to Southend, Southend engaged in communications with the Department to amicably resolve the Department's allegations to clarify any miscommunications or misconceptions. We note that the compliance meeting was originally scheduled for October 2025 but was subsequently rescheduled to late December 2025 due to the Department's schedule. Following the compliance meeting, which went well, Southend remains in amicable and ongoing discussions with the Department to resolve the matter. Although Southend denies all allegations of wrongdoing, Southend is fully cooperating with the Department on this matter and anticipates that this matter will be resolved amicably. We also would note that Southend's non-resident pharmacy license in Connecticut remains in good standing at this time and during the pendency of the proceedings. Southend will supplement this disclosure with any additional developments but this information is current as of the date of this submission.

The Southend Pharmacy Team

4802 North Sam Houston Pkwy W #100
Houston, TX 77086
281-498-1450

STATE OF CONNECTICUT

DEPARTMENT OF CONSUMER PROTECTION

VIA FIRST CLASS MAIL
AND VIA EMAIL TO: apmaxsouthendpharmacy@gmail.com

September 19, 2025

AP Max Incorporated
415 Westheimer Road, Suite 103
Houston, TX 77006-3058

Notice of Compliance Meeting
Re: AP Max Incorporated
Non-Resident Pharmacy License No.0004220
Case No. 2025-1024

To Whom It May Concern:

The Department of Consumer Protection (the "Department") has received an investigation report (report attached) prepared by its Drug Control Division. This report alleges violations of provisions of the Connecticut General Statutes concerning your Non-Resident Pharmacy License No.0004220. Specifically, it is alleged that you:

1. Failed to comply with all requests for information made by the commission or department, in violation of Section 20-627(3) of the Connecticut General Statutes;

2. Failed to disclose to the department whether the nonresident pharmacy is dispensing sterile pharmaceuticals within this state, as defined in section 20-633b, within this state, in violation of Section 20-627(4) of the Connecticut General Statutes;

3. Failed to provide the Department of Consumer Protection proof that AP Max Incorporated (Inc.) Pharmacy has passed an inspection in their home state, based on the United Stated Pharmacopeia (USP) chapters, in violation of Section 20-633b(j) of the Connecticut General Statutes; and

4. Failed to provide the Department of Consumer Protection with a copy of the most recent sterile compounding inspection report every two years, in violation of Section 20-633b(j) of the Connecticut General Statutes.

The Department of Consumer Protection is pursuing administrative action against your license based on the allegations outlined in this letter and the investigation report. The first step in the formal administrative enforcement process is to offer you the opportunity to provide evidence contesting the alleged violation at a Compliance Meeting. In accordance with Section 4-182(c) of the Connecticut General Statutes and the remote administrative adjudication process, you are requested to attend a REMOTE Compliance Meeting (compliance meeting description sheet attached) on **Tuesday, October 7, 2025 at 2:00 p.m. EST** to be held via the Microsoft Teams

video meeting platform (Teams). The remote access instructions are attached. At said Compliance Meeting, you will be given the opportunity to show that you were in compliance with the relevant statutes.

Within two weeks of receipt of this notice, please contact Brian Rogers at Teams No. 860-757-6802 or Brian.Rogers@ct.gov to establish remote meeting contact information.

Please contact me if you have any questions. I can be reached at my Teams No. 860-816-8849 or via email at Brett.Aiello@ct.gov.

Sincerely,

/s/ Brett R. Aiello

Brett R. Aiello, Esq.
Staff Attorney

enclosures

Enclosures: Investigation Report, Compliance Meeting Description Sheet and Remote Video Meeting Platform (TEAMS) Instructions.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site SOUTHEND PHARMACY

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 415 WESTHEIMER RD STE 102-103

City HOUSTON State TX Zip 77006

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 2814981450 Website https://southendpharmacystore.com/

Licensing Company Email APMAXSOUTHENDPHARMACY@GMAIL.COM

Section 2: Personal Information

First SURVAM Middle _____ Last PATEL

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City AUSTIN State TX Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Houston - College of Pharmacy		08/07-08/12	
Address	City	State	Zip
Health 2, 4349 Martin Luther King Blvd Room 3044,	Houston	Tx	77204
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
University of Texas at Austin		08/04-05/07	
Address	City	State	Zip
2515 Speedway	Austin	Texas	78712
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Clements High School		08/00-05/04	
Address	City	State	Zip
4200 Elkins Rd	Sugar Land	Texas	77479
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	
08/22-03/25	[redacted]	austin	texas	[redacted]
02/19-08/22		austin	texas	
06/16-02/19		austin	texas	
10/15-06/16		bastrop	texas	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	From - To (MM/YY – MM/YY)
Ruby Management Services LLC (including Southend Pharmacy same dates/address)	02/17 - Current

Business Address	City	State	Zip
415 westheimer road suite 103	houston	texas	77006

Phone	Title
855-414-5356	CEO

Description of Duties

As CEO, I set the company's vision, drive strategic growth, and ensure operational execution by aligning teams, resources, and priorities for long-term success.

Business Name	From - To (MM/YY – MM/YY)
Smithville Pharmacy	10/15 - current

Business Address	City	State	Zip
1501 Dorothy Nichols Ln Unit A	Smithville	texas	78957

Phone	Title
512-237-5216	Officer

Description of Duties

High level oversight as partial owner/officer

Business Name	From - To (MM/YY – MM/YY)
Brello	05/23 - Current

Business Address	City	State	Zip
415 westheimer road suite 103	houston	texas	77006

Phone	Title
888-273-5561	CEO

Description of Duties

As CEO, I set the company's vision, drive strategic growth, and ensure operational execution by aligning teams, resources, and priorities for long-term success.

Business Name	From - To (MM/YY – MM/YY)
Woven	05/23 - Current

Business Address	City	State	Zip
415 westheimer road suite 103	houston	texas	77006

Phone	Title
888 809-6836	CEO

Description of Duties

As CEO, I set the company's vision, drive strategic growth, and ensure operational execution by aligning teams, resources, and priorities for long-term success.

Business Name	From - To (MM/YY – MM/YY)
compliant clients	01/20 - Current

Business Address	City	State	Zip
415 westheimer road suite 103	houston	texas	77006

Phone	Title
844-514-5879	CEO

Description of Duties

As CEO, I set the company's vision, drive strategic growth, and ensure operational execution by aligning teams, resources, and priorities for long-term success.

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
medimental care			03/21 - Current	
Business Address		City	State	Zip
415 westheimer road suite 103		houston	texas	77006
Phone	Title			
844-633-4685	Officer			
Description of Duties				
High level oversight as partial owner/officer				

Business Name			From - To (MM/YY – MM/YY)	
ruby transit solutions			03/18 - current	
Business Address		City	State	Zip
415 westheimer road suite 103		houston	texas	77006
Phone	Title			
	Officer			
Description of Duties				
High level oversight as partial owner/officer. This business, while technically still open, has wound down operations and has no activity.				

Business Name			From - To (MM/YY – MM/YY)	
GAPSV				
Business Address		City	State	Zip
1501 Dorothy Nichols Lane Unit A		Smithville	TX	78957
Phone	Title			
8326180375	Partner			
Description of Duties				
Pharmacy consulting				

Business Name			From - To (MM/YY – MM/YY)	
Sage Pharmacy			04/18-current	
Business Address		City	State	Zip
2500 S Lakeline Blvd #202		cedar park	texas	78613
Phone	Title			
512-618-1090	Officer			
Description of Duties				
High level oversight as partial owner/officer. This business, while technically still open, has wound down operations and has no activity.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
8/19/2012	1/27/2014	texas	houston	harris

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
184615701010	State of Texas, Court 15

Reason/Charge
1st DWI

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Survam Patel	Class B Misdemeanor

Name of Business/Industry/Entity
Survam Patel/Ruby Management Services LLC (parent entity of AP Max Incorporated d/b/a Southend Pharmacy)

Provide explanation below:

On August 19th, 2012, I made the decision to get behind the wheel after consuming alcohol. I was charged with Driving While Intoxicated - 1st Offender in Harris County, to which I plead guilty to the Class B Misdemeanor in the Harris County Texas Criminal Court Number 15 on January 23rd, 2013. The terms of my plea bargain were one year of community supervision that included numerous terms, of which one was 24 hours of community service. My community supervision ended on January 22nd, 2014. During the program, I learned and truly understood the gravity of drinking and driving, and the dangerous, life-altering effects it has on society.

Over the last 13 years, my perspective of healthy lifestyle choices has evolved, not only to include omitting ANY alcohol consumption, but to make responsible decisions like using ridesharing services and deterring friends from getting behind the wheel even after one drink. I will always regret my decision that night, take complete responsibility for my actions, and am absolutely certain it will never occur again. I strive to lead by example and exhibit my character through my actions and behavior moving forward as a pharmacy healthcare provider.

- Survam Patel, Pharm.D., RPh.

Original Signature (electronic, copies or stamps not accepted)

2/6/2026
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Nov 2020		Florida		Pinellas
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		Florida 6th Judicial State Court		
Reason/Charge				
Lawsuit				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Details in explanation			Lawsuit	
Name of Business/Industry/Entity				
Survam Patel/Ruby Management Services LLC (parent entity of AP Max Incorporated d/b/a Southend Pharmacy)				

Provide explanation below:

Please note that we responded "Yes" in response to Questions #4 contained in Section 8 of the Personal History Application, which asked Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.).

We responded yes because Survam Patel and Ruby Management Services LLC (the parent entity of AP Max Incorporated d/b/a Southend Pharmacy) were previously defendants to a lawsuit which was filed by a now former business partner of the LLC. The case was filed in state court in Florida in November 2020 and settled soon thereafter in early 2021. The plaintiff filed the lawsuit based on his unilateral disagreement over the overall valuation of Ruby Management Services LLC as the plaintiff was exiting the company. Although defendants strongly disagreed with the allegations made by plaintiff, believed that the plaintiff's claims and allegations were inaccurate, and in some instances even frivolous, in consideration of numerous factors, including prominently the time and substantial cost associated with fully defending against the claims, the defendants ultimately agreed to resolve the case voluntarily by entering into a confidential and voluntary settlement agreement with the plaintiff. Although the agreement itself is confidential along with the underlying terms and conditions, we would note and feel comfortable disclosing that there was no admission of liability or wrongdoing under the terms and conditions of the settlement agreement. Since the conclusion of the lawsuit and subsequent settlement, which primarily occurred in late 2020, early 2021, there has been no contact whatsoever between the plaintiff and defendants and the matter is considered fully resolved.

Original Signature (electronic, copies or stamps not accepted)

2/6/2026
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5,6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

In response to Section 8, question 5, I responded "Yes" to this question. This is because Southend Pharmacy ("Southend"), where I serve as the Officer of the pharmacy, was named by Eli Lilly and Company ("Eli Lilly") in a meritless complaint filed on October 22, 2025. In this complaint, Eli Lilly made unfounded allegations Southend's compounding services constitute unfair competition with Eli Lilly's pharmaceutical products.By way of further detail, Southend denies all allegations made by Eli Lilly in its complaint. In fact, Southend filed a Motion to Dismiss the complaint in its entirety adamantly arguing Eli Lilly's claims are meritless and part of a broader and unsuccessful litigation campaign that courts across the country have consistently rejected and dismissed. This case is just one of several complaints Eli Lilly filed against independent pharmacies that have also been dismissed. Most recently, on December 30, 2025, the Court granted Southend's Motion to Stay on all claims and all aspects of the case pending a ruling on Southend's Motion to Dismiss. Consequently, the case will not move forward until the court rules on Southend's Motion to Dismiss. This means Southend does not have to file initial disclosures, participate in a case management conference, or otherwise participate in discovery until after the Motion to Dismiss is decided.Although Southend is confident that its Motion to Dismiss will be granted in its entirety, Southend remains prepared to defend against Eli Lilly's inaccurate and unfounded allegations until a successful resolution is achieved. In light of this, I will supplement this disclosure if deemed necessary/appropriate.

In response to Section 8, question 6, I responded "Yes" to this question. An explanation is attached.

Original Signature (electronic, copies or stamps not accepted)

2/6/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SURVAM PATEL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/6/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Harris

I, Survam Patel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/6/2026

Date

Subscribed and Sworn to before me this 6 day of February

Notary Public Signature

EDITH RUBIO
NOTARY PUBLIC
STATE OF TEXAS
ID 135528554
EXP. 08-19-2029

(Seal)

SOUTHEND
PHARMACY

To Whom It May Concern,

In response to question 6 in the application related to pending disciplinary action, we responded "Yes" to this question. This is because Southend Pharmacy ("Southend") currently has a matter pending with the Connecticut Department of Consumer Protection ("Department"). By way of further detail, the Department contacted Southend regarding allegations that Southend did not respond to certain requests for information pertaining to sterile compounding and that Southend did not submit an inspection report to the Department. Southend denies and disagrees with these allegations but is also cooperating with the Department to resolve the matter. Attached to this application is the Department's Compliance Meeting Notice issued to Southend.

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The Southend Pharmacy Team

4802 North Sam Houston Pkwy W #100
Houston, TX 77086
281-498-1450

STATE OF CONNECTICUT

DEPARTMENT OF CONSUMER PROTECTION

VIA FIRST CLASS MAIL
AND VIA EMAIL TO: apmaxsouthendpharmacy@gmail.com

September 19, 2025

AP Max Incorporated
415 Westheimer Road, Suite 103
Houston, TX 77006-3058

Notice of Compliance Meeting
Re: AP Max Incorporated
Non-Resident Pharmacy License No.0004220
Case No. 2025-1024

To Whom It May Concern:

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1. Failed to comply with all requests for information made by the commission or department, in violation of Section 20-627(3) of the Connecticut General Statutes;

2. Failed to disclose to the department whether the nonresident pharmacy is dispensing sterile pharmaceuticals within this state, as defined in section 20-633b, within this state, in violation of Section 20-627(4) of the Connecticut General Statutes;

3. Failed to provide the Department of Consumer Protection proof that AP Max Incorporated (Inc.) Pharmacy has passed an inspection in their home state, based on the United Stated Pharmacopeia (USP) chapters, in violation of Section 20-633b(j) of the Connecticut General Statutes; and

4. Failed to provide the Department of Consumer Protection with a copy of the most recent sterile compounding inspection report every two years, in violation of Section 20-633b(j) of the Connecticut General Statutes.

The Department of Consumer Protection is pursuing administrative action against your license based on the allegations outlined in this letter and the investigation report. The first step in the formal administrative enforcement process is to offer you the opportunity to provide evidence contesting the alleged violation at a Compliance Meeting. In accordance with Section 4-182(c) of the Connecticut General Statutes and the remote administrative adjudication process, you are requested to attend a REMOTE Compliance Meeting (compliance meeting description sheet attached) on **Tuesday, October 7, 2025 at 2:00 p.m. EST** to be held via the Microsoft Teams

video meeting platform (Teams). The remote access instructions are attached. At said Compliance Meeting, you will be given the opportunity to show that you were in compliance with the relevant statutes.

Within two weeks of receipt of this notice, please contact Brian Rogers at Teams No. 860-757-6802 or Brian.Rogers@ct.gov to establish remote meeting contact information.

Please contact me if you have any questions. I can be reached at my Teams No. 860-816-8849 or via email at Brett.Aiello@ct.gov.

Sincerely,

/s/ Brett R. Aiello

Brett R. Aiello, Esq.
Staff Attorney

enclosures

Enclosures: Investigation Report, Compliance Meeting Description Sheet and Remote Video Meeting Platform (TEAMS) Instructions.

Cause No. 184615701010

THE STATE OF TEXAS

V.

PATEL, SURVAM A/K/A _____

County Criminal Court at Law No. 15

Harris County, Texas

Order Affecting Community Supervision

On 01/23/2013 the court placed defendant on community supervision for a term ending 01/22/2014.

Today, ☐ the undersigned representative of the Harris County Community Supervision and Corrections Department, ☐ the Defendant, ☐ the undersigned Assistant District Attorney of Harris County, Texas, asks the judge presiding to consider ☐ discharging ☐ terminating community supervision period of the defendant.

1-29-14
Date

George Torres
Signature

Today, after considering the evidence the judge presiding finds that:

☒ The period having expired, defendant is **discharged** by operation of law.

☐ Today the period of supervision expires, and defendant is **discharged.**

☐ The defendant died on _____ and is no longer subject to the jurisdiction of this court.

☐ The defendant was convicted of _____, a misdemeanor/felony, and will be confined in _____ for the remainder of his supervisory term.

☐ The defendant was deported from the United States on _____.

☐ (other) _____.

☐ **Early Term Community Supervision Discharge and Dismissal:** The court finds defendant satisfactorily fulfilled the conditions of supervision for a period in excess of one third of the supervisory period or two years, whichever is less. Accordingly, this court **ORDERS** the period of supervision reduced to a term ending _____. This court further **ORDERS** defendant's guilty plea withdrawn. If there is no guilty plea, this court **ORDERS** the verdict set aside, and the indictment, complaint, or information **dismissed,** and defendant **discharged** from supervision.

☐ **Full Term Community Supervision Discharge and Dismissal.** The court finds defendant has satisfactorily fulfilled the conditions of supervision. Accordingly, this court **ORDERS** defendant's guilty plea withdrawn. If there is no guilty plea, this court **ORDERS** the verdict **set aside;** the indictment, complaint, or information **dismissed;** and defendant **discharged** from supervision.

☐ **Deferred Adjudication Early Termination.** The Court is of the opinion that the best interests of the defendant and society will be served by dismissing the proceedings and discharging the defendant. Accordingly, this court **ORDERS** the period of supervision **reduced** to a term ending _____. This court further **ORDERS** the proceeding against defendant **dismissed** and defendant **discharged** from supervision.

☐ **Deferred Adjudication Full Termination.** Today the period of community supervision expires. Accordingly, this court **ORDERS** the proceedings against defendant **dismissed** and defendant **discharged** from supervision.

☐ **Other:** _____.

Date signed: 1-29-14

_____

Judge Presiding, 15
County Criminal Court at Law No.
Harris County, Texas

Unofficial Copy Office of Marilyn Burgess District Clerk

CASE NO. 184615701010
INCIDENT NO./TRN: 9168002084A001

P.10

THE STATE OF TEXAS	§	IN THE COUNTY CRIMINAL
	§	
V.	§	COURT AT LAW NO. 15
	§	
PATEL, SURVAM	§	HARRIS COUNTY, TEXAS
	§	
STATE ID NO.: ~~UNKNOWN~~ [redacted]	§	

JUDGMENT OF CONVICTION BY COURT—WAIVER OF JURY TRIAL

Judge Presiding:	HON. JEAN SPRADLING HUGHES	Date Judgment Entered:	1/23/2013
Attorney for State:	K.DAVIS	Attorney for Defendant:	SEGURA, ANTHONY RAY

Offense for which Defendant Convicted:
DWI 1ST OFFENDER BAC .08

Charging Instrument: **INFORMATION**	Statute for Offense: **N/A**
Date of Offense: **8/19/2012**	
Degree of Offense: **CLASS B MISDEMEANOR**	Plea to Offense: **GUILTY**
Findings on Deadly Weapon: **N/A**	

Terms of Plea Bargain:
180 DAYS HCJ PROBATED 1 YEAR $500 FINE

Plea to 1st Enhancement Paragraph:	N/A	Plea to 2nd Enhancement/Habitual Paragraph:	N/A
Findings on 1st Enhancement Paragraph:	N/A	Findings on 2nd Enhancement/Habitual Paragraph:	N/A
Date Sentence Imposed:	1/23/2013	Date Sentence to Commence:	N/A
Punishment and Place of Confinement:	180 DAYS COUNTY JAIL		

THIS SENTENCE SHALL RUN **CONCURRENTLY.**

☒ SENTENCE OF CONFINEMENT SUSPENDED, DEFENDANT PLACED ON COMMUNITY SUPERVISION FOR 1 YEAR.

Fine:	Court Costs:	Restitution:	Restitution Payable to:
$ 500	$ 447.00	$ N/A	☐ VICTIM (see below) ☐ AGENCY/AGENT (see below)

Time Credited: If Defendant is to serve sentence in county jail or is given credit toward fine and costs, enter days credited below.
N/A DAYS NOTES: N/A

Driver's license is suspended for a period of N/A .

☐ **Family Violence:**
The Court FINDS that Defendant was prosecuted for an offense under Title 5 of the Penal Code that involved family violence. TEX. CODE CRIM. PROC. art. 42.013.

☐ **Weapon Forfeiture:**
The Court FINDS that a law enforcement agency, namely , seized a weapon, namely , in connection with an offense involving the use of a weapon or an offense under Chapter 46 of the Penal Code. The Court FINDS that 1) Defendant has been previously convicted under Chapter 46 of the Penal

Name changed from

All pertinent information, names and assessments indicated above are incorporated into the language of the judgment below by reference.

This cause was called for trial in **Harris County, Texas.** The State appeared by her District Attorney.

Counsel / Waiver of Counsel (select one)

☒ Defendant appeared in person with Counsel.
☐ Defendant knowingly, intelligently, and voluntarily waived the right to representation by counsel in writing in open court.

Certified Document Number: 73111599 - Page 1 of 2
Marilynn Burgess District Clerk

2309

Both parties announced ready for trial. Defendant waived the right of trial by jury and entered the plea indicated above. The Court then admonished Defendant as required by law. It appeared to the Court that Defendant was mentally competent to stand trial, made the plea freely and voluntarily, and was aware of the consequences of this plea. The Court received the plea and entered it of record. Having heard the evidence submitted, the Court found Defendant guilty of the offense indicated above. In the presence of Defendant, the Court pronounced sentence against Defendant.

The Court **FINDS** Defendant committed the above offense and **ORDERS, ADJUDGES AND DECREES** that Defendant is **GUILTY** of the above offense. The Court **FINDS** the Presentence Investigation, if so ordered, was done according to the applicable provisions of TEX. CODE CRIM. PROC. art. 42.12 § 9.

The Court **ORDERS** Defendant punished as indicated above. The Court **ORDERS** Defendant to pay all fines, court costs, and restitution as indicated above.

Punishment Options (select one)

☒ **County Jail—Confinement / Confinement in Lieu of Payment.** The Court **ORDERS** Defendant immediately committed to the custody of the **Sheriff of Harris County, Texas** on the date the sentence is to commence. Defendant shall be confined in the **Harris County Jail** for the period indicated above. The Court **ORDERS** that upon release from confinement, Defendant shall proceed immediately to the **Harris County District Clerk's office.** Once there, the Court **ORDERS** Defendant to pay, or make arrangements to pay, any remaining unpaid fines, court costs, and restitution as ordered by the Court above.

☐ **Fine Only Payment.** The punishment assessed against Defendant is for a **FINE ONLY.** The Court **ORDERS** Defendant to proceed immediately to the **Office of the Harris County District Clerk.** Once there, the Court **ORDERS** Defendant to pay or make arrangements to pay all fines and court costs as ordered by the Court in this cause.

Execution / Suspension of Sentence (select one)

☐ The Court **ORDERS** Defendant's sentence **EXECUTED.**

☒ The Court **ORDERS** Defendant's sentence of confinement **SUSPENDED.** The Court **ORDERS** Defendant placed on community supervision for the adjudged period (above) so long as Defendant abides by and does not violate the terms and conditions of community supervision. The order setting forth the terms and conditions of community supervision is incorporated into this judgment by reference.

The Court **ORDERS** that Defendant is given credit noted above on this sentence for the time spent incarcerated.

Furthermore, the following special findings or orders apply:

Signed and entered on January 23, 2013

X _____

JEAN SPRADLING HUGHES
JUDGE PRESIDING

Community Supervision Expires On: 1/22/2014

Ntc Appeal Filed: _____ Mandate Rec'd:

After Mandate Received, Sentence to Begin Date is: _____

Def. Received on _____ at _____ AM / PM

By: _____, Deputy Sheriff of Harris County

Clerk: E UZZAMAN

Case Number: 184615701010
Defendant: PATEL, SURVAM
EN/KR23: _____ LCBT: _____ LCBU: _____

[redacted]

Right Thumbprint

Unofficial Copy Office of Marilyn Burgess District Clerk

CAUSE NUMBER 184615701010

THE STATE OF TEXAS
VS.
SURVAM PATEL

IN COUNTY CRIMINAL COURT
AT LAW NO. 15
HARRIS COUNTY, TEXAS

CONDITIONS OF COMMUNITY SUPERVISION

On this the 23rd day of January, 2013, the defendant being granted 180 Days in the **Harris County Jail** probated 1 Year Community Supervision for the misdemeanor offense of DRIVING WHILE INTOXICATED in accordance with section 3 of Article 42.12, of the Texas Code of Criminal Procedure is hereby ordered to abide by all of the following conditions and terms of Community Supervision during the period of community supervision.

(1) **Commit no offense** against the laws of this or any other State or of the United States.

(2) **Avoid injurious or vicious habits.** You are forbidden to use, possess, or consume any controlled substance, dangerous drug, marijuana, alcohol or prescription drug not specifically prescribed to you by lawful prescription. **You are forbidden to use, consume, or possess alcoholic beverages.**

(3) **Avoid persons or places** of disreputable or harmful character.

(4) Report immediately in person, to the Community Supervision Officer for the County Criminal Court at Law No. 15 on the 23rd day of January, 2013 and continue to report to the Community Supervision Officer on the 23rd of each month thereafter or as directed by the Community Supervision Officer for the remainder of the supervision term unless so ordered differently by the Court.

(5) Permit a Community Supervision Officer to **visit you at your home, place of employment** or elsewhere.

(6) **Abide by the rules and regulations** of the Harris County Community Supervision and Corrections Department (hereinafter referred to as HCCS&CD). Refrain from disorderly conduct, abusive language or disturbing the peace while present at any HCCS&CD office or facility.

(7) **Work faithfully** at suitable employment and present written verification of employment (including all attempts to secure employment) to your Community Supervision Officer on each reporting date. You must notify HCCS&CD within 48 hours of any change in your employment status.

(8) Remain within a specified place, to wit: **THE STATE OF TEXAS**. You may not travel outside of **THE STATE OF TEXAS** unless you receive prior written permission from the Court through your Community Supervision Officer. You must notify HCCS&CD **within 48 hours of any change of residence.**

(9) **Support your dependents** as required by law. Provide your Community Supervision Officer with a certified copy of all Court orders requiring payment of child support.

(10) Submit to **RANDOM drug/alcohol analysis** by authorized personnel of HCCS&CD, including any department having courtesy supervision jurisdiction. Provide proof of any medication legally prescribed to you prior to submitting a specimen.

(11) Participate in the HCCS&CD **Community Service Restitution Program (CSRP).** You shall perform a total of 24 hours, at the rate of 8 hours per **MONTH** beginning 02/23/2013.

(12) Pay the following fees through HCCS&CD as specified herein. All payments MUST be in the form of a MONEY ORDER or Cashier 's Check. Write SPN and Cause # on Money Order or Cashier 's Check. Personal checks will not be accepted. **A $ 2.00 transaction fee will be charged each time you make a payment.**

12.1 Pay a **Supervision Fee** at the rate of **$ 60.00 per month** for the **duration** of your community supervision beginning 02/23/2013 to HCCS&CD.

12.2 Pay a **Fine** and **Court Costs** to Harris County through the **District Clerk"s Criminal Courts Collections Division.**

Unofficial Copy Office of Marilyn Burgess District Clerk

CONDITIONS OF COMMUNITY SUPERVISION

For: SURVAM PATEL

Cause: 184615701010

12.3 Pay **Laboratory Fees** of **$ 15.00** per **TEST** for the duration of your community supervision beginning **02/23/2013** to HCCS&CD.

12.4 Pay a **$ 12.50** fee for an **Offender Identification Card** by **02/23/2013** to HCCS&CD.

12.5 Pay **$ 25.00** to **Crime Stoppers of Houston** in one lump sum on **03/23/2013** through HCCS&CD.

(13) Report in person to HCCS&CD by **02/23/2013** for the purpose of creating and obtaining your **Offender Identification Card**. You are to carry this identification card on your person at all times.

(14) Submit to an **alcohol/drug evaluation** by **02/23/2013**. Attend **outpatient** treatment and aftercare as recommended. **If ordered by the Court, enter in- patient treatment**. Comply with all program rules, regulations and guidelines until successfully discharged or released by further order of the Court. On each reporting date, submit written verification of your enrollment, attendance and/or successful completion of the program to your Community Supervision Officer, to be retained in HCCS&CD's file.

(15) Participate in the HCCS&CD **Maximum Supervision Program** any time that you are assessed by HCCS&CD to require maximum supervision. Comply with all program rules, regulations and guidelines until successfully discharged or released by further order of the Court.

(16) Submit to an evaluation of your **educational skill level** by **02/23/2013**. If it is determined that you have not attained the average skill of students who have completed the sixth grade in public schools in this State, you shall participate in a program that teaches functionally illiterate persons to read. If you are non- English speaking, you will participate in English as a **Second Language (ESL) program, if it is determined there is a need in order for you to meet the state mandate beginning upon referral.** Comply with all program rules, regulations and guidelines until successfully discharged or released by further order of the Court. On each reporting date, submit written verification of your enrollment, attendance and/or successful completion of the program to your Community Supervision Officer, to be retained in HCCS&CD's file.

(17) Do not drive or operate a motor vehicle in Texas without a valid **Driver 's License and Insurance**.

(18) Participate in and complete, within 180 days from the date Community Supervision is granted **01/23/2013**, an **approved alcohol/drug education program** as required by V.A.C.C.P. Art. 42.12, Sec 13. Comply with all program rules, regulations, and guidelines until successfully discharged or released by further order of the Court.

(19) You shall comply with the **Texas Motor Vehicle Safety Responsibility Act** and provide evidence of financial responsibility, such as an automobile liability insurance policy, to a peace officer or Harris County Community Supervision and Corrections Employee on demand.

(20) Provide a breath specimen for **breathalyzer/intoxilyzer analysis** if requested by any community supervision officer or law enforcement officer.

(21) If during the term of your community supervision you are granted an **Occupational Driver"s License** or if you already have been granted an Occupational Driver"s License, you are required to abide by the terms and conditions of the order until the expiration of the order.

(22) During term of supervision, client is **strictly prohibited from shipping, transporting, possessing, receiving, or purchasing a firearm**, altered firearm, or ammunition, or attempting to ship, transport, possess, receive, or purchase a firearm, altered firearm, or ammunition.

(23) You are **not to lie or make false statements to any employee** of HCCS&CD beginning **01/23/2013**.

(24) You will not use, **ingest, or consume any substance that will alter or adulterate** any urinalysis results.

(25) **You must include HCCSCD as a creditor if at any time during the term of your supervision you file for bankruptcy.** You must provide verbal notification to HCCSCD of any bankruptcy filing during the term of your supervision, within 72 hours of filing for bankruptcy by contacting your Community Supervision Officer by telephone and providing written notification and documentation, including the "Notice of Bankruptcy Filing", to: Harris County Community Supervision Attention: General Counsel 49 San Jacinto, Suite 600 Houston, Texas 77002.

Unofficial Copy Office of Marilyn Burgess District Clerk

CONDITIONS OF COMMUNITY SUPERVISION

For: SURVAM PATEL

Cause: 184615701010

(26) Upon receipt of a **Valid Texas or Occupational Driver 's License**, you are only to operate a motor vehicle, including your vehicle or any other vehicle, **equipped with a deep- lung analysis mechanism (ignition interlock) WITH PHOTOGRAPHIC CAPABILITIES,** to make impractical the operation of the motor vehicle if ethyl alcohol is detected in your breath beginning 02/06/2013 until released by further order of the Court. You may not operate a motor vehicle unless it is equipped with an above said device.

Unofficial Copy Office of Marilyn Burgess District Clerk

CONDITIONS OF COMMUNITY SUPERVISION

For: SURVAM PATEL

Cause: 184615701010

You are hereby advised that under the laws of this State, the Court shall determine the terms and conditions of Community Supervision, and may at any time during the period of Community Supervision, alter or modify the Conditions of Community Supervision.

The Court also has the authority at anytime during the period of Community Supervision to revoke the Community Supervision when a preponderance of the evidence establishes a violation of one or more of the conditions set forth above. The Clerk of the Court has furnished me with a copy of the terms and conditions of Community Supervision.

Community Supervision expires the 22nd day of January A.D. 2014

SURVAM PATEL, DEFENDANT

January 23, 2013
DATE

Signed this 23rd **day of** January **A.D.** 2013

JEAN HUGHES , PRESIDING JUDGE

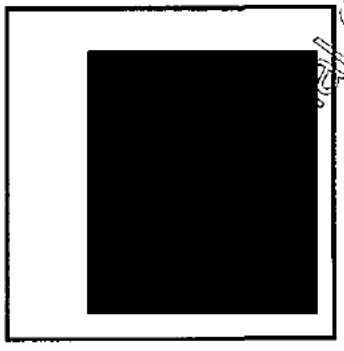
LAWRENCE URESTI , CLO/CSO OFFICER

January 23, 2013
DATE

SPN: 02633465

PLEA: GUILTY

FINE: $ 500.00



Defendant's Right Thumbprint

Official Copy Office of Marilyn Burgess District Clerk

4VV

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☑ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☑ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☑ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: [redacted]
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☑ Non-sterile Compounding
			☑ Sterile Compounding
			☑ Mail-Order Service
			☐ Off-site Cognitive Services
			☑ Long Term Care
	* Current license #:		☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Tower Medic Pharmacy, Inc.

Physical Address: 607 W Magnolia Ave, Ste 100

City: Fort Worth State: TX Zip: 76104

Mailing Address (if different from physical address): Same as above

City: _____ State: _____ Zip: _____

Telephone: (817) 984-8610 Toll Free # (NAC 639.708, NRS 639.23286): (888) 277-4811

Fax: (817) 314-7227 Contact Email: chris@towermedic.com

Website: towermedic.com

Nevada Business License # (if applicable) NV20253480244

Supervising/Managing Pharmacist Name (NRS 639.220): Tri Aslamsyah Salihima

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): N/A

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board: NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Tri Aslamsyah Salihima	NV Pharmacist Registration #: TX - 53966
Name:	NV Pharmacist Registration #:
Name: Melvin Musgrove	NV Pharmacist Registration #: 25109
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials: N/A	%: N/A
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Texas

Parent Company (if any): P Henslee Holdings, LLC and C Musgrove Holdings, LLC

Corporation/Organization Name: Tower Medic Pharmacy, Inc.

Mailing Address: 607 W Magnolia Ave, Ste 100

City: Fort Worth State: TX Zip: 76104

Telephone: (817) 984-8610 Email: chris@towermedic.com

Contact Person Name: Christopher Musgrove

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President & Chair (title) for Tower Medic Pharmacy, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Christopher Musgrove

Print Name of Authorized Person

Christopher W Musgrove

Original signature of Authorized Person (copies or stamps not accepted)

Feb. 25, 2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christopher Musgrove

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Christopher W. Musgrove

Original signature of Authorized Person (copies or stamps not accepted)

Feb. 25, 2026

Date

Board Use Only	Date Received: 3/11/26	Amount: CC $500

Self Explanation of Discipline from the TSBP in 2014-2015:

In 2014, a relief pharmacist had a misfill that was reported to the state board. In 2015, upon state board inspection, the state noted that we had 15 sterile preparations for a single doctor that were made on Sept. 15 of 2015. The same year on Sept. 1 of 2015, the board had changed its requirements for sterile compounding requiring a separate 503A-S license to perform sterile compounding. Our pharmacy was not aware of the change and discontinued any sterile compounding until we later registered for and got certified to perform sterile compounding.

In 2017, Melvin Musgrove, the then owner, was asked to appear before the TSBP. At that time, they asked the Tower Medic for an advisory committee to review procedures and meet regularly to determine the implementation of changes. The TSBP placed Tower Medic on probation for 2 years in 2017.

In 2018, Melvin Musgrove met again in person with the TSBP to review the changes implemented by the TSBP and the TSBP decided to remove the probation effective immediately based on their findings.

Christopher W. Musgrove
President - Tower Medic Pharmacy
817-984-8610
chris@towermedic.com

AGREED BOARD ORDER #H-16-048-B

RE: IN THE MATTER OF
TOWER MEDIC PHARMACY
(PHARMACY LICENSE #3074)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 3074 issued to Tower Medic Pharmacy (Respondent), 607 West Magnolia, Suite B, Fort Worth, Texas 76104.

By letter dated March 31, 2017, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

> Sections 551.003(16) and (19); 562.156(a); 565.001(a)(1), (2), (12) and (13); and 565.002(a)(3) and (4) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013); and
>
> Sections 281.7(a)(3), (12) and (13); 291.31(1), (15), (16), (17) and (20); 291.32(a)(2)(H); 291.32(c)(1)(E) and (F); 291.32(c)(2)(B), (D) and (H); 291.33(a)(11); 291.33(c)(2)(A); 291.33(c)(7)(A)(iv); 291.34(c)(2)(C)(vii); 291.36(1); and 295.3 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2015), in that allegedly:

COUNTS

(1) From on or about September 12, 2014, through on or about May 11, 2015, Melvin B. Musgrove, while acting as an employee (pharmacist-in-charge) and managing officer of Tower Medic Pharmacy, 607 West Magnolia, Suite B, Fort Worth, Texas 76104, allowed the pharmacy to unlawfully compound and dispense sterile preparations when it did not possess a Class A-S license. As evidenced by pharmacy records, the pharmacy compounded and dispensed 9 sterile preparations without a Class A-S license during the time period previously described. This violation was discovered during an inspection by the Texas State Board of Pharmacy on June 3, 2015.

(2) On or about May 6, 2015, Martha McFall Holman, while acting as an employee (staff pharmacist) of Tower Medic Pharmacy, 607 West Magnolia, Suite B, Fort Worth, Texas 76104, dispensed morphine 200 mg extended release tablets to W.H. on a new written prescription calling for MS Contin (brand morphine) 20 mg extended release tablets. The prescription vial was labeled 30 morphine 200 mg extended release tablets with directions to "take 1 tablet by mouth every 12 hours as needed for pain." Patient W.H. received treatment in an emergency room and was hospitalized for seven days after taking the wrong dose of the drug for several days and experiencing adverse effects,

including confusion, lethargy, headaches, and nausea. The prescription was assigned prescription number 41705.

This case was initiated following the receipt of a Professional Liability Claim Report Form received by the Texas State Board of Pharmacy on September 22, 2015.

(3) On or about May 6, 2015, Martha McFall Holman, while acting as an employee (staff pharmacist) of Tower Medic Pharmacy, 607 West Magnolia, Suite B, Fort Worth, Texas 76104, failed to evaluate and to identify the clinically significant high dosage of the dispensed prescription described above in Count (2). Patient W.H. had previously received morphine (generic MS Contin) from the pharmacy with directions to take 40 mg of the drug per day. Morphine is generally titrated upward until the desired response is achieved at the lowest possible dosage. The prescription as dispensed instructed patient W.H. to take up to 400 mg of morphine per day. This dosage is 10 times both the previously dispensed and prescribed doses.

(4) On or about May 6, 2015, Tower Medic Pharmacy, 607 West Magnolia, Suite B, Fort Worth, Texas 76104, failed to keep complete and accurate records of the prescription described above in Count (2), in that the patient medication record does not contain the initials of the dispensing pharmacist and the prescription label contains the incorrect initials. Martha McFall Holman's signature appears on the original prescription indicating that she was the responsible pharmacist. The patient medication record does not contain either the name or initials of a dispensing pharmacist, and the prescription label inaccurately lists "MM" as the dispensing pharmacist. According to information provided by the pharmacy to a Texas State Board of Pharmacy investigator, "MM" translates to Melvin Musgrove, who is the pharmacist-in-charge of the pharmacy.

An informal conference was held in the Board's office on July 12, 2017, with Melvin B. Musgrove, R.Ph., Corporate President, Tower Medic Pharmacy, Inc., on behalf of Respondent, and Robert L. Seibert, Legal Counsel for Respondent, in attendance. The informal conference was heard by a Board panel comprised of: Jeanne D. Waggener, R.Ph., Board Member; and Carol Fisher, R.Ph., M.P.A., Director of Enforcement; with Kerstin Arnold, General Counsel. Mary Martha Murphy, Staff Attorney, was also in attendance.

By appearing at the informal conference and by signing this Order, Melvin B. Musgrove and Respondent's counsel neither admit nor deny the truth of the matters previously set out in this Order, and agree that the Board has jurisdiction in this matter and waive the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent's license shall be placed on probation for a period of two (2) years, with such period to commence thirty (30) days after the entry of this Order. During the period of probation, Respondent may actively operate as a pharmacy subject to the terms and conditions listed in this Order. Respondent shall abide by the terms of this Order, and shall not violate any pharmacy or drug statute or rule of this state, another state, or the United States with respect to pharmacy, controlled substances, and dangerous drugs.

(2) Respondent shall pay a probation fee of one thousand two hundred dollars ($1,200) due one hundred twenty (120) days after the entry of this Order.

(3) Respondent shall pay an administrative penalty of three thousand dollars ($3,000) due one hundred twenty (120) days after the entry of this Order.

(4) Respondent shall develop and implement policies and procedures for a Continuous Quality Improvement Program for purposes of preventing and handling dispensing errors. The Continuous Quality Improvement Program shall include pharmacist peer review in compliance with guidelines approved by Board staff. In addition, the policies and procedures for pharmacist peer review shall state that:

(a) The peer review committee will:

- review incident reports;
- determine what caused errors;
- make recommendations to correct the problem that caused the errors; and
- monitor the changes to determine if the changes have improved the operation of Respondent and reduced errors.

(b) The peer review committee must be comprised of at least two employees of Respondent, including the pharmacist-in-charge and other pharmacist(s) or personnel who are employees of Respondent. The committee shall not be solely comprised of a district or regional manager/supervisor and the pharmacist-in-charge and shall not be used for personnel evaluation purposes.

(c) The peer review committee will meet regularly, and no less than quarterly.

(d) The peer review committee will make a record indicating:

- date of meeting
- location of meeting;
- names of persons attending the meeting;
- description of activities;
- discussion of problems in Respondent's operation (e.g., work flow, dispensing process);
- findings;

- description of recommendations; and
- review of actions or changes relating to individuals, systems, or processes made as a result of previous recommendations.

(5) Respondent shall submit a report and/or documentation of such policies and procedures to Board staff within one hundred twenty (120) days after the entry of this Order. Copies of forms used by Respondent to collect the data on errors committed at the pharmacy (i.e., incident report forms) must be submitted to Board staff, as well as any other peer review forms that have been developed by Respondent. Additionally, records of the peer review committee, as described in subparagraph (d) above, shall be maintained for two (2) years at the location of Respondent and made available for inspection by Board employees.

(6) Respondent shall develop and implement policies and procedures to ensure compliance with pharmacy and pharmacist licensure requirements from licensing entities in states where Respondent operates or seeks to operate as a pharmacy or wholesale facility. A written report of such policies and procedures shall be submitted to Board staff within one hundred twenty (120) days after the entry of this Order.

(7) Respondent shall be responsible for all costs relating to compliance with the requirements of this Order.

(8) Respondent shall allow Board staff to directly contact Respondent on any matter regarding the enforcement of this Order.

(9) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2015), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 1st day of August, 2017.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Melvin B. Musgrove, R.Ph., Corporate President, Tower Medic Pharmacy, Inc.
For and on behalf of Tower Medic Pharmacy

Robert L. Seibert, Legal Counsel for Tower Medic Pharmacy
Keene & Seibert, P.C.
609 Castle Ridge Road, Suite 100
Austin, Texas 78746

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

AGREED BOARD ORDER #M-18-023

RE: IN THE MATTER OF
TOWER MEDIC PHARMACY
(PHARMACY LICENSE #3074)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 3074 issued to Tower Medic Pharmacy (Petitioner), 607 West Magnolia, Suite B, Fort Worth, Texas 76104.

By communication received by the Board on July 27, 2018, Petitioner requested an informal conference before a Board panel to consider modification of Agreed Board Order #H-16-048-B. By letter dated August 7, 2018, the Texas State Board of Pharmacy notified Petitioner of the procedures for modification.

PREVIOUS HISTORY

On or about August 1, 2017, the Texas State Board of Pharmacy entered Agreed Board Order #H-16-048-B in the matter of Tower Medic Pharmacy. The Order was based on allegations that the pharmacy engaged in sterile compounding without a Class A-S license, that a pharmacist erroneously dispensed the incorrect strength of morphine to a patient and failed to conduct an adequate drug regimen review, and that the pharmacy failed to keep proper records for the prescription. The Order imposed a two-year probation, a $3,000 penalty, and required the implementation of a Continuous Quality Improvement Program and policies and procedures to ensure appropriate licensure.

An informal conference was held in the Board's office on October 10, 2018, with Glenn Luther Hall, R.Ph., Consultant; and Melvin B. Musgrove, R.Ph., Chief Executive Officer, Tower Medic Pharmacy, Inc., on behalf of Petitioner, in attendance. The informal conference was heard by Board Members: Bradley A. Miller, Ph.T.R.; and Rick Fernandez, R.Ph.; with Kerstin Arnold, General Counsel. Mary Martha Murphy, Staff Attorney, was also in attendance.

The following information was presented by Petitioner at the aforementioned informal conference:

(1) Petitioner presented Agreed Board Order #H-16-048-B, which was entered August 1, 2017, concerning pharmacy license number 3074 held by Petitioner.

(2) Petitioner has complied with the terms of Agreed Board Order #H-16-048-B, and satisfied all terms and conditions of the Order, save for completing the probationary period.

At the aforementioned conference, Melvin B. Musgrove, on behalf of Petitioner, waived the right to be represented by legal counsel. By signing this Order, Melvin B. Musgrove, on behalf of Petitioner, neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that effective thirty (30) days after the entry of this Order, the requirements of Agreed Board Order #H-16-048-B shall be terminated and of no further force and effect.

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 6th day of November, 2018.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Melvin B. Musgrove, R.Ph., Chief Executive Officer, Tower Medic Pharmacy, Inc.
On behalf of Tower Medic Pharmacy

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

S:\Attorneys\PNLs\0118 - 1218 Tower Medic Pharmacy\Tower Medic Pharmacy ABO 259587.docx

TEXAS STATE BOARD OF PHARMACY

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

TS — I am the Pharmacist-in-Charge (PIC) of *TOWER MEDIC PHARMACY*, pharmacy license number *3074*, and I ☑ was/ ☐ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *11/12/2025*.

TS — I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.

TS — I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF.

TS — If applicable, the Warning Notice issued contains *8* deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice.

TS — I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please email this completed form to the TSBP Compliance Inspector for your area or to inspections@pharmacy.texas.gov within 7 days of the date of the inspection.

Signed: _____ Date: *11/12/2025*

Printed Name: *SALIHIMA, TRI ASLAMSYAH* License No.(if applicable): *53966*

Texas State Board of Pharmacy
"Red Flags" Checklist for Pharmacies
YOU MIGHT BE A PILL MILL IF...

Check all that apply:

	(1) Your pharmacy fills a discernable pattern of prescriptions for prescribers who write essentially the same prescriptions for numerous persons, indicating a lack of individual drug therapy
	(2) Your pharmacy operates with limited hours of operation or closes after a certain threshold of controlled substance prescriptions are dispensed, and has overall low prescription dispensing volume.
	(3) Prescriptions presented to the pharmacy are for controlled substances with popularity as street drugs, such as opiates, benzodiazepines, muscle relaxants, psychostimulants, and/or cough syrups, or any combination of these drugs.
	(4) The prescriptions for controlled substances contain nonspecific or no diagnoses.
	(5) The prescriptions are commonly for the highest strength of the drug and/or for large quantities.
	(6) Dangerous drugs or OTC products (such as multi-vitamins or laxatives) are added to the controlled substance prescriptions, maintaining relatively consistent 1:1 ratio of controlled substances to dangerous drugs and/or OTC products dispensed as prescriptions.
	(7) Prescriptions are authorized by the same prescriber with what appears to be different handwriting on the hardcopy prescription drug order forms.
	(8) Upon contact with the prescriber's office, you are unable to engage in comprehensive discussion with the actual prescriber, or he/she is unconcerned about your apprehensions regarding his/her prescribing practices or unwilling to provide additional information, such as treatment goals and/or prognosis with prescribed drug therapy.
	(9) You rely solely on the prescriber's representation, or on the representation of the individual answering the phone at the number on the prescription, that prescriptions are legitimate.
	(10) The prescriber's clinic is not registered as a pain management clinic by the Texas Medical Board, despite routinely receiving prescriptions from the prescriber foropiates, benzodiazepines, and/or muscle relaxants.
	(11) Drugs prescribed are inconsistent with the prescriber's area of practice.
	(12) The prescriber of the drugs is located a significant distance from your pharmacy.
	(13) The prescriber has been subject to disciplinary action by the licensing board, had his/her DEA registration removed, or been subject to criminal action.
	(14) The Texas PMP system indicates that persons are obtaining prescriptions for the same drugs from multiple prescribers or that persons are filling prescriptions for the same drugs at multiple pharmacies.
	(15) The person's address is a significant distance from your pharmacy and/or from the prescriber's office.
	(16) Multiple persons with the same address present prescriptions from the same prescriber.
	(17) Persons pay with cash or credit card more often than through insurance.
	(18) Persons presenting controlled substance prescriptions are doing so in such a manner that varies from seeking routine pharmacy services (e.g., willing to wait in long lines to receive drugs, persons arrive in the same vehicle with prescriptions from same prescriber, one person presents to pick up prescriptions for multiple others, persons refer to drugs by "street names" and/or comment on drug's color, persons seek early refills, persons travel from outside reasonable trade area of pharmacy).
	(19) Your pharmacy charges and persons are willing to pay more for controlled substances than they would at nearby pharmacies.
	(20) Your pharmacy routinely orders controlled substances from more than one drug supplier, or your pharmacy has been discontinued by a drug supplier related to controlled substance orders.
	(21) Sporadic and non-consistent dispensing volume (including zero dispensing) varies from day to day and week to week, and your pharmacy does not maintain operational hours each week on Monday through Friday.
	(22) Your pharmacy employs or contracts security personnel during operational hours to prevent problems.
	(23) Your pharmacy has been previously warned or disciplined by the Texas State Board of Pharmacy for inappropriate dispensing of controlled substances (i.e., corresponding responsibility).

If you checked any of the above items, you should review the laws and rules regarding corresponding responsibility and non-therapeutic dispensing, especially Board rule §291.29, in the law book or on our website: www.pharmacy.texas.gov (click on Texas Pharmacy Rules and Laws). Additional educational material is available at: http://www.pharmacy.texas.gov/Nontherapeutic.asp. Failure of pharmacies and pharmacists to detect patterns of inappropriate dispensing of prescription drugs is unprofessional practice and constitutes grounds for disciplinary action.

Updated 2/2018

List of Officers, Directors, & Stockholders

Officers & Directors:
Christopher Musgrove - President & Chair
Phillip J Henslee II - Vice President & Vice Chair

Stockholders:
C Musgrove Holdings, LLC - 50% ownership
P Henslee Holdings, LLC - 50% ownership

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Legacy Filing for TOWER MEDIC PHARMACY, INC. (file number 34132700), a Domestic For-Profit Corporation, was filed in this office on April 18, 1974.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 29, 2025.

Jane Nelson
Secretary of State

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Tower Medic Pharmacy Inc.

Pharmacy/Wholesaler License # (if applicable): 3074

Physical Address: 607 West Magnolia Ave. Suite 100

City: Fort Worth State: TX Zip: 76104

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: Website: www.towermedic.com

Licensing Company Email: chris@towermedic.com

Section 2: Personal Information

First: Christopher Middle: Wayne Last: Musgrove

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: 607 West Magnolia Ave. Suite 100

City: Fort Worth State: TX Zip: 76104

Telephone: 817-984-8610 Email: chris@towermedic.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Fort Worth Country Day School			From - To (MM/YY – MM/YY): 1984-1988
Address	City: Fort Worth	State: TX	Zip: 76109
Diploma/Degree obtained, if any: High School			
School Name: Texas Wesleyan University			From - To (MM/YY – MM/YY): 1992-1995
Address	City: Fort Worth	State: TX	Zip
Diploma/Degree obtained, if any: Bachelors of Business Administration			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY): 2009-2024	[redacted]	City: Aledo	State: TX	[redacted]
From - To (MM/YY – MM/YY): 2024-2026	[redacted]	City: Fort Worth	State: TX	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Tower Medic Pharmacy Inc.			2022-Present	
Business Address		**City**	**State**	**Zip**
607 West Magnolia Ave.		Fort Worth	TX	76104
Phone	**Title**		**Number of Employed Hours**	
817-984-8610	President		10,000	
Description of Duties				
President and C.E.O., along with business management and operations.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Christopher Wayne Musgrove, **certify that as the designated representative for**

Tower Medic Pharmacy Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CWM I am at least 21 years of age;
3. CWM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. CWM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CWM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CWM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. CWM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Christopher Wayne Musgrove

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02-17-2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christopher Wayne Musgrove

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02-17-2026

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Tarrant

I, Caroline Carson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Caroline Carson

Original Signature

2-17-2026

Date

Subscribed and Sworn to before me this 17 day of February

Caroline Carson

Notary Public Signature

Caroline Carson
My Commission Expires
5/15/2027
Notary ID132014283

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Tower Medic Pharmacy Inc.

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 607 West Magnolia Ave.

City: Fort Worth State: TX Zip: 76104

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 817-336-8133 Toll Free # (NAC 639.708, NRS 639.23286): (888) 277-4811

Fax: 817-314-7227 Contact Email: chris@towermedic.com

Website: www.towermedic.com

Nevada Business License # (if applicable) NV20253480244

Supervising/Managing Pharmacist Name (NRS 639.220): Tri Salihima, PharmD

Supervising/Managing Pharmacist NV Pharmacist Registration #: N/A - Non-Resident Pharmacy License

Name of Designated Person(s) as defined by revised USP-797 guidelines: Tri Salihima, PharmD

Email of Designated Person(s): will@towermedic.com

Telephone of Designated Person(s): (817) 768-6884

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

   ■ Category 1 ■ Category 2 ☐ Category 3

If you marked "**Category 3**", you must also complete **section 4**.

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ■ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ■ Aseptic ■ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? 09-05-2025

6. What is the frequency of the recertification for the ISO classified areas? Every 6 months per TSBP

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Once per month per USP797

10. Will you be performing sterile hazardous drug compounding? ☐ Yes ■ No

If you marked "**Yes**", you must also complete **section 3**.

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Glutathione
NAD+
Methylcobalamin
Zinc Sulfate
L-Carnitine, Methionine, Inositol, Choline, Cyanocobalamin

12. What laboratory performs your sterility or endotoxin testing?

Name: In-House testing per TSBP - Tower Medic Pharmacy

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

13. What is your procedure for visual inspection of compounded sterile products?
Visual inspection of visible particles or precipitation with every batch.

14. How often do you perform glove fingertip and medial fill testing?
Every 6 months per the TSBP.

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:
We have SOP's specific for initial training:
3 fingertip tests
1 media fill test
Didactic learning and hands-on garbing and for aseptic techniques

Ongoing training:
Didactic tests for each technician
Finger tip and media fill testing

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
The PEC is cleaned daily with TB1-330 and sterile 70% Isopropyl Alcohol.
The PEC is cleaned weekly with Peridox (sporadical).

The SEC is cleaned daily with PREempt and 70% Isopropyl Alcohol.
The SEC is cleaned weekly with Peridox (sporicidal) and 70% Isopropyl Alcohol.

17. Who performs the sterile compounding process at your facility?

Tri Salihima, PharmD

18. Who is responsible and accountable for the sterile compounding process at your facility?
Tri Salihima, PharmD

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
Secure packaging with no identifiable patient information. If requiring refrigeration, we pack all products in certified cold-chain packaging with the appropriate ice packs to sustain a 2 day transit. All refrigerated items are shipped overnight.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? N/A we do not currently have a USP800 room.		
2. Are you complying with all USP 800 guidelines?	■ Yes	■ No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	Yes	■ No
4. Is your BSC or CACI vented 100% to the outside?	Yes	■ No
5. Do you have a negative pressure buffer room at your facility?	Yes	■ No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	■ No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	Yes	■ No
8. Will you be utilizing a closed system transfer device?	Yes	■ No
9. If yes, list the name of the device: N/A		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

N/A

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?
N/A

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:
N/A

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?
N/A

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? ■ Yes No

4. What is the frequency for completing volumetric active air sampling?
N/A

5. What is the frequency for completing surface sampling? N/A		
6. What is the frequency for using sporicidal agents? N/A		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	■ Yes	No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tri Salihima, PharmD

Name of Person who Completed the Form

Pharmacist In charge

Title

Signature (copies or stamps not accepted)

01-26-2026

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Notice of Inspection

Facility Information

Name: *TOWER MEDIC PHARMACY* **License Number:** *3074*

Address: *607 W MAGNOLIA STE 100 & 201, FORT WORTH, TX 76104* **Phone:** *(817) 984-8610*

Email:

Class of License: *AS* **License Expiration:** *06/30/2026*

DEA #: [redacted] **DEA Expiration:** *11/30/2026*

Inspection Information

Type: *Compliance* **Purpose:** *Routine*

Date: *11/12/2025* **Arrival Time:** *9:30 AM*

Acknowledgment

This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

SALIHIMA, TRI ASLAMSYAH *PIC* *53966*

Witness

Robert moura

Terri Burrows

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *TOWER MEDIC PHARMACY*

License Number: *3074*

Class of License: *AS*

Inspection Information

Type: *Compliance*

Purpose: *Routine*

Date: *11/12/2025*

Arrival Time: *9:30 AM*

Departure Time: *3:00 PM*

Action Taken: *Inspection*

General Comments:

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*
01. Required licenses posted	*Satisfactory*
09. Active licenses/certifications	*Satisfactory*
62. No aiding and abetting	*Satisfactory*
65. Proper registration procedures	*Satisfactory*
79. Identification badges	*Satisfactory*

Inventory Records

15. Change of PIC inventory	*Not Applicable*
17. Meets inventory requirements	*Satisfactory*
59. Proper drug destruction	*Satisfactory*
68. Change of ownership controlled substance inventory	*Not Applicable*
69. Annual controlled substance inventory	*Satisfactory*

Comment

Annual controlled substance inventory completed on: 5/8/2025 closing

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?)	*Satisfactory*
34. Notifications	*Satisfactory*

76. PIC (Does the pharmacy have a pharmacist-in-charge?) *Satisfactory*

Environment/Equipment/Security

03. Orderly/Clean *Satisfactory*

04. Balance inspection *Satisfactory*

Comment

Number of balances: 2 balances registered

05. Equipment Inspection *Satisfactory*

07. Security *Satisfactory*

08. Environment *Satisfactory*

48. Drugs (procurement, temperature, security, out-of-date, samples) *Satisfactory*

Comment

Advise to remove all expired medication from active pharmacy shelves.

90. TSBP complaint notification *Satisfactory*

Controlled Substances

10. Prescriptions separated *Satisfactory*

24. Theft/Loss *Satisfactory*

Comment

No theft or loss has occurred.

26. Controlled substance prescription compliance ***Unsatisfactory***

291.34(b)(2)(B)(ii).

Prescriptions. Written prescription drug orders. Prescription drug orders written by practitioners in another state. A pharmacist may dispense prescription drug orders for controlled substances in Schedule III, IV, or V issued by a physician, dentist, veterinarian, or podiatrist in another state provided:

- the prescription drug order is issued by a person practicing in another state and licensed by another state as a physician, dentist, veterinarian, or podiatrist, who has a current federal DEA registration number, and who may legally prescribe Schedule III, IV, or V controlled substances in such other state;
- the prescription drug order is not dispensed or refilled more than six months from the initial date of issuance and may not be refilled more than five times; and
- if there are no refill instructions on the original prescription drug order (which shall be interpreted as no refills authorized) or if all refills authorized on the original prescription drug order have been dispensed, a new prescription drug order is obtained from the prescribing practitioner prior to dispensing any additional quantities of controlled substances

26. Controlled substance prescription compliance *(continued)* — ***Unsatisfactory***

Warning Notice — Due Date for Completed Correction: 12/12/2025

Failure to comply regarding dispensing prescriptions from out-of-state APNs and PAs. Cease this practice and correct/resolve deficiency by dote noted.

30. Controlled substance invoices dated/initialed by pharmacist — *Satisfactory*

35. Controlled substance invoices separated — *Satisfactory*

46. Drug distribution — *Satisfactory*

53. Possession of controlled substances — *Satisfactory*

Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?) — *Satisfactory*

Labeling/Prepackaging

32. Prescription label (Is prescription label complete?) — *Satisfactory*

45. Proper dispensing/labeling — *Satisfactory*

54. Proper prepackaging procedures — *Satisfactory*

Library

06. Required Library — *Satisfactory*

Training

60. Documentation of required training — *Satisfactory*

Comment

Advised to complete documentation of initial training and/or in-service training for all technicians.

61. Supervision of supportive personnel — *Satisfactory*

Patient/Computer/Dispensing Records

18. Records available — *Satisfactory*

22. Data processing system compliance — *Satisfactory*

25. Prescriptions (complete, retrievable, auto-refills, accelerated refills) — *Satisfactory*

37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?) — *Satisfactory*

56. Prescription transfers — *Satisfactory*

67. Written drug information provided — *Satisfactory*

80. Patient counseling — *Satisfactory*

82. Patient Medication Records *Satisfactory*

84. Drug regimen review *Satisfactory*

86. Absence of pharmacist records *Not Applicable*

Policies & Procedures/SOPs

70. Required policies & procedures/SOPs *Satisfactory*

92. Automated dispensing policy & procedures/SOPs *Satisfactory*

Non-Sterile Compounding

03. Orderly/Clean/Hand Hygiene *Satisfactory*

04. Balance inspection (for non-sterile compounding) ***Unsatisfactory***

291.10.

Pharmacy Balance Registration/Inspection

(a) Definitions. The following words and terms, when used in this section, shall have the following meanings, unless the context clearly indicates otherwise. Pharmacy balance--An instrument for weighing including balances and scales.

(b) Registration.

(1) A pharmacy shall annually or biennially register each pharmacy balance. The fee for the annual registration shall be $12.50 per pharmacy balance. The fee for the biennial registration shall be $25.00 per pharmacy balance.

(2) The expiration date for pharmacy balance registrations shall coincide with the pharmacy license expiration date.

(c) Inspection.

(1) The Board shall periodically inspect pharmacy balances to verify accuracy.

(2) If a pharmacy balance fails the accuracy inspection, the following is applicable.

(A) The pharmacy balance may not be used until it is repaired by an authorized repair person.

(B) A tag indicating that the pharmacy balance failed the inspection and may not be used shall be placed on the pharmacy balance.

Warning Notice **Due Date for Completed Correction:** *12/12/2025*

Failure to register the new balance the IV room .
Balance QT124iMU-s serial number 0046004820

05. Equipment Inspection *Satisfactory*

06. Non-sterile Library *Satisfactory*

32. Non-sterile compound label (Is label complete?) *Satisfactory*

Comment

Advised to include all required information on label for non-sterile preparation including the generic name(s) or the official name of the principal active ingredient(s) of the compounded preparation.

38. Area/Environment for non-sterile compounding *Satisfactory*

43. Records for non-sterile compounding ***Unsatisfactory***

291.131(e).

Records.

(1) Maintenance of records. Every record required by this section shall be:

(A) kept by the pharmacy and be available, for at least two years, for inspecting and copying by the board or its representative and to other authorized local, state, or federal law enforcement agencies; and

(B) supplied by the pharmacy within 72 hours, if requested by an authorized agent of the Texas State Board of Pharmacy. If the pharmacy maintains the records in an electronic format, the requested records must be provided in an electronic format. Failure to provide the records set out in this section, either on site or within 72 hours, constitutes prima facie evidence of failure to keep and maintain records in violation of the Act.

(C) Documentation of the performance of quality control procedures is not required if the compounding process is done pursuant to a patient specific order and involves the mixing of two or more commercially available oral liquids or commercially available preparations when the final product is intended for external use.

(2) Master Formulation Record and Compounding Record.

(A) Master Formulation Record. A master formulation record shall be developed and approved by a pharmacist for all compounded preparations. Once approved, a duplicate of the master formulation record shall be used as the compound record each time the compound is prepared and on which all documentation for that compound occurs. The master formulation record shall contain at a minimum:

(i) the formula;

(ii) the components;

(iii) the compounding directions;

(iv) evaluation and testing requirements;

(v) specific equipment used during preparation;

(vi) storage requirements;

(vii) a reference to the location of the following documentation which may be maintained with other records, such as quality control records:

(I) the criteria used to determine the beyond-use date; and

(II) documentation of performance of quality control procedures, including, but not limited to, expected physical appearance of the final product.

(B) Compounding Record. The record for each preparation shall document the following:

(i) identity of all components and their corresponding amounts, concentrations, or volumes;

(ii) lot number and expiration date of each component;

(iii) component manufacturer/distributor or suitable identifying number;

(iv) container specifications;

(v) unique lot or control number;

(vi) beyond use date;

(vii) date of preparation;

(viii) name, initials, or electronic signature of the person(s) involved in the preparation;

(ix) name, initials, or electronic signature of the responsible pharmacist;

(x) finished preparation evaluation and testing specifications, if applicable; and

(xi) comparison of actual yield to anticipated or theoretical yield, when appropriate.

Warning Notice **Due Date for Completed Correction: *12/12/2025***

Failure to maintain complete non-sterile compounding records, including date of compounding, compounding

43. Records for non-sterile compounding (continued) **Unsatisfactory**

directions, name of responsible pharmacist verifying the batch compounding, criteria to determine beyond-use date. Correct/resolve deficiency by date noted.

Comment

Advised to ensure the pharmacy documents the need for compounding commercially available products by maintaining a prescription with the individual patient needs determined by the prescribing practitioner.

60. Documentation of non-sterile required training *Satisfactary*

Comment

Advised to maintain documentation of training in the required areas for all personnel involved in non-sterile compounding including hand hygiene and garbing.

70. Required policies & procedures/SOPs *Satisfactory*

87. Quality Control/Assurance *Satisfactory*

Compounded Dosage Forms

Allergen extracts	*No*
Parenteral solutions	*Yes*
Parenteral suspensions	*No*
Preservative-free parenterals	*No*
Ophthalmic preparations	*No*
Oral or nasal inhalation preparations (not topical spray)	*Yes*
Bath or soaks for live organs/tissues	*No*
Irrigations for wounds or body cavities	*No*
Any other sterile preparations (implants, pellets, etc) [list]	*No*
Investigational drugs	*No*
Blood products or other biological materials (wound care, autologous, eye drops, etc)	*No*
Any compounds using federally controlled substances Schedule I-V (list and percentage)	*Yes*
Does the pharmacy use lyophilizer?	*No*

Environment (Sterile)

S109. Is the cleanroom clean and free of objects that shed particles? *Satisfactory*

S110. Is the cleanroom used only for sterile preparations? *Satisfactory*

S119. Does the cleanroom contain only appropriate supplies? *Satisfactory*

S101. Does the ante-area provide at least ISO Class 8 air quality under dynamic conditions? *Satisfactory*

S115. Does the ante-area contain a hands-free sink with hot and cold running water?	*Satisfactory*
S102. Does the buffer area provide at least ISO Class 7 air quality under dynamic conditions?	*Satisfactary*
S106. Is the buffer area free from sources of water (e.g., sink, floor drains)?	*Satisfactory*
S108. Is there hands-free access to the buffer area?	*Satisfactary*
S113. Are floors, walls, ceilings & fixtures smooth, impervious and free from cracks & crevices?	*Satisfactory*
S112. Does the floor covering enable regular disinfection?	*Satisfactory*
S118. Are supplies stored above the floor to permit adequate floor cleaning?	*Satisfactory*
S127. Does the clean room have a pressure gauge or velocity meter to monitor pressure differential between buffer area and ante-area and between the ante-area and the general environment? Is the pressure differential at least 0.02" wc?	*Satisfactory*
S116. Are temperature and humidity monitored, documented and within the required range?	*Satisfactory*
S167. Is there a thermometer available for the cleanroom and refrigerator(s)?	*Satisfactory*

Primary Engineering Control (PECs) Device

S126. Is the laminar air flow hood located in a buffer area that has a minimum differential positive pressure of 0.02" wc?	*Satisfactory*
S121. Is the PEC able to maintain at least ISO Class 5 conditions while compounding sterile preparations?	*Satisfactory*
S246. Are hazardous drugs prepared in a Class II/III vertical flow BSC or CACI located in an ISO Class 7 area physically separated from other areas?	*Satisfactory*
S247. Does the area where the BSC or CACI is located have not less than 0.01" wc negative pressure adjacent to the positive pressure ISO Class 7 area?	*Satisfactory*
S105. Does the CAI or CACI provide unidirectional airflow?	*Not Applicable*
S104. If the CAI or CACI is used for high-risk sterile compounding, is it placed in an ISO Class 8 area?	*Not Applicable*
S122. If the CAI is not required to be placed in an ISO Class 7 area, does the pharmacy maintain documentation from the manufacturer?	*Not Applicable*
S124. Is the PEC certified by an independent contractor every 6 months and when relocated?	*Satisfactory*
S125. Are prefilters inspected periodically and replaced as needed?	*Satisfactory*
S128. Are differential pressures monitored and documented at least every work shift (at a minimum daily) or by a continuous recording device?	*Satisfactory*

Equipment and Supplies

S174. Does the pharmacy have disposable needles, syringes, and other required or applicable supplies?	*Satisfactory*
S177. Does the pharmacy have lint-free towels or wipes?	*Satisfactory*

S180. Does the pharmacy have masks, caps, gowns with tight cuffs, shoes covers, and beard covers (if applicable)?	*Satisfactory*
S176. Does the pharmacy have handwashing agents with bactericidal action?	*Satisfactory*
S175. Does the pharmacy have disinfectant cleaning solutions and dedicated cleaning supplies?	*Satisfactory*
S179. Does the pharmacy have hazardous spill kits, if applicable?	*Satisfactory*
S171. Does the pharmacy have appropriate containers for needles and syringes?	*Satisfactory*
S170. Does the pharmacy have sterile isopropyl alcohol, sterile gloves, and waterless alcohol-based surgical hand scrub?	*Satisfactory*
S178. Does the pharmacy have appropriate filters and filtration equipment?	*Satisfactory*
S181. If an automated compounding device is used, does the pharmacy calibrate & verify the device for accuracy, and document at least daily?	*Satisfactory*
S172. Does the pharmacy have packaging or delivery containers to maintain proper storage conditions for sterile preparations?	*Satisfactory*

High Risk CSPs

S103. If high-risk CSPs are compounded, does the buffer area provide physical separation from other compounding areas?	*Sotisfactory*
S231. Is sterility testing performed if CSPs are prepared in groups > 25, or	*Satisfactory*
S232. If MDVs are prepared for multiple patients or when exposed > 12 hours at 2-8 degrees C before sterilized, or	*Not Applicable*
S233. If exposed > 6 hours at warmer than 8 degrees C before sterilized?	*Not Applicable*
S237. Are all non-sterile measuring, mixing, and purifying devices rinsed thoroughly with pyrogen-free or depyrogenated sterile water, and then thoroughly drained or dried immediately before use for high-risk sterile compounding?	*Satisfactory*
S238. Are all high-risk sterile solutions subjected to terminal sterilization prefiltered using no larger than a 1.2-micron filter to remove particulate matter? Is sterilization by filtration performed with a sterile 0.2 – 0.22 micrometer pore size filter within an ISO Class 5 environment or better?	*Satisfactory*
S165. Are filter integrity tests being performed and documented (e.g., bubble point test)?	***Unsatisfactory***

291.133(d)(14)(A)(iii)(III).

Filter Integrity Testing. Filters need to undergo testing to evaluate the integrity of filters used to sterilize high-risk preparations, such as Bubble Point Testing or comparable filter integrity testing. Such testing is not a replacement for sterility testing and shall not be interpreted as such. Such test shall be performed after a sterilization procedure on all filters used to sterilize each high-risk preparation or batch preparation and the results documented. The results should be compared with the filter manufacturer's specification for the specific filter used. If a filter fails the integrity test, the preparation or batch must be sterilized again using new unused filters.

Warning Notice — Due Date for Completed Correction: *12/12/2025*

Failure to record bubble point testing. Comply going forward.

S239. Are pre-sterilization procedures (weighing and mixing) completed in an ISO Class 8 environment or better? *Satisfactory*

Sterile Library

S154. Does the pharmacy have a reference on injectable drugs? *Satisfactory*

S155. Does the pharmacy have a specialty reference? *Satisfactory*

Comment

PCCA, Medisca for specialty reference

S156. Does the pharmacy have all of the required (USP chapters 71, 85, 795, 797, 1163) and applicable USP chapters? *Satisfactory*

Hazardous CSPs

S242. Do personnel wear protective apparel at all times when hazardous drugs are handled? *Not Applicable*

S243. Do personnel use appropriate safety and containment techniques when preparing hazardous CSPs? *Not Applicable*

S244. Do personnel dispose of hazardous waste in compliance with local, state, and federal regulations? *Not Applicable*

S245. Do personnel affix a proper label, including proper precautions inside and outside of the packaging? *Not Applicable*

S248. Does the pharmacy have a pressure indicator that can be readily monitored for correct room pressurization? *Not Applicable*

S249. Does the pharmacy meet the requirements for low volume preparation of hazardous drugs by using a device that provides two-tiers of containment (e.g., closed-system vial transfer device within a BSC)? *Not Applicable*

S250. Are hazardous drugs stored separately from other inventory in a manner to prevent contamination and personnel exposure? *Not Applicable*

Does the pharmacy have a plan to comply with USP <800> by the implementation date? *Not Applicable*

Are hazardous drugs stored separately in compliance with USP <800> (negative pressure at least -0.01" wc to adjacent areas and with at least 12 ACPH)? *Not Applicable*

Is hazardous drug waste quarantined in a designated area? *Not Applicable*

Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)? *Not Applicable*

Personnel Cleansing, Garbing, Hand Hygiene

S202. Does hand sanitizing and gowning occur in the ante-area (outside of the buffer area)? *Satisfactory*

S180. Do compounding personnel don clean non-shedding gowns with sleeves that fit snugly around the wrists and enclose at the neck? Is the order of garbing appropriate (dirtiest to cleanest)? *Satisfactory*

S194. Before entering the buffer area, do compounding personnel remove cosmetics?	*Satisfactory*
S195. Before entering the buffer area, do compounding personnel remove all hand, wrist, and other body jewelry/piercings?	*Satisfactory*
S196. Are natural nails kept neat and trim and no wearing of artificial nails or extenders?	*Satisfactory*
S200. Do compounding personnel remove debris from underneath fingernails using a nail cleaner under running warm water?	*Satisfactory*
S192. Are personnel with an apparent illness or open lesions compounding sterile preparations?	*Satisfactory*
S241. When compounding personnel temporarily exit the ISO Class 7 environment, are re-donning procedures properly followed?	*Satisfactory*
S201. Do compounding personnel engage in proper hand hygiene?	*Satisfactory*
S203. Do compounding personnel completely dry hands and forearms using lint-free disposable towels or hand dryer?	*Satisfactory*
S204. Is antiseptic hand cleansing performed using waterless alcohol-based surgical scrub once inside the buffer area and prior to donning sterile gloves?	*Satisfactory*
S206. Is sterile isopropyl alcohol applied to gloves throughout the day and when non-sterile surfaces are touched?	*Satisfactory*

Cleaning/Disinfection Procedures

S182. Does the pharmacy have written procedures on the cleaning and disinfecting of the direct and contiguous compounding areas (e.g., beginning of shift, every 30 minutes, before each batch, spills)?	*Satisfactory*
S230. Is cleaning performed by trained personnel using approved agents (described in written SOPs)?	*Satisfactory*
S228. Are supplies & equipment that are removed from shipping cartons wiped with a disinfecting agent (e.g., sterile IPA)?	*Satisfactory*
S226. Are work surfaces and floors in the ante-area and buffer area cleaned and disinfected daily with dedicated supplies?	*Satisfactory*
S227. Are walls, ceilings and shelving in the ante-area and buffer area cleaned and disinfected at least monthly?	*Satisfactory*
S229. Does the pharmacy maintain documentation of cleaning procedures (i.e., date/time of cleaning, type of cleaning, name of individual who performed the cleaning)?	*Satisfactory*

Environmental Sampling

S270. Is surface sampling conducted in all ISO classified areas on a periodic basis?	*Satisfactory*
S272. Is viable air sampling performed?	*Satisfactory*
S273. Is viable air sampling documented by properly trained individuals for all risk levels every 6 months?	*Satisfactory*

S271. Are environmental sampling results evaluated and addressed (i.e., action levels followed)? *Satisfactory*

Records of CSPs

S252. Does the pharmacy maintain records relating to CSPs for a minimum of 2 years? *Satisfactory*

S253. Do compounding records include the date and time of preparation of a CSP? *Satisfactory*

S254. Do compounding records include the complete formula of a CSP? *Satisfactory*

S257. Do compounding records include the quantities of materials used in a CSP? *Satisfactory*

S255. Do compounding records include the signature or initials of who prepared a CSP? *Satisfactory*

S256. Do compounding records include the signature or initials of who conducted the final check of a CSP? *Satisfactory*

S258. Do compounding records include the container used and the number of units prepared for a CSP? *Satisfactory*

S259. Do compounding records include the criteria used to determine the beyond-use date of a CSP? *Satisfactory*

Comment

Advise to include , see rule S220

S260. Do compounding records include the documentation of performance of quality control procedures? *Satisfactory*

S261. Are master worksheets and preparation worksheets for batch compounding complete? *Satisfactory*

S262. Are master worksheets developed and approved by a pharmacist? *Satisfactory*

General Operational Requirements

S166. Is a pharmacist available at all times (24/7)? *Satisfactory*

S187. Are written SOPs developed and implemented for all significant procedures in the compounding area to include at a minimum: the facility, equipment, personnel, preparation evaluation, quality assurance, preparation recall, packaging, and storage of CSPs? *Satisfactory*

S188. Does the pharmacy have all required written policies (e.g., pharmaceutical care services, sampling plan, recalls)? *Satisfactory*

S158. If the pharmacy compounds commercially available products, does the pharmacy document the need by verifying and monitoring a drug shortage list (including if the preparation is quarantined/not available once removed from the shortage list)? Or, *Satisfactory*

S158. Does the pharmacy document the need for compounding commercially available products by individual patient needs determined by the prescribing practitioner (i.e, hypersensitivity to inactive ingredients or alternate dosage form)? ***Unsatisfactory***

291.133(d)(1)(D).

Operational Standards. General Requirements. A pharmacy may not compound preparations that are essentially

S158. Does the pharmacy document the need for compounding commercially available products by individual patient needs determined by the prescribing practitioner (i.e, hypersensitivity to inactive ingredients or alternate dosage form)? *(continued)* ***Unsatisfactory***

copies of commercially available products (e.g., the preparation is dispensed in a strength that is only slightly different from a commercially available product) unless the prescribing practitioner specifically orders the strength or dosage form and specifies why the individual patient needs the particular strength or dosage form of the preparation or why the preparation for office use is needed in the particular strength or dosage form of the preparation. The prescribing practitioner shall provide documentation of a patient specific medical need and the preparation produces a clinically significant therapeutic response (e.g., the physician requests an alternate preparation due to hypersensitivity to excipients or preservative in the FDA-approved product, or the physician requests an effective alternate dosage form) or if the drug product is not commercially available. The unavailability of such drug product must be documented prior to compounding. The methodology for documenting unavailability includes maintaining a copy of the wholesaler's notification showing back-ordered, discontinued, or out-of-stock items. This documentation must be available in hard-copy or electronic format for inspection by the board.

Warning Notice **Due Date for Completed Correction:** *12/12/2025*

Failure to ensure the pharmacy documents the need for compounding commercially available products with individual patient needs determined by the prescribing practitioner. Correct/resolve deficiency by date noted.

S275. If the pharmacy dispenses prescriptions to patients in other states, does the pharmacy have proper licensure in those states? *Satisfactory*

Office Use Compounding & Distribution of CSPs

S163. Does the pharmacy have a written agreement with the prescriber that meets all requirements to distribute compounded sterile preparations to practitioners for office use? *Not Applicable*

S162. If the pharmacy is distributing CSPs to another pharmacy, does the pharmacy meet the requirements for such distribution? *Not Applicable*

Is the pharmacy registered with the FDA as an Outsourcing Facility (503B)? *Not Applicable*

Quality Control & Verification of Compounding Accuracy

S207. Does a pharmacist review all compounding records for accuracy and perform the final check of a CSP? *Satisfactory*

S185. Are periodic in-process checks for CSPs defined in written procedures and conducted as defined? *Satisfactory*

S191. Are all drug components USP/NF grade substances manufactured in an FDA-registered facility? If USP/NF grade substances are not available, are the drug components of chemical grade in CP, AR, ACS, or Food Chemical Codex categories? *Satisfactory*

S191. Is a Certificate of Analysis available for all components of the preparation if materials are not purchased through an FDA-registered facility? *Satisfactory*

S191. Are any CSPs prepared by the pharmacy listed on the federal FDA list of drug products that are withdrawn or removed from the market for safety reasons? *Satisfactory*

Veterinary Compounding

Are APIs or other components labeled for veterinary use segregated or marked to prevent use for human compounding?	*Not Applicable*
Does the pharmacy meet the same standards for animal compounding as human compounding?	*Not Applicable*
Is the pharmacist knowledgeable or does the pharmacy have up-to-date references regarding species limits that can result in toxicity when compounding with particular drugs/excipients?	*Not Applicable*
Does the pharmacy document if the animal is a pet or used for food?	*Not Applicable*
Is the pharmacist familiar with, or does the pharmacy have the most up-to date references regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals?	*Not Applicable*
Does the pharmacy have a list of drugs and components that have been designated by state or federal authorities as prohibited ingredients in CSPs for food-producing animals?	*Not Applicable*
Is the pharmacist familiar with, or does the pharmacy have the most up-to-date reference regarding regulations for drug use in performance animals?	*Not Applicable*

Label

S209. Is the CSP properly labeled to include the generic name(s), and	*Satisfactory*
S210. For outpatient prescriptions, does the label include a statement that the CSP has been compounded by the pharmacy?	*Satisfactory*
S211. Does the label include a beyond-use date?	*Satisfactory*
S213. If the CSP is compounded as a batch, does the label contain a unique lot number assigned to the batch, and	*Satisfactory*
S214. Quantity, and	*Satisfactory*
S21S. Appropriate ancillary instructions, such as storage or cautionary statements, and	*Satisfactory*
S216. Any device-specific instructions, if appropriate?	*Satisfactory*
S220. Are CSPs assigned a beyond-use date based on the specified labeling for the drug, appropriate literature sources, or direct testing?	***Unsatisfactory***

291.133(d)(6)(H).

Operational Standards. Environment. Compounding facilities shall be physically designed and environmentally controlled to minimize airborne contamination from contacting critical sites. Storage requirements and beyond-use dating.

(i) Storage requirements. All drugs shall be stored at the proper temperature and conditions, as defined in the USP/NF and in §291.15 of this title (relating to Storage of Drugs).

(ii) Beyond-use dating.

(I) Beyond-use dates for compounded sterile preparations shall be assigned based on professional experience, which shall include careful interpretation of appropriate information sources for the same or similar formulations.

(II) Beyond-use dates for compounded sterile preparations that are prepared strictly in accordance with manufacturers' product labeling must be those specified in that labeling, or from appropriate literature sources or direct testing.

S220. Are CSPs assigned a beyond-use date based on the specified labeling for the drug, appropriate literature sources, or direct testing? *(continued)* ***Unsatisfactory***

(III) When assigning a beyond-use date, compounding personnel shall consult and apply drug-specific and general stability documentation and literature where available, and they should consider the nature of the drug and its degradation mechanism, the container in which it is packaged, the expected storage conditions, and the intended duration of therapy.

(IV) The sterility and storage and stability beyond-use date for attached and activated container pairs of drug products for intravascular administration shall be applied as indicated by the manufacturer.

Warning Notice — Due Date for Completed Correction: *12/12/2025*

Failure to ensure compounded sterile preparations are assigned a beyond-used date in accordance with specified manufacturers' product labeling, appropriate literature sources, or direct testing. Drug-specific and general stability documentation and literature should also be considered. The nature of the drug and its degradation mechanism, the container in which the CSP is packaged, the expected storage conditions, and the intended duration of therapy should be taken into consideration when assigning a beyond-use date. Correct/resolve deficiency by date noted.

Training & Competency Testing

S129. Has each pharmacist completed the required education and training prior to engaging in sterile compounding? ***Unsatisfactory***

291.133(c)(2)(B)(i)(II).

Personnel. Pharmacists. Initial training and continuing education. All pharmacists who compound sterile preparations or supervise pharmacy technicians and pharmacy technician trainees compounding sterile preparations shall comply with the following:

Complete a structured on-the-job didactic and experiential training program at this pharmacy which provides sufficient hours of instruction and experience in the facility's sterile compounding processes and procedures. Such training may not be transferred to another pharmacy unless the pharmacies are under common ownership and control and use a common training program.

Warning Notice — Due Date for Completed Correction: *12/12/2025*

Failure to ensure pharmacist involved with sterile compounding has completed a structured on-the-job didactic and experiential training program at this pharmacy which provides sufficient hours of instruction and experience in the facility's sterile compounding processes and procedures. Such training may not be transferred to another pharmacy unless the pharmacies are under common ownership and control and use a common training program. Correct/resolve deficiency by date noted.

S130. Has each pharmacy technician completed the required education and training prior to engaging in sterile compounding? ***Unsatisfactory***

291.133(c)(3)(B)(ii)(II).

Personnel. Pharmacy technicians and pharmacy technician trainees. Initial training and continuing education. All pharmacy technicians and pharmacy technician trainees who compound sterile preparations for administration to patients shall:

(-a-) complete a structured on-the-job didactic and experiential training program at this pharmacy which provides sufficient hours of instruction and experience in the facility's sterile compounding processes and procedures. Such training may not be transferred to another pharmacy unless the pharmacies are under common ownership and control and use a common training program; and

(-b-) possess knowledge about:

S130. Has each pharmacy technician completed the required education and training prior to engaging in sterile compounding? *(continued)* **Unsatisfactory**

(-1-) aseptic processing;
(-2-) quality control and quality assurance as related to environmental, component, and finished preparation release checks and tests;
(-3-) chemical, pharmaceutical, and clinical properties of drugs;
(-4-) container, equipment, and closure system selection; and
(-5-) sterilization techniques.

Warning Notice Due Date for Completed Correction: *12/12/2025*

Failure to ensure pharmacy technicians and pharmacy technician trainees involved with sterile compounding be supervised by an individual who is actively engaged in performing sterile compounding, qualified and has completed training when performing the experiential portion of a training program. Correct/resolve deficiency by date noted.

S142. Does the pharmacy maintain documentation to demonstrate that all compounding personnel have successfully passed initial competency evaluation/testing (e.g., media-fill testing, gloved fingertip/thumb testing)? Does the pharmacy have an on-the-job training program? *Satisfactory*

S144. Does the pharmacy maintain documentation of on-going training and testing for all compounding personnel (e.g., observation of aseptic technique, media-fill testing, gloved fingertip/thumb testing, continuing education)? *Satisfactory*

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and
- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).

SALIHIMA, TRI ASLAMSYAH

Robert Moura

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Warning Notice of Violation(s) Requiring Correction

Facility Information

Name: *TOWER MEDIC PHARMACY* **License Number:** *3074*

Class of License: *AS*

Signatures

Notice is hereby given that you are not in compliance with the following laws and rules governing the practice of pharmacy. Unless the conditions noted below are corrected, disciplinary action may be instituted against the pharmacy license and the license of the pharmacist-in-charge.

I hereby acknowledge that the laws and/or rules cited in the Warning Notice below have been explained to me by the Board of Pharmacy Officer/Inspector.

SALIHIMA, TRI ASLAMSYAH

11/12/2025
Date

Warning Notice

1. **Rule/Law/Code:** 291.34(b)(2)(B)(ii).

   Explanation of Violation and Correction Needed:
   Failure to comply regarding dispensing prescriptions from out-of-state APNs and PAs. Cease this practice and correct/resolve deficiency by date noted.
   Due Date for Completed Correction: *12/12/2025*

2. **Rule/Law/Code:** 291.10.

   Explanation of Violation and Correction Needed:
   Failure to register the new balance the IV room .
   Balance QT124iMU-s serial number 0046004820
   Due Date for Completed Correction: *12/12/2025*

3. **Rule/Law/Code:** 291.131(e).

   Explanation of Violation and Correction Needed:
   Failure to maintain complete non-sterile compounding records, including date of compounding, compounding directions, name of responsible pharmacist verifying the batch compounding, criteria to determine beyond-use date. Correct/resolve deficiency by date noted.
   Due Date for Completed Correction: *12/12/2025*

Warning Notice *(continued)*

4. **Rule/Law/Code:** 291.133(d)(14)(A)(iii)(III).

Explanation of Violation and Correction Needed:
Failure to record bubble point testing. Comply going forward.
Due Date for Completed Correction: *12/12/2025*

5. **Rule/Law/Code:** 291.133(d)(1)(D).

Explanation of Violation and Correction Needed:
Failure to ensure the pharmacy documents the need for compounding commercially available products with individual patient needs determined by the prescribing practitioner. Correct/resolve deficiency by date noted.
Due Date for Completed Correction: *12/12/2025*

6. **Rule/Law/Code:** 291.133(d)(6)(H).

Explanation of Violation and Correction Needed:
Failure to ensure compounded sterile preparations are ossigned a beyond-used date in accordance with specified manufacturers' product labeling, appropriate literature sources, ar direct testing. Drug-specific and general stability documentation and literature should also be considered. The nature of the drug and its degradation mechanism, the container in which the CSP is packaged, the expected storage conditions, and the intended duration of therapy should be taken into consideration when assigning a beyond-use date. Correct/resolve deficiency by date noted.
Due Date for Completed Correction: *12/12/2025*

7. **Rule/Law/Code:** 291.133(c)(2)(B)(i)(II).

Explanation of Violation and Correction Needed:
Failure to ensure pharmacist involved with sterile compounding has completed a structured on-the-job didactic and experiential training program at this pharmacy which provides sufficient hours of instruction and experience in the facility's sterile compounding processes and procedures. Such training may not be transferred to another pharmacy unless the pharmacies are under common ownership and control and use a common training program. Correct/resolve deficiency by date noted.
Due Date for Completed Correction: *12/12/2025*

8. **Rule/Law/Code:** 291.133(c)(3)(B)(ii)(II).

Explanation of Violation and Correction Needed:
Failure to ensure pharmacy technicians and pharmacy technician trainees involved with sterile compounding be supervised by an individual who is actively engaged in performing sterile compounding, qualified and has completed training when performing the experiential portion of a training program. Correct/resolve deficiency by date noted.
Due Date for Completed Correction: *12/12/2025*

TEXAS STATE BOARD OF PHARMACY
1801 Congress Avenue, Suite 13.100
Austin, TX 78701-1319
(512) 305-8000

License Number: 3074

(Date PDF Version Generated: 6/3/2024)

HELPFUL PHARMACY INFORMATION

- Pharmacies are required to notify TSBP within 10 days of a discontinuance of service, change of location or closure. See the TSBP website here Pharmacy - Renew & Update (texas.gov) for changes.
- Renewals open about 60 days prior to your expiration date, renewal information can be found here Renew | Pharmacy (texas.gov).
- Change of Employment or Change of PIC information can be found here Update | Employment (texas.gov).
- Change of Ownership – Call (512) 305-8021 or see Apply | Change of Ownership (texas.gov).
- For questions or assistance regarding rules, contact TSBP Rules Queue line at (512) 305-8070 see www.pharmacy.texas.gov.
- Non-Resident Pharmacy questions call (512) 305-9127 or email NonResPhcy@pharmacy.texas.gov.

An up-to-date License Verification is always available on the Board's website: http://www.pharmacy.texas.gov/

CERTIFICATE OF REGISTRATION
TEXAS STATE BOARD OF PHARMACY

This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **3074** Expiration Date: **06/30/2026**

Balances: **2**

TOWER MEDIC PHARMACY
607 W MAGNOLIA SUITE B
FORT WORTH, TX 76104

Daniel R. Carroll, Pharm.D.,
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 3074

TOWER MEDIC PHARMACY

License Information

License Status Active
License # 3074
Expiration Date 06/30/2026
Date License Issued Unknown

Address

607 W MAGNOLIA STE 100 & 201
FORT WORTH, TX 76104
County TARRANT
Phone (817) 984-8610

Pharmacy Details

Prior Disciplinary Orders* Yes

- 259582 P3074 Tower Medic Pharmacy ABO M18023 2018-11.pdf
- 259582 P3074 Tower Medic Pharmacy ABO# H16048B 2017-08.pdf

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Sterile Compounding
Type of Ownership Corporation
Type of Pharmacy Community Independent
# of Hospital beds 0

Employment Information

Pharmacist in Charge
SALIHIMA, TRI ASLAMSYAH

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	Yes
Translating services (Listed Below If Available)	

Spanish
Telecomm. for the deaf (TDD)

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and/or Inspection Reports

- 259582 3074 TOWER MEDIC PHARMACY 2024-11 11-2029.pdf
- 259582 3074 TOWER MEDIC PHARMACY 2025-03 03-2030.pdf
- 259582 3074 TOWERMEDICPHARMACY 2021-03 03-2026.pdf
- 259582 3074 TOWERMEDICPHARMACY 2023-04 04-2028.pdf
- 259582 3074 TOWERMEDICPHARMACY 2023-05 05-2028.pdf
- 259582 3074 TOWERMEDICPHARMACY 2025-11 11-2030.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	Yes
Ship Prescription Out of State	No
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	Yes
Compounding Sterile-Risk Level Med	Yes
Compounding Sterile-Risk Level High	Yes
Compounding Non-Sterile	Yes
24 Hour Service	No
Closed Door	No
Compounding, Office Use	No
Home Delivery	Yes
Infusion	No
Pharmacist Administered Immunizations	Yes

Veterinary Prescriptions	Yes
In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	No

Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
MUSGROVE, MELVIN B.	18416	06/04/1969	08/31/2026	Staff	Active
SALIHIMA, TRI ASLAMSYAH	53966	09/12/2013	01/31/2026	PIC	Active
STEIN, JAMES DANIEL	16915	06/08/1965	04/30/2027	Relief	Active
STOWERS SIMMONS, SANDRA GAY	32492	05/28/1991	03/31/2026	Staff	Active
WINSTEL, CRAIG PHILIP	22959	10/13/1977	03/31/2027	Staff	Active

Page 1 of 1 20 View 1 - 5 of 5

Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
ANDERSON, KENZIE MICHELLE	339861	05/25/2022	05/31/2026	Staff	Active
BENNETT, PHILLIP NEIL	107307	04/21/2004	11/30/2027	Staff	Active
CASTLEBERRY, JEANETTE RENE'	118944	05/28/2004	06/30/2027	Staff	Active
GORDY, MADELINE GRACE	347070	10/27/2022	07/31/2026	Staff	Active
ISAACS, DAWN MARIE	116103	06/03/2004	09/30/2027	Staff	Active
LAWLER, KRISTEN LETITIA	105737	03/19/2004	04/30/2027	Staff	Active
NEGRETE, EDWARD	184717	10/27/2010	05/31/2026	Staff	Active
RIGGINS, ASHLEY N	200060	09/08/2011	12/31/2027	Staff	Active
WILSON, KRISTINA	104144	04/27/2004	12/31/2027	Staff	Active

Page 1 of 1 20 View 1 - 9 of 9

Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
TOWER MEDIC PHARMACY INC	OWNER	607 W. MAGNOLIA,	FORT WORTH	TX	76104
MUSGROVE, LEISA DIANE	OFFICER	,			
MUSGROVE, CHRISTOPHER W	OFFICER	,			

Page 1 of 1 20 View 1 - 3 of 3

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Tower Medic Pharmacy Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) Texas 3074

Physical Address 607 West Magnolia Ave. - Suite 100

City Fort Worth State TX Zip 76104

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 817-336-8133 Website www.towermedic.com

Licensing Company Email chris@towermedic.com

Section 2: Personal Information

First Phillip Middle J. Last Henslee

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Arlington State TX Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Arlington Heights High School		1984-1988	
Address	City	State	Zip
	Fort Worth	TX	
Diploma/Degree obtained, if any			
High School			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]	City	State	[redacted]
06/2009 - Present		Arlington	TX	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Tower Medic Pharmacy Inc.			2022-Present
Business Address	**City**	**State**	**Zip**
607 West Magnolia Ave.	Fort Worth	TX	76104
Phone	**Title**		
817-769-9409	Vice President		
Description of Duties			
Director of operations and technology			

Business Name			From - To (MM/YY – MM/YY)
Tower Digital LLC			2001-Present
Business Address	**City**	**State**	**Zip**
607 West Magnolia Ave.	Fort Worth	TX	76104
Phone	**Title**		
817-769-9409	Vice President		
Description of Duties			
Director of technology			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Phillip J. Henslee

Print Name (First, Last)

x Phillip J Henslee II

Original Signature (electronic, copies or stamps not accepted)

02-20-2026

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Tarrant

I, Caroline Carson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Caroline Carson

Original Signature

2-20-26

Date

Subscribed and Sworn to before me this 20 day of February.

Caroline Carson

Notary Public Signature

Caroline Carson
My Commission Expires
5/15/2027
Notary ID132014283

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Tower Medic Pharmacy Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): Texas 3074

Physical Address: 607 West Magnolia Ave. - Suite 100

City: Fort Worth State: TX Zip: 76104

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 817-336-8133 Website: www.towermedic.com

Licensing Company Email: chris@towermedic.com

Section 2: Personal Information

First: Christopher Middle: W. Last: Musgrove

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Fort Worth State: TX Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Fort Worth Country Day School			From - To (MM/YY – MM/YY): 1984-1988
Address	City: Fort Worth	State: TX	Zip
Diploma/Degree obtained, if any: High School			
School Name: Texas Wesleyan University			From - To (MM/YY – MM/YY): 1992-1995
Address	City: Fort Worth	State: TX	Zip
Diploma/Degree obtained, if any: Bachelors of Business Administration - Accounting			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY): 2009 - 2024	[redacted]	City: Aledo	State: TX	[redacted]
From - To (MM/YY – MM/YY): 2024-Present	[redacted]	City: Fort Worth	State: TX	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Tower Medic Pharmacy Inc.			2022-Present
Business Address	**City**	**State**	**Zip**
607 West Magnolia Ave.	Fort Worth	TX	76104
Phone	**Title**		
817-984-8610	President		
Description of Duties			
Chief Executive Officer and head of product development			

Business Name			From - To (MM/YY – MM/YY)
Tower Digital LLC			2001-Present
Business Address	**City**	**State**	**Zip**
607 West Magnolia Ave.	Fort Worth	TX	76104
Phone	**Title**		
817-984-8610	President		
Description of Duties			
Chief Executive Officer and head of sales			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christopher W. Musgrove

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02-20-2026

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Tarrant

I, Caroline Carson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Caroline Carson

Original Signature

2-20-26

Date

Subscribed and Sworn to before me this 20 day of February

Caroline Carson

Notary Public Signature

CAROLINE CARSON

Caroline Carson
My Commission Expires
5/15/2027
Notary ID132014283

(Seal)

4WW

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Dangerous drugs ☒ Controlled substances DEA #: [redacted] ☒ Non-sterile Compounding ☒ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Vault Pharmaceuticals LLC

Physical Address: 3167 Premier Drive

City: Brooksville State: FL Zip: 34604-8305

Mailing Address (if different from physical address): same as above

City: _____ State: _____ Zip: _____

Telephone: 352-777-4260 Toll Free # (NAC 639.708, NRS 639.23286): 833-380-3275

Fax: 352-777-4263 Contact Email: vaultpharmaceuticals@gmail.com

Website: N/A

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Kelly Swiggett

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24408

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Kelly Swiggett	NV Pharmacist Registration #: 24408
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida

Parent Company (if any): Manna Vault Immediate Holdings, LLC

Corporation/Organization Name: Vault Pharmaceuticals LLC

Mailing Address: 3167 Premier Drive

City: Brooksville State: FL Zip: 34604

Telephone: 352-777-4260 Email: vaultpharmaceuticals@gmail.com

Contact Person Name: Bryan Henry

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CEO (title) for Vault Pharmaceuticals LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Bryan Henry

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

Date 5/4/26

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bryan Henry

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

5/6/26

Date

Board Use Only	Date Received: 5/18/26	Amount: $500-CK 1000002482 ✓

Vault Pharmaceuticals, LLC
3167 Premier Drive
Brooksville, FL 34604

Officers and Ownership Information

List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)

The following individuals serve as officers of Vault Pharmaceuticals LLC. As an LLC, the company has no board of directors.

Bryan Henry
- Title: CEO
- Business Address: 3167 Premier Drive, Brooksville, FL 64604
- Business Phone Number: 833-380-3275

Sarah Henry
- Title: Chief Operating Officer
- Business Address: 3167 Premier Drive, Brooksville, FL 64604
- Business Phone Number: 833-380-3275

Michael Clurman
- Title: VP of Pharmacy
- Business Address: 3167 Premier Drive, Brooksville, FL 64604
- Business Phone Number: 833-380-3275

List the top four stockholders and their percent ownership. NRS 639.231(3)

Vault Pharmaceuticals LLC is not a corporation with stockholders; it has no issued stock or shareholders.

List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)

Vault Pharmaceuticals LLC is not a corporation with stockholders; it has no issued stock or shareholders.

State of Florida
Department of State

I certify from the records of this office that VAULT PHARMACEUTICALS LLC is a limited liability company organized under the laws of the State of Florida, filed on June 19, 2024, effective June 14, 2024.

The document number of this limited liability company is L24000277830.

I further certify that said limited liability company has paid all fees due this office through December 31, 2025, that its most recent annual report was filed on May 1, 2025, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twelfth day of March, 2026

Secretary of State

Tracking Number: 4990045412CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Vault Pharmaceuticals LLC

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 3167 Premier Drive

City: Brooksville State: FL Zip: 34604-8305

Mailing Address (if different from physical address): same as above

City: State: Zip:

Telephone: 352-777-4260 Website: N/A

Licensing Company Email: vaultpharmaceuticals@gmail.com

Section 2: Personal Information

First: Kelly Middle: Ann Last: Swiggett

Alias(es, nicknames, name changes, etc.): Kelly Steele, Kelly Santiago, Kelly Davis

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Citrus Springs State: FL Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
University of the Sciences in Philadelphia (Saint Joseph's University-PA)			08/00-05/06
Address	**City**	**State**	**Zip**
600 S 43rd St	Philadelphia	PA	19104
Diploma/Degree obtained, if any			
PharmD			

School Name			From - To (MM/YY – MM/YY)
University of Delaware			08/98-08/00
Address	**City**	**State**	**Zip**
210 S College Ave	Newark	DE	19716
Diploma/Degree obtained, if any			
n/a			

School Name			From - To (MM/YY – MM/YY)
Christiana High School			09/94-06/98
Address	**City**	**State**	**Zip**
190 Salam Church Rd	Newark	DE	19713
Diploma/Degree obtained, if any			
High School Diploma			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/17-5/26	[redacted]	Citrus Springs	FL	[redacted]
10/14-11/17		Citrus Spring	FL	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Vault Pharmaceuticals			
Business Address	**City**	**State**	**Zip**
3167 Premier Dr	Brooksville	FL	34604
Phone	**Title**	**Number of Employed Hours**	
352-777-4260	Pharmacist	~680	
Description of Duties			
PIC Overseeing day to day operations of pharmacy. Dispensing medication, patient counseling, drug therapy managment, cinical collaboration, and operational management.			

Business Name			From - To (MM/YY – MM/YY)
Fortress Pharmaceuticals			
Business Address	**City**	**State**	**Zip**
18114 Powell Rd	Brooksville	FL	34604
Phone	**Title**	**Number of Employed Hours**	
833-909-1529	Pharmacist	~ 4160	
Description of Duties			
Dispensing medication, patient counseling, drug therapy managment, cinical collaboration, andoperational management.			

Business Name			From - To (MM/YY – MM/YY)
Walmart Pharmacy			
Business Address	**City**	**State**	**Zip**
9570 SW HWY 200	Ocala	FL	34481
Phone	**Title**	**Number of Employed Hours**	
352-291-8629	Pharmacist	~16,800	
Description of Duties			
Overseeing day to day operations of pharmacy. Dispensing medication, patient counseling, drug therapy managment, cinical collaboration,operational management, and inventory management. Immunizing and MTM reviews.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✔	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
	10/16/15	DE	Dover	
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		Delaware board of pharmacy		
Reason/Charge				
Failure to complete required CE credits				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

I did not complete all of my required CE credits needed to renew my DE pharmacist license. I received a letter of reprimand and needed to make up hours to resolve reprimand.

Original Signature (electronic, copies or stamps not accepted)

04/28/2026
Date

I, Kelly Swiggett, **certify that as the designated representative for**

Vault Pharmaceuticals LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. x I am at least 21 years of age;
3. x I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. x I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. x I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. x I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. x I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Kelly Swiggett

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/28/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kelly Swiggett

Print Name (First, Last)

Kelly Swiggett

Original Signature (electronic, copies or stamps not accepted)

04/28/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Hernando

I, Kelly Swiggett, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Kelly Swiggett

Original Signature

4/28/26

Date

Subscribed and Sworn to before me this 28 day of April.

Sherree Kimbrell

Notary Public Signature

SHERREE KIMBRELL
MY COMMISSION # HH513388
EXPIRES: April 08, 2028

(Seal)

Letter of Explanation for Affirmative Response to Disciplinary Action Question

In 2016, Pharmacist-in-Charge, Kelly Swiggett (also known as Steele), received a reprimand from the Delaware Board of Pharmacy.

During the licensure renewal period of October 1, 2012, to September 30, 2014, Ms. Swiggett (aka Steele) failed to complete the required continuing education in a timely manner, as mandated by the Delaware Board of Pharmacy statutes and regulations. She also inaccurately attested to compliance with the Board's continuing education requirements on her renewal application.

As a result, the Board issued a reprimand. Ms. Swiggett was permitted to complete makeup continuing education credits to satisfy the audit requirements for that period and was placed on notice for audit during the subsequent 2014-2016 biennial renewal cycle. Ms. Swiggett fully complied with the terms of the reprimand and associated guidelines.

A copy of the Final Order is enclosed.

Sincerely,

Kelly Swiggett

Kelly Swiggett, Managing Pharmacist
Vault Pharmaceuticals LLC

CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

March 9, 2016

VIA CERTIFIED & FIRST CLASS MAIL
7013 0600 0002 2149 0908

32
Kelly A Steele
[redacted]

Re: Kelly A Steele
Board of Pharmacy
Case(s):
FINAL ORDER

Dear Kelly A Steele:

Enclosed is the Order signed by the Delaware Board of Pharmacy on March 9, 2016.

If you have any questions, please contact at (302) 744-4500 or customerservice.dpr@state.de.us.

Sincerely,

BOARD OF PHARMACY

Enclosure

Certified True Copy
Delaware Division of Professional Regulation

BEFORE THE DELAWARE BOARD OF PHARMACY

IN THE MATTER OF:	)
	)
Kelly Steele	)
n/k/a Kelly Santiago	)
	)
(License No. A1-0003646)	)

FINAL ORDER

Pursuant to 29 *Del. C.* § 8735(v)(1)d, on October 16, 2015, a properly noticed hearing was conducted before a Hearing Officer to consider the above referenced rule to show cause matter against Kelly Steele, a Delaware licensed pharmacist. Ms. Steele was required to show cause why the Delaware Board of Pharmacy ("Board") should not discipline her license due to her failure to provide evidence of compliance with the Board's continuing education ("CE") requirements during the course of its post-renewal compliance audit for the renewal period October 1, 2012 – September 30, 2014. Pharmacy Board Rule 1.4.1 requires that pharmacists complete 30 hours of CE during each licensure renewal period. The Hearing Officer found that Ms. Steele submitted documentation showing completion of just 14.75 CEs during the renewal period. Ms. Steele was, therefore, deficient 15.25 CEs at the time of renewal. The Hearing Officer recommended that the Board issue a Letter of Reprimand to Ms. Steele.

Ms. Steele was given 20 days from October 30, 2015, the date of the Hearing Officer's recommendation, to submit written exceptions, comments and arguments concerning the conclusions of law and recommended penalty. No written exceptions, comments or arguments were submitted by Ms. Steele.

The Board is bound by the findings of fact made by the Hearing Officer. 29 *Del. C.* § 8735(v)(1)d. However, the Board may affirm or modify the Hearing Officer's conclusions of law and recommended penalty. The Board deliberated on the Hearing Officer's conclusions of

law and recommended penalty on January 20, 2016.

As stated by the Hearing Officer, the Board's primary objective is to protect the general public, while the secondary objective is to ensure minimum standards of professional competency in the practice of pharmacy. The Board's CE requirements advance this secondary objective. A licensee's failure to complete the required CE increases the likelihood that he or she may engage in unsafe practices and thereby endanger the public health, safety and welfare.

In this case, Ms. Steele explained her deficiency by offering that in Florida, where she practices, the reporting period is in opposite years as Delaware's. This circumstance did not relieve Ms. Steele of her obligation to comply with the Board's CE requirements. Further, Ms. Steele falsely attested to compliance when she renewed her license. Based on these factual findings, the Board affirms the Hearing Officer's conclusions of law and recommended discipline.

NOW THEREFORE, by the unanimous vote of the participating members of the Board of Pharmacy[1], the Board enters the following Final Order:

1. Kelly Steele shall be issued a Letter of Reprimand;
2. The 16 CEs earned by Ms. Steele from January 3 and March 13, 2015 shall be used as "make-up" CE for the 2012 – 2014 renewal period only and may not be applied to any other renewal period;
3. Ms. Steele shall be flagged for audit for the 2014 – 2016 renewal period; and
4. A copy of this Order shall be served personally or by certified mail, return receipt requested, upon Ms. Steele. This is a public disciplinary action reportable to national

[1] The participating Board members were Susan Esposito, Hooshang Shanehsaz, Kimberly Robbins, Tejal Patel, Bonnie Wallner, Kenneth Sellers, Julia Wheatley, and Jay Galloway.

practitioner data banks. A copy of the Hearing Officer's Recommendation shall be attached hereto and incorporated herein as modified by this Final Order.

IT IS SO ORDERED this 9th day of **March, 2016.**

BOARD OF PHARMACY

Susan Esposito
President
Pursuant to 29 *Del. C.* § 10128(g)

APPEAL RIGHTS

29 *Del. C.* § 10142 provides:

> (a) Any party against whom a case decision has been decided may appeal such decision to the Court.
>
> (b) The appeal shall be filed within 30 days of the day the notice of the decision was mailed.
>
> (c) The appeal shall be on the record without a trial de novo. If the Court determines that the record is insufficient for its review, it shall remand the case to the agency for further proceedings on the record.
>
> (d) The court, when factual determinations are at issue, shall take due account of the experience and specialized competence of the agency and of the purposes of the basic law under which the agency has acted. The Court's review, in the absence of actual fraud, shall be limited to a determination of whether the agency's decision was supported by substantial evidence on the record before the agency.

Date Mailed: **March 9, 2016**

cc: Kelly Steele
Kristin S. Gibbons, Hearing Officer

CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF PHARMACY

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

March 9, 2016

Kelly Steele
[redacted]

RE: Letter of Reprimand

Dear Ms. Steele:

Pursuant to the enclosed Final Order, the Delaware Board of Pharmacy ("Board") issues this Letter of Reprimand. You are a Delaware licensed pharmacist. During the licensure renewal period October 1, 2012 – September 30, 2014, you failed to timely complete the continuing education required by 24 *Del. C.* § 2512(b) and Board Rule 1.4. Further, you falsely attested to compliance with the Board's requirements. You are, therefore, subject to discipline.

Please be advised that a copy of this Letter of Reprimand will be retained in your permanent file.

If you have any questions, please contact the Board office at (302) 744-4500.

Sincerely,

Susan L Esposito

Susan Esposito
President
Delaware Board of Pharmacy

CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

October 30, 2015

VIA FIRST CLASS MAIL
Kelly A. Steele
[redacted]

RE: In the Matter of Kelly A. Steele
Board of Pharmacy - RTSC

Dear Ms. Steele:

Enclosed please find the recommendation that has been submitted to the Board of Pharmacy with regard to the above referenced case. If you have any exceptions, comments or arguments regarding the enclosed recommendation, you must file them in writing to the attention of the Board of Pharmacy at the above address within twenty (20) days of the date of this letter pursuant to 29 *Del. C.* §8735(v)(1)d.

Please note this is a recommendation to the Board of Pharmacy. Other than any exceptions, comments or arguments you wish to submit, no action is required on your part at this time. The Board will review the recommendation and make the final decision at its meeting which begins at **9:30 a.m. on January 20, 2016.** You have the right to appear personally when the Board considers this recommendation and any exceptions, comments or arguments submitted by the parties. You also have the right to be represented by an attorney at this Board meeting. The Board will reach its decision based on its consideration of the recommendation and any submissions from the parties.

All Board of Pharmacy meetings are held at 861 Silver Lake Blvd., Cannon Building, Dover, DE 19904 unless indicated otherwise. Notices of meetings are posted on the Division of Professional Regulation website at least 7 calendar days prior to the meeting date. Please confirm the date, time, and meeting agenda using the Division of Professional Regulation's online calendar at http://dpr.delaware.gov/.

If you have any questions please contact the Board Liaison for the Board of Pharmacy through customer service at (302) 744-4500.

Thank you.

Sincerely,
Kristin S. Gibbons
Kristin S. Gibbons
Hearing Officer

Enclosure
Cc: Christine Mast, Board Liaison, Board of Pharmacy (*via email*)

BEFORE THE DELAWARE BOARD OF PHARMACY

In the Matter of:	)	
	)	**RTSC-CE's**
Kelly Steele	)	
n/k/a Kelly Santiago	)	
License No. A1-0003646	)	

RECOMMENDATION OF HEARING OFFICER

Nature of the Proceedings

An evidentiary hearing was held on October 16, 2015 at 1:00 p.m. before the undersigned hearing officer of the Division of Professional Regulation ("Division") in Conference Room C, 861 Silver Lake Boulevard, Dover, Delaware. The purpose of the hearing was to provide an opportunity for Kelly Steele[1] ("Ms. Steele") to show cause why the Delaware Board of Pharmacy (the "Board") should not suspend, revoke or impose other disciplinary sanctions against her license for failure to comply with the Board's post-renewal compliance audit.

During the license renewal process, Ms. Steele attested to having completed the required number of continuing education credits ("CE's") in order to obtain renewal of her license. Upon a random audit by the Board and a subsequent audit notice sent, Ms. Steele failed to fully comply with the CE requirements. Ms. Steele received due notice in accordance with 29 *Del. C.* §10131(c) and 29 *Del. C.* §10122. The hearing was held before a hearing officer in accordance with 29 *Del. C.* §8735(v) and audio recorded.

Summary of Evidence

Ms. Steele confirmed that she received the hearing notice, which was admitted as Administrative Hearing Unit Exhibit 1 ("AHU X1"). Ms. Steele understood her right to counsel and proceeded without an attorney.

[1] Ms. Steele has since married and her last name is "Santiago".

Christine Mast testified first. Ms. Mast serves as the liaison to the Board. Her duties include processing applications for licensing, communicating with the Board and the public, as well as assisting with audits. The Board conducted an audit, and Ms. Steele was randomly selected and sent notice on December 4, 2014. The audit period was October 1, 2012 to September 30, 2014 and she was to provide proof of 30 CE's earned during the period. She was requested to return a copy of the audit notice with her documentation by January 12, 2015. The audit notice was admitted as Board Exhibit 1 ("BX 1").

On January 11, 2015, Ms. Steele emailed and stated she realized that she did not have enough CE's when she printed her CE transcript and asked about her options, as she practices in Florida. A copy of the email "ticket" and her CPE Monitor Activity Transcript was admitted as Licensee Exhibit 1 ("LX 1"). On January 13, 2015, Ms. Mast emailed Ms. Steele to request her certificates of attendance for the courses on her transcript. The email was admitted as BX 2. A few days later on January 15th she sent in copies of her corresponding certificates of completion. The submission was admitted as LX 2 and reviewed by the Board's Executive Director, David Dryden. It was determined that she had earned 14.75 hours during the audit period. A copy of the Board's audit checklist outlining that was admitted as BX 3.

Ms. Steele testified that Florida's reporting period is in opposite years as Delaware's. When she went to respond she realized she was out of range by two months. She should have checked and not just assumed she was within the correct period. She has probably completed about 45 CE's since the audit period ended but did not bring copies of those certificates. The hearing officer allowed the hearing record be left open for three days to allow the submission of the additional CE certificates, which Ms. Steele sent. The submission showed that 50 CE's were

earned by her between January 3 and September 16, 2015, and the transcript and certificates were admitted as LX 3. Ms. Steele appeared honest about her oversight.

Findings of Fact

Notice of the hearing was properly posted by Division personnel to Ms. Steele, who acknowledged its receipt. The Board conducted a random post-renewal audit of a percentage of its licensees for the period of October 1, 2012 to September 30, 2014. Ms. Steele was selected and sent notice on December 4, 2014. Her documentation with certificates showed that she had earned 14.75 CE's during the audit period. LX 1. This left her a deficiency of 15.25 CE's. I find that Ms. Steele failed to complete all 30 required CE's within the audit period. She was deficient at the time of renewal and thus falsely attested. Ms. Steele was confused between her renewal dates in Florida where she actively practices admitted her mistake. She supplied an additional 50 CE's earned in 2015 alone. I found her humble and honest and believe that this was a one-time mistake on her part.

Conclusions of Law

Notice sent to Ms. Steele of the date, time and place of this show cause hearing was properly posted by Division personnel and otherwise conforms with the applicable provisions of the Delaware Administrative Procedures Act at 29 *Del.C.* §10131(c) and 29 *Del. C.* §10122 and with the applicable statutes governing the Board of Pharmacy at 24 *Del. C.* §2517(a). Ms. Steele represented herself in the hearing.

The objectives of the Board of Pharmacy are found at 24 *Del. C.* §2501. The primary objective of the Board is to promote, preserve, and protect the public health, safety, and welfare, while the secondary objective is to maintain minimum standards of professional competency in the practice of pharmacy. In accordance with its statutory authority pursuant to 24 *Del. C.*

§2506(6) the Board is charged with establishing regulations regarding continuing education standards for renewal of licenses to ensure that the secondary objective of professional competency is maintained. The Board's corresponding regulations are found at Board of Pharmacy Reg. 1.4.1 and require 3.0 CEU's, which is 30 hours per biennial license period. Such a Board regulation is a valid exercise of State authority rationally related to the goal of ensuring minimum standards of competency for pharmacists in Delaware. Failure of a licensee to complete the required number of continuing education credits increases the likelihood that he or she may engage in unsafe practices, thereby endangering the public health, safety and welfare.

A pharmacist is required to renew his or her license biennially per 24 *Del. C.* §2512(b) and Board of Pharmacy Reg. 1.4. In accordance with Board of Pharmacy Reg. 1.6, a pool of 10% of licensed pharmacists are randomly audited every biennial term and must show proof that they have met the continuing education requirements as established by the Board in its Regulations at 1.4.1 and a failure to do so may be grounds for discipline pursuant to 24 *Del. C.* §2515(a)(6). Ms. Steele had a 15.25 CE deficiency for biennial period of October 1, 2012 through September 30, 2014. In mitigation, she was honest and diligently completed 50 CE's since the audit period ended. However, she was deficient and is subject to discipline in accordance with 24 *Del. C.* §2515(a)(6) and Board Reg. 1.6.

Due process was afforded in these proceedings.

Recommended Discipline

Based on the relevant evidence in this case and the findings of fact and conclusions of law set forth above, the following discipline is recommended for Kelly Steele:

1. That the Board issue a Letter of Reprimand to Ms. Steele;
2. That the 16 CE's Ms. Steele earned between January 3 and March 13, 2015 be applied as "make up" CE's for the 2012-2014 audit period;
3. That the "make up" CE's in Paragraph 2 should not be applied to the current or any other biennium;
4. That Ms. Steele be flagged for audit in the 2014-2016 biennial renewal period. At that time additional penalties may be imposed if the Board finds, after a hearing, that Ms. Steele has failed to comply with her continuing education requirements.

Kristin S. Gibbons

Dated: Oct. 30, 2015

Kristin S. Gibbons
Hearing Officer

Any party to this proceeding shall have twenty (20) days from the date on which this recommendation was signed by the hearing officer in which to submit in writing to the Board of Pharmacy any exceptions, comments, or arguments concerning the conclusions of law and recommended penalty stated herein. 29 *Del.C.* §8735(v)(1)d.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Vault Pharmaceuticals LLC

NV Pharmacy or Outsourcing facility license # (if applicable): N/A

Physical Address: 3167 Premier Drive

City: Brooksville State: FL Zip: 34604-8305

Mailing Address (if different from physical address): same as above

City: State: Zip:

Telephone: 352-777-4260 Toll Free # (NAC 639.708, NRS 639.23286): 833-380-3275

Fax: 352-777-4263 Contact Email: vaultpharmaceuticals@gmail.com

Website: N/A

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Kelly Swiggett

Supervising/Managing Pharmacist NV Pharmacist Registration #: 24408

Name of Designated Person(s) as defined by revised USP-797 guidelines: Kelly Swiggett

Email of Designated Person(s): vaultpharmaceuticals@gmail.com

Telephone of Designated Person(s): 352-777-4260

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ☐ Category 2 ■ Category 3

If you marked "**Category 3**", you must also complete **section 4.**

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ☐ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ☐ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? February 2026

6. What is the frequency of the recertification for the ISO classified areas? Every 6 months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? N/A

10. Will you be performing sterile hazardous drug compounding? ■ Yes No

If you marked "**Yes**", you must also complete **section 3.**

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Gonadorelin, Methylcobalamin, Semaglutide, Tirzepatide, Testosterone, Nandrolone

12. What laboratory performs your sterility or endotoxin testing?

Name: Pharmetric Labs

Address: 7265 Ulmerton Rd

City: Largo State: FL Zip: 33771

Telephone: 727-209-5778

13. What is your procedure for visual inspection of compounded sterile products?

For Vials
1. Visually inspect each vial against a black and white background at the visual inspection station.
2. Check vials for the absence of fibers, particles (colored or clear), glass particles, sealing defects, air pocket, hairline cracks, low volume & high volume.
3. Keep visually inspected "PASS" and "FAIL" vials separate.
4. Inspector shall initial on the QA Checklist for Sterile Preparations upon completion of the particle inspection.

14. How often do you perform glove fingertip and medial fill testing?

Initial qualification and every 3 months for sterile compounding personnel, every 12 months for the Designated Person

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

All sterile personnel undergo an ASHP didactic program which includes aseptic principles, calculations, environmental controls, etc. All personnel then undergo gowning, gloving, weighing, compounding, aseptic compounding including exams and observational assessments. Once complete, all personnel complete glove tip testing, a media fill and surface sampling.

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Cleanroom and pharmacy shall only be cleaned with lint-free wipes soaked with SIPA 70% and allowed to dry or sterile Peridox RTU (dwell time 3 min) followed by SIPA 70% and allowed to dry. All HD services shall be cleaned and disinfected using sterile PeridoxRTU (dwell time 3min) followed by SIPA 70% and allowed to dry.
The following are performed daily: Clean and disinfect all work surfaces in LAFW/BSC, beginning at the top and moving downward, then from the back to the front.Clean and disinfect all tables and items stored on the tables. Clean and disinfect all PCH and items stored in the PCH.Clean and disinfect all flooring, working from the corner furthest from the door towards the door. All flooring is cleaned using a mixture of sterile water for irrigation or distilled water (700mL) and Lysol IC (2.77mL).
The following are performed weekly as sporicidal and disinfecting duties: Clean and disinfect all ceiling tiles and inspect silicone caulking. Clean and disinfect all walls, doors and door frames beginning at the top and moving downward. Clean and disinfect all bins and items stored in the bins. Clean and disinfect all shelving and exterior PEC surfaces.Clean and disinfect all counters, tables, horizontal surfaces and computers. Clean and disinfect all carts and items stored on the carts. Clean and disinfect all flooring, working from the corner furthest from the door towards the door.

17. Who performs the sterile compounding process at your facility?

Sterile trained and qualified personnel only

18. Who is responsible and accountable for the sterile compounding process at your facility?

Designated Person (Michael Clurman, PharmD)

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

Validated insulated mylar envelopes with ice packs are used for all refrigerated compounds
All refrigerated items ship Next Day Air with no exceptions

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? BSC Class II, Type A2		
2. Are you complying with all USP 800 guidelines?	■ Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	■ Yes	No
4. Is your BSC or CACI vented 100% to the outside?	■ Yes	No
5. Do you have a negative pressure buffer room at your facility?	■ Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	■ Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	■ Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	■ No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

Any hazardous drug substances that may expose the patient to Hazardous Drugs are provided and instruction sheet on use and precautions related to the hazardous substance. A toll-free number is provided if the patient has questions or would like additional information, including MSDS sheets.

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

All sterile personnel undergo an ASHP didactic program which includes aseptic principles, calculations, environmental controls, etc. All personnel then undergo gowning, gloving, weighing, compounding, aseptic compounding including exams and observational assessments. Once complete, all personnel complete glove tip testing, a media fill and surface sampling.

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

Gonadorelin, Methylcobalamin, Semaglutide, Tirzepatide, Testosterone, Nandrolone

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

Initial qualification and every 3 months for sterile compounding personnel, every 12 months for the Designated Person

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? ■ Yes No

4. What is the frequency for completing volumetric active air sampling?

Monthly

5. What is the frequency for completing surface sampling? Weekly if no compounding operations, after each compound when compounding		
6. What is the frequency for using sporicidal agents? Sporicidal agents are used daily (before compounding and upon completion of compounding)		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	■ Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	■ Yes	No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kelly Swiggett
Name of Person who Completed the Form

PIC
Title

Kelly Swiggett
Signature (copies or stamps not accepted)

5/1/26
Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV797 USP Sterile Compounding

File # 30671
Insp # 208213

NAME	PERMIT NUMBER	DATE OF INSPECTION
Vault Pharmaceuticals LLC	36016	02/20/2026
DOING BUSINESS AS		
STREET ADDRESS 3167 Premier Dr	**TELEPHONE #** 352-345-5303	**EXT**
CITY BROOKSVILLE	**COUNTY** HERNANDO	**STATE/ZIP** FL/34604

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours 9:00AM - 5:00PM
Monday Y	Monday Hours 9:00AM - 5:00PM
Tuesday Y	Tuesday Hours 9:00AM - 5:00PM
Wednesday Y	Wednesday Hours 9:00AM - 5:00PM
Thursday Y	Thursday Hours 9:00AM - 5:00PM
Friday Y	Friday Hours 9:00AM - 5:00PM
Saturday N	Saturday Hours CLOSED
Sunday N	Sunday Hours CLOSED

Registered Pharmacist / Intern / Tech

License # PS42450	Licensee Name Michael Clurman
License Type Registered Pharmacists	
License # PS42909	Licensee Name Kelly Swiggett
License Type Registered Pharmacists	
License # RPT91106	Licensee Name Molly Riddle
License Type Pharmacy Tech	
License # RPT74316	Licensee Name Elizabeth Garnier
License Type Pharmacy Tech	
License # PS20027	Licensee Name Mark Hanshaw
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # [redacted]	

License Relations

Pharmacy Affiliate

CLURMAN, MICHAEL	License # 42450
HENRY, SARAH	License #

RX DPT MGR/COR/POR

SWIGGETT, KELLY ANN	License # 42909

Special Sterile Compounding

VAULT PHARMACEUTICALS LLC	License # 35458

INV797 - USP Sterile Compounding
(Revision 1, USP 797 2022. August 2024)

A. INTRODUCTION & SCOPE – ALL CATEGORIES

DESIGNATED PERSON: A designated person(s) is identified who is responsible and accountable for the performance and operation of the facility and personnel involved in the preparation of CSPs. [USP 797 Section 1.1.3] ****DP: Michael Clurman*	Yes
IMMEDIATE USE COMPOUNDING: When preparing immediate use preparations, written SOPs are in place for all requirements and all criteria are met including 1. aseptic technique, processes, and procedures; and, 2. personnel are trained and demonstrate competency in aseptic processes as they relate to assigned tasks and SOP's, 3. the preparation is performed in accordance with evidence-based information for physical and chemical compatibility of the drugs, 4. the preparation involves not more than 3 different sterile products, 5. Any unused starting component from a single-dose container is discarded, 6. Administration begins within 4 hours following the start of preparation and, 7. Unless directly administered by the preparer or administration is witnessed by the preparer, the CSP is labeled with the names and amounts of all active ingredients, the name or initials of the preparer and the 4 hour period within which administration must begin. [USP 797 Section 1.3]	N/A
BAG & VIAL SYSTEM: Docking of vial and bag systems for future activation and administration is performed in an ISO 5 environment and BUDs are not longer than those specified in the manufacturer's labeling. [USP 797 Section 1.4]	N/A
REPACKAGING: Repackaging of sterile products or preparations from its original container into another container are prepared according to all applicable USP 797 requirements. [USP 797 Section 1.1.2]	N/A

B. COMPONENT BUDs (Single and Multi-dose Containers) – ALL CATEGORIES

SINGLE DOSE CONTAINERS (SDCs): SDCs are entered or punctured only in an ISO Class 5 or cleaner air and are used up to 12 hours after initial entry or puncture if the labeled storage requirements during that 12-hour period are maintained. [USP 797 Section 15.1]	N/A
AMPULES: Opened SINGLE DOSE AMPULES are used immediately and not stored for any time period. [USP 797 Section 15.1]	N/A
MULTIDOSE CONTAINERS (MDCs): Upon initially entering or puncturing a conventionally manufactured MDC, the MDC is not used for more than 28 days unless otherwise specified by the manufacturer on the labeling. [USP 797 Section 15.2]	N/A
PHARMACY BULK PACKAGES: Conventionally manufactured pharmacy bulk packages are entered or punctured only in an ISO Class 5 PEC and must be used according to the manufacturer's labeling. [USP 797 Section 15.3]	Yes
SINGLE DOSE COMPONENT CSPs & STOCK SOLUTIONS: When single-dose CSPs or CSP stock solutions are used as a component to compound additional CSPs, the original compounded single-dose component CSP or CSP stock solution is entered or punctured in ISO Class 5 or cleaner air and is stored under the conditions upon which its BUD is based (e.g., refrigerator or controlled room temperature). Once punctured, the component CSP is used for sterile compounding for up to 12 hours or its assigned BUD, whichever is shorter, and any remainder is discarded. [USP 797 Section 16.2]	N/A

C. CSP LABELING – ALL CATEGORIES

CSP LABEL REQUIREMENTS: CSP immediate container label prominently and legibly displays 1) assigned internal identification number; 2) active ingredient(s) and their amount(s), or concentration(s); 3) storage conditions if other than controlled room temperature; 4) BUD; 5) dosage form; 6) total amount or volume; 7) statement if CSP is a single dose container (when space permits) or multi-dose container. Labeling of CSP displays 1) route of administration, 2) special handling instructions, 3) warning statements, and the compounding facility name and contact information if the CSP is sent outside of the facility in which it was compounded. [USP 797 Section 13]	Yes
ADDITIONAL REQUIREMENTS FOR A CLASS II OR III FACILITY: 1) identification of responsible compounding personnel and/or dispensing pharmacist;2) labels for batch-prepared CSPs must also include: Control or lot number, auxiliary labeling (including precautions); and device-specific instructions. Patient specific medications must also include patient's name, location the medication is to be delivered to and directions for use. [USP 797 Section 13] [F.A.C.64B16-28.108(10)]	Yes
LABELING SOP: SOPs describe labeling procedures and are followed to prevent labeling errors and CSP mix-ups. [USP 797 Section 13]	Yes
LABEL VERIFICATION: CSP labels are verified to ensure that they conform with the prescription or medication order, MFR (if required), and the CR. [USP 797 Section 13]	Yes

D. PERSONNEL PREPARATION & OBSERVATION – ALL CATEGORIES

UNNECESSARY ITEMS: Personnel remove outer garments (e.g., bandanas, coats, hats, jackets, sweaters, vests); cosmetics, and all hand, wrist, and other exposed jewelry, including piercings that may interfere with effectiveness of garbing. Items not necessary for compounding (e.g., food, drinks, mints, gum, earbuds, headphones) are not introduced into the compounding environment. Accommodations are documented. [USP 797 Section 3.1]	Yes
NAILS: Nails are clean and trimmed. Nail products (e.g., polish, artificial nails, and extenders) are not worn. Personnel clean under nails under warm running water with a disposable nail cleaner. Hands and forearms are washed with soap and water for at least 30 seconds prior to entering a compounding area. [USP 797 Section 3.2]	Yes
REQUIRED PPE GARBING ORDER & STORAGE: Personnel garb (don and doff) in en order that reduces risk of contamination per SOP. Required garb, manner of storage, and order or garbing is documented in SOP's. The minimum required PPE when preparing CSPs includes a garment with sleeves that fit around wrists and enclosed neck, shoe covers, head/facial hair cover, face mask, and sterile powder-free gloves. All PPE is low lint for Category 1 & 2 compounding or sterile if Category 3. Gowns and other garb are stored in a manner that minimizes contamination (e.g., away from sinks) and within a classified area or SCA. [USP 797 Section 3.3]	Yes
INAPPROPRIATE HAND HYGIENE PRACTICES: Brushas and hand dryers are not used, and soap containers are not refilled or topped off. [USP 797 Section 3.2]	Yes
ALCOHOL-BASED HAND RUB: Hands are sanitized with alcohol-based hand rub prior to donning gloves. Handrub is used prior to donning garb when hand hygiene is done outside of a classified area. [USP 797 Section 3.3]	Yes
STERILE GLOVES USED: Sterile gloves are donned in classified room or SCA. Skin is not exposed inside ISO 5 PEC (e.g., gloves are not donned or doffed). [USP 797 Section 3.3]	Yes
SANITIZATION OF STERILE GLOVES: Sterile 70% IPA is applied to gloves prior to compounding and regularly throughout the compounding process. [USP 797 Section 3.3]	Yes
SANITIZATION OF ITEMS INTRODUCED INTO PEC: Items are wiped with sterile 70% IPA and sterile low-lint wipers just prior to being introduced into the PEC and allowed to dry before use. [USP 797 Section 8.2]	Yes
CRITICAL SITES (e.g., vial stoppers, ampule necks, and intravenous bag septum's) are wiped with sterile 70% IPA in the PEC to provide both chemical and mechanical actions to remove contaminants. The sterile 70% IPA is allowed to dry before personnel enter or puncture stoppers and septum's or break the necks of ampules. [USP 797 Section 8.3]	Yes

MATERIALS AND EQUIPMENT DISINFECTION: Before any item is introduced into the clean side of enteroom(s), placed into pass-through chamber(s), or brought into the SCA, it is wiped with a sporicidal disinfectant, EPA-registered disinfectant, or sterile 70% IPA using low-lint wipers by personnel wearing gloves. Dwell time is followed. [USP 797 Section 8.1 & 9.1]	Yes

E. EQUIPMENT, SUPPLIES, & COMPONENTS – ALL CATEGORIES

DAILY ACD ACCURACY ASSESSMENT: An accuracy assessment is conducted for Automated Compounding Devices (ACDs) or similar equipment before the first use and again each day the equipment is used to compound CSPs. A daily record of accuracy measurements is maintained. Corrective actions are implemented if accuracy measurements are outside of manufacturer's specifications. [USP 797 Section 9.1] ****Repeater pumps calibrated with each batch, currently not recorded on CR but facility to add for future CSPs*	Yes
EQUIPMENT SOPs: Written SOPs for the calibration, maintenance, cleaning, and use of equipment are established and are based on the manufacturer's recommendations. Procedures are followed and records are maintained. [USP 797 Section 9.1] ****Equipment last calibrated by TMI 8/5/25, next due 8/5/26*	Yes

F. SEGREGATED COMPOUNDING AREA: Category 1

CATEGORY 1 MAXIMUM BUDs & COMPOUNDING AREA REQUIREMENTS: Category 1 CSPs are compounded in an ISO class 5 PEC located within a SCA and are assigned a BUD of 12 hours or less at controlled room temperature or 24 hours or less when refrigerated. [USP 797 Section 1.5, 4.2.1]	
DEDICATED AREA FOR SCA: The SCA is separated from areas not directly related to compounding, and all surfaces (walls, floors, counters, and equipment) are clean, uncluttered, and dedicated to compounding. [USP 797 Section 4.2.1]	
SCA LOCATION: The SCA is located away from unsealed windows, doors that connect to the outdoors, and traffic flow, all of which may adversely affect the air quality in the PEC. SCA is not located where environmental control challenges (e.g., restrooms, warehouses, or food preparation areas) could negatively affect the air quality of the PEC within the SCA. A sink is not located within 1 meter of PEC. [USP 797 Section 4.2.1]	
ITEMS WITHIN SCA: Only furniture, equipment, and other materials necessary for performing compounding activities are located within the SCA. [USP 797 Section 4.2.1]	

G. FACILITIES & SECONDARY ENGINEERING CONTROLS – Categories 2 and 3

STERILE SUITE CONSTRUCTION: The ISO-classified anteroom and buffer room are separated from the surrounding unclassified areas of the facility by fixed walls and doors, and controls are in place. [USP 797 Section 4.2.1]	Yes
HEPA FILTERED AIR: Air supplied to the cleanroom suite is introduced through HEPA filters located in the ceiling of the buffer room and anteroom. [USP 797 Section 4.2.1]	Yes
AIR RETURNS: Air returns in the cleanroom suite are low on the wall unless a visual smoke study demonstretes an absence of stagnant airflow. [USP 797 Section 4.2.1]	Yes
LINE OF DEMARCATION: The anteroom has a line of demarcation to separate the clean side from the dirty side. [USP 797 Section 4.2.1]	Yes
SURFACES & WALLS: The surfaces of ceilings, walls, floors, doors, door frames, fixtures, shelving, work surfaces, counters, and cabinets in the classified area are smooth, impervious, free from cracks and crevices, and non-shedding. Walls are constructed of/or covered with durable material. [USP 797 Section 4.3.1]	Yes
CEILINGS & FLOORS: Inlaid panels of ceilings are caulked around each panel to seal them to the support frame. Junctures between the ceiling and the walls and between the walls and the floor are sealed to eliminate cracks and crevices where dirt can accumulate. Floors include coving to the sidewall, or the juncture between the floor and the wall are caulked. [USP 797 Section 4.3.1]	Yes
LEDGES & OVERHANGS: Overhangs and ledges are easily cleanable, and the exterior lens surface of ceiling light fixtures are smooth, mounted flush, and sealed. [USP 797 Sections 4.3.1]	Yes
FURNITURE, EQUIPMENT, & MATERIALS: Only furniture, equipment, and other materials necessary for performing compounding activities are permitted in a classified area or SCA. Tacky mats are not placed within ISO-classified areas. Carts used to transport components or equipment into classified areas are constructed from nonporous materials with cleanable casters and wheels. [USP 797 Sections 4.2.1 & 4.5]	Yes
TEMPERATURE & HUMIDITY MONITORING: Temperature and humidity in the cleanroom suite are controlled through a heating, ventilation, and air conditioning (HVAC) system. The temperature and humidity are monitored in each room of the cleanroom suite each day that compounding is performed, either manually or by a continuous recording device. They are documented at least once daily or stored in the continuous recording device and are retrievable and are reviewed as described in the facility's SOP. [USP 797 Section 4.2] ****Monitoring continuously plus recording daily. Facility added temperature and humidity sensor to anteroom during inspection*	Yes
PRESSURE DIFFERENTIATION MONITORING & DOCUMENTATION: Facility maintains a minimum differential positive pressure of 0.020-inch water column between the nonhazardous buffer room to anteroom and anteroom to unclassified area. A pressure differential monitoring device is used to continuously monitor the pressure differentials. Quantitative results from the pressure monitoring device are reviewed and documented at least daily on the days when compounding is occurring. [USP 797 Sections 4.2.5]	Yes
PEC LOCATION: PECs are located in a buffer room in a manner that minimizes conditions that could increase the risk of microbial contamination (strong air currents, personnel traffic, or air streams from HVAC system(s)) and allows for cleaning around the PEC. [USP 797 Sections 4.2.2 & 4.2.3]	Yes
INTEGRATED VERTICAL LAMINAR FLOW ZONES: IVLFZ is separated from ISO Class 7 area with a physical barrier and there is full covarage of HEPA filters above the work surface. [USP 797 Section 4.2.3]	N/A

H. CERTIFICATION AND RECERTIFICATION – ALL CATEGORIES

PEC & SEC CERTIFICATION: PECs are certified initially and every 6 months to meet ISO Class 5 or better conditions, during dynamic operating conditions. SECs are certified initially and every 6 months to meet ISO Class 7 or 8 or better conditions, during dynamic operating conditions (including presterilization activities if applicable). Anterooms providing access to positive-pressure buffer rooms are at least ISO 8 and at least ISO 7 for anterooms providing access to negative-pressure buffer rooms. ISO Class 7 rooms maintain a minimum of 30 total HEPA-filtered ACPH during dynamic operating conditions, at least 15 ACPH come from the HVAC through HEPA filters located in the ceiling. ISO Class 8 rooms maintain a minimum of 20 total HEPA-filtered ACPH during dynamic operating conditions; 15 ACPH must come from the SEC. The ACPH from HVAC, ACPH contributed from the PEC, and the total ACPH are documented on the certification report. HEPA filter integrity testing for both SECs & PECs is conducted initially and every 6 months as part of total particle testing. Classified areas are recertified when changes occur that could affect airflow or air quality [USP 797 Sections 4.1, 4.2.4, 4.2.6, & 5.0] ****Last certification performed by MTA on 8/27/25. Next scheduled for 2/25/26*	Yes
DOCUMENTATION OF PERSONNEL PRESENT DURING CERTIFICATION: The number of personnel present in each PEC and SEC during total particle counts and dynamic airflow smoke-pattern tests is documented on the certification report. [USP 797 Section 5.0]	Yes
PEC DYNAMIC SMOKE PATTERN TEST: Smoke pattern tests are performed under dynamic conditions initially to demonstrate minimal disruption in airflow and repeated if equipment is placed in a different location. Smoke pattern tests are performed under dynamic conditions every 6 months to demonstrate unidirectional airflow and sweeping action over and away from the preparation(s). [USP 797 Section 5.0]	Yes

ROBOTICS / ROBOTIC ENCLOSURES: Robotic enclosures used as a PEC or placed within a PEC have a dynamic airflow smoke pattern test is performed initially and at least every 6 months that confirms 1) the robotic device is properly integrated into the facility, 2) there is no turbulence or refluxing at any critical site(s), 3) room air does not enter the PEC where sterile products and/or preparations may be exposed, and 4) all processes can be performed without introducing contamination to the DCA(s). [USP 797 Section 4.2.3]	N/A
MONITORING DEVICE CERTIFICATION: Temperature and humidity monitoring devices are verified for accuracy at least every 12 months or as required by the manufacturer. [USP 797 Section 4.2]	Yes
CONTAINMENT DEVICES USED FOR PRESTERILIZATION PROCEDURES: CVEs, BSCs, or CACIs used for presterilization procedures are certified at least once every 6 months. Presterilization procedures do not adversely affect the required air quality of the SEC as demonstrated during certification under dynamic operating conditions. [USP 797 Section 4.2.6]	Yes
CERTIFICATION REPORT REVIEW BY DESIGNATED PERSON: All certification and recertification records are reviewed by the designated person(s). A corrective action plan is implemented and documented in response to any out-of-range results on certification report and data reviewed to confirm that the actions taken have been effective. [UPS 797 Section 5.0]	Yes

I. RABS

LOCATION: If used to prepare Category 2 or Category 3 CSP's RABS are located in a cleanroom suite with an ISO Class 7 or better buffer room with an ISO Class 8 or better anteroom. [USP 797 Section 4.2.3]	
RECOVERY TIME: When a RABS is used, the recovery time after opening the transfer chamber to achieve ISO Class 5 air is documented and internal procedures are developed to ensure that adequate recovery time is allowed after opening and closing the RABS. [USP 797 Section 4.2.3]	
STERILE GLOVES: are worn over gloves attached to RABS sleeves. [USP 797 Section 3.3]	

J. CATEGORY 2 CSPs WITHOUT STERILITY TESTING

CATEGORY 2 COMPOUNDING ENVIRONMENT: Category 2 CSPs are compounded in an ISO class 5 PEC located within an ISO classified anteroom and buffer room. [USP 797 Sections 4.1 & 14.3]	
CATEGORY 2 BUDs FROM STERILE COMPONENTS WITHOUT STERILITY TESTING: Category 2 CSPs compounded aseptically from all sterile starting components and in the absence of sterility testing do not exceed the following BUDs: 4 days room temperature, 10 days refrigerated, or 45 days frozen. A shorter BUD is assigned when the stability of the CSP or its components is less than the maximum BUDs stated above. [USP 797 Section 14.3]	
CATEGORY 2 BUDs FROM NONSTERILE COMPONENTS WITHOUT STERILITY TESTING: Category 2 CSPs compounded aseptically from one or more nonsterile starting components and in the absence of sterility testing do not exceed the following BUDs: 1 day room temperature, 4 days refrigerated, or 45 days frozen. A shorter BUD is assigned when the stability of the CSP or its components is less than the maximum BUDs stated above. [USP 797 Section 14.3]	

K. CATEGORY 2 EXTENDED BUD REQUIREMENTS

CATEGORY 2 BUDs FOR ASEPTICALLY PROCESSED CSPs WITH STERILITY TESTING: Category 2 CSPs compounded aseptically, and which have passed sterility testing do not exceed the following BUDs: 30 days room temperature, 45 days refrigerated, or 60 days frozen. A shorter BUD is assigned when the stability of the CSP or its components is less than the maximum BUDs stated above. [USP 797 Section 14.3]	
CATEGORY 2 BUDs FOR TERMINALLY STERILIZED CSPs WITHOUT STERILITY TESTING: Category 2 CSPs terminally sterilized and in the absence of sterility testing do not exceed the following BUDs: 14 days room temperature, 28 days refrigerated, or 45 days frozen. A shorter BUD is assigned when the stability of the CSP or its components is less than the maximum BUDs stated above. [USP 797 Section 14.3]	
CATEGORY 2 BUDs FOR TERMINALLY STERILIZED CSPs WITH STERILITY TESTING: Category 2 CSPs terminally sterilized, and which have passed sterility testing do not exceed the following BUDs: 45 days room temperature, 60 days refrigerated, or 90 days frozen. A shorter BUD is assigned when the stability of the CSP or its components is less than the maximum BUDs stated above. [USP 797 Section 14.3]	
ANTIMICROBIAL EFFECTIVENESS TESTING FOR MULTI-DOSE CSPs: Aqueous multiple-dose CSPs (e.g., injectables and ophthalmics) pass USP <51> compliant antimicrobial effectiveness testing once for each unique formulation and each container closure system in which it is packaged. Bracketing studies are allowed. [USP 797 Section 14.5 & 16.1]	
CONTAINER CLOSURE TESTING: Container closure integrity testing is performed once for each unique CSP formulation and container closure system in which it is packaged. For multi-dose (i.e., preserved CSPs), container integrity testing is performed per fill volume for each unique CSP formulation and container closure system. [USP 797 Sections 14.3.3 & 14.5]	
MULTI-DOSE, NON-PRESERVED AQUEOUS CSPs: Multi-dose, non-preserved aqueous CSPs (i.a., topical, or ophthalmic solutions) are assigned are prepared as a Category 2 CSP, for use by a single patient, and labeled to indicate that once opened, the CSP must be discard after 24 hours if stored at controlled room temperature or 72 hours when stored under refrigeration. [USP 797 14.5]	
MULTI-DOSE CSPs USED AS A COMPONENT: Meet the criteria for anti-microbial effectiveness testing (see <51>) If aqueous, are stored under the conditions upon which the BUD is based, Multiple-dose CSP after initially entered or punctured, are not used for longer than the assigned BUD or 28 days, whichever is shorter. [USP 797 Sections 14.5 & 16.1]	
OUTSOURCED STERILITY TESTING: Sterility testing is performed for all Category 2 CSPs assigned a BUD requiring sterility testing according to USP <71> or a validated alternative and noninferior method. Membrane Filtration as described in USP <71> is the preferred method when the formulation allows. [USP 797 Section 12.2]	
INHOUSE STERILITY TESTING: Sterility testing is according to USP <71> or a validated alternative and noninferior method. Membrane filtration is used if appropriate and filters are rinsed according to USP <71>. Direct inoculation is done only when membrane filtration cannot be carried out. Volume inoculated does not exceed 10% of the culture media volume. Growth promotion test has been done on the media with the 5 specified organisms (not more than 100 CFU) according to USP <71>. TSB or SCD is incubated at 20-25C for 14 days; FTM is incubated at 30-35C for 14 days. (2 incubators present).	
METHOD SUITABILITY TEST: A Method Suitability Test (or equivalent validation for altamative testing methods) is performed to validate suitability of the sterility testing method. [USP 797 Section 12.2]	
MAXIMUM BATCH SIZE: The maximum batch size for all CSPs requiring sterility testing is 250 final yield units. [USP 797 Section 12.2]	
INVESTIGATION OF STERILITY TEST FAILURES: Sterility tests resulting in failure undergo prompt investigation into possible causes and requires identification of the microorganism(s) as well as evaluation of sterility testing procedure, compounding facility, process, and/or personnel that may have contributed to the failure. Impact to other CSPs is assessed. Investigation and resulting corrective actions are documented. [USP 797 Section 12.2]	
STERILITY TESTING QUANTITY & VOLUME DETERMINATION: The minimum quantity of each container tested for sterility is per USP <71> Table 2 and the number of containers tested in relation to the batch size is per USP <71> Table 3. For 1-39 CSPs compounded as single batch, sterility testing is performed on a number of containers or units equal to 10% of the number of CSPs prepared rounded to the next whole number. [USP 797 Section 12.2]	
ENDOTOXIN TESTING: Category 2 injectable CSPs compounded from one or more nonsterile component(s) and assigned a BUD that requires sterility testing are tested for bacterial endotoxins. [USP 797 Section 12.3]	

ENDOTOXIN LIMITS: In the absence of a bacterial endotoxin limit in an official USP–NF monograph or other CSP formula or scientifically supported source, the CSP does not exceed the endotoxin limit calculated as described in USP <85> for the appropriate route of administration for humans or largest recommend dose per weight for nonhuman species. [USP 797 Section 12.3]	

L. CATEGORY 3 CSPs, BUDs, & RELATED REQUIREMENTS

CATEGORY 3 REQUIREMENTS: All requirements associated with Category 3 compounding (e.g., garbing, cleaning, environmental monitoring) apply to all personnel entering the buffer room where Category 3 CSPs are compounded and always apply regardless of whether Category 3 CSPs are compounded on a given day. [USP 797 Section 14.4.2]	Yes
STERILE/SINGLE USE GARB: When compounding Category 3 CSPs, skin is not exposed in buffer room (i.e., face and neck are covered) and all low lint outer garb is sterile, including sterile sleeves over RABS gauntlet sleeves. Disposable garb items are not reused. [USP 797 Section 3.3]	Yes
STERILIZED/REUSABLE GARB: Non-disposable garb is not reused without being laundered and resterilzed with a validated cycle. Disinfection procedures described in facility SOPs are followed before reusing goggles, respirators, and other equipment. [USP 797 Section 3.3]	Yes
CATEGORY 3 BUDs FOR ASEPTICALLY PROCESSED CSPs: Category 3 CSPs aseptically processed, sterility tested, and passing all applicable tests (including stability indicating assay, endotoxin, and other dosage form appropriate tests) do not exceed the following BUDs: 60 days room temperature, 90 days refrigerated, or 120 days frozen. Shorter BUDs are assigned when physical or chemical stability of the CSP is less than the maximum allowable Category 3 BUDs for aseptically processed CSPs. [USP 797 Section 14.4.3]	Yes
CATEGORY 3 BUDs FOR TERMINALLY STERILIZED CSPs: Category 3 CSPs aseptically processed, sterility tested, and passing all applicable tests (including stability indicating assay, endotoxin, and other dosage form appropriate tests) do not exceed the following BUDs: 90 days room temperature, 120 days refrigerated, or 180 days frozen. Shorter BUDs are assigned when physical or chemical stability of the CSP is less than the maximum allowable Category 3 BUDs for terminally sterilized CSPs. [USP 797 Section 14.4.3] ****Facility preparing for terminally sterilized CSPs but not doing so at this time*	N/A
MAXIMUM BATCH SIZE: Category 3 CSP batch sizes do not excaed 250 final yield units. [USP 797 Section 12.2]	Yes
STABILITY INDICATING ASSAYS: All Category 3 CSP formulations are supported by data obtained using a validated stability-indicating analytical method that can distinguish active ingredients from degradants and impurities and quantify the amount of active ingredient. CSPs are prepared according to the exact formulation, components, and packaged in a container closure system of the same materials of composition. Facilities have documentation of the stability study, its results, and the method validation available for review. [USP 797 Section 14.3.3] ****Previously completed under different business name and address (JRC Compounding - 18114 Powell Road, Brooksville, FL, 34604) under the same owner. Pharmetric stated that since these are identical formulations they may be transferred to this facility and will update client and client address on forms*	Yes
STERILITY TESTING: All category 3 CSPs and batches undergo sterility testing performed according to USP <71> or a validated alternative and noninferior method. [USP 797 Sections 12.2 & 14.4.4] ****Completed by Pharmetric for every batch*	Yes
METHOD SUITABILITY TEST: A Method Suitability Test (or equivalent validation for alternative testing methods) is performed to validate suitability of the sterility testing method for each formulation. [USP 797 Section 12.2] ****Previously completed under different business name and address (JRC Compounding - 18114 Powell Road, Brooksville, FL, 34604) under the same owner. Pharmetric stated that these may be transferred to this facility and will update client and client address on forms*	Yes
STERILITY TESTING QUANTITY & VOLUME DETERMINATION: The minimum quantity of each container tested for sterility is per USP <71> Table 2 and the number of containers tested in relation to the batch size is per USP <71> Table 3. For 1-39 CSPs compounded as single batch, sterility testing is performed on a number of containers or units equal to 10% of the number of CSPs prepared rounded to the next whole number. [USP 797 Section 12.2]	Yes
INVESTIGATION OF STERILITY TEST FAILURES: Sterility tests resulting in failure undergo prompt investigation into possible causes and requires identification of the microorganism(s) as well as evaluation of sterility testing procedure, compounding facility, process, and/or personnel that may have contributed to the failure. Impact to other CSPs is assessed. Investigation and resulting corrective actions are documented. [USP 797 Section 12.2] ****Facility has not had any sterility testing failures but has policies and procedures in place to address them*	N/A
ENDOTOXIN TESTING: Category 3 injectable CSPs compounded from one or more nonsterile component(s) are tested for bacterial endotoxins. [USP 797 Section 12.3]	Yes
ENDOTOXIN LIMITS: In the absence of a bacterial endotoxin limit in an official USP–NF monograph or other CSP formula or scientifically supported source, the CSP does not exceed the endotoxin limit calculated as described in USP <85> for the appropriate route of administration for humans or largest recommend dose per weight for nonhuman species. [USP 797 Section 12.3]	Yes
PARTICULATE MATTER TESTING: Category 3 injectable CSPs undergo USP <788> (Particulate Matter in Injections) and ophthalmic solutions undergo USP <789> (Particulate Matter in Ophthalmic Solutions) test once per formulation with acceptable results. [USP 797 Section 14.3.3] ****Some particular matter testing completed for Cat 3 CSPs but not available for all CSPs at the time of this inspection. Facility recently sent out samples for certification through Pharmetric, awaiting results.*	No
ANTIMICROBIAL EFFECTIVENESS TESTING FOR MULTI-DOSE CSPs: Aqueous multiple-dose CSPs (e.g., injectables and ophthalmic) pass USP <51> compliant antimicrobial effectiveness testing once for each unique formulation and each container closure system in which it is packaged. Bracketing studies are allowed. [USP 797 Section 14.5 & 16.1] ****No antimicrobial effectiveness testing completed for Cat 3 CSPs at the time of this inspection. Facility recently sent out samples for certification through Pharmetric, awaiting results.*	No
CONTAINER CLOSURE TESTING: Container closure integrity testing is performed once for each unique CSP formulation and container closure system in which it is packaged. For multi-dose (i.e., preserved multi-dose CSPs), container closure integrity testing is also performed per fill volume for each unique CSP formulation and container closure system. [USP 797 Sections 14.3.3 & 14.5] ****No container closure testing completed for Cat 3 CSPs at the time of this inspection. Facility recently sent out samples for certification through Pharmetric, awaiting results.*	No
MULTI-DOSE, NON-PRESERVED AQUEOUS CSPs: Multi-dose, non-preserved aqueous CSPs (i.e., topical, or ophthalmic solutions) are prepared for use by a single patient, and labeled to indicate that once opened, the CSP must be discard after 24 hours if stored at controlled room temperature or 72 hours when stored under refrigeration. [USP 797 14.5]	N/A
MULTI-DOSE CSPs USED AS A COMPONENT: Meet the criteria for anti-microbial effectiveness testing (see <51>) if aqueous, are stored under the conditions upon which the BUD is based, Multiple-dose CSP after initially entered or punctured, are not used for longer than the assigned BUD or 28 days, whichever is shorter. [USP 797 Sections 14.5 & 16.1]	N/A

M. PERSONNEL TRAINING & COMPETENCIES - ALL CATEGORIES

TRAINING PROGRAM & SOP: Facility maintains a written training program and corresponding SOP which defines required trainings, frequency of training and the process for evaluating the performance of individuals who compound, have direct oversight of compounding personnel, perform in-process checks, final verification and dispensing of CSP's. The training program equips personnel with the appropriate knowledge and training in the required skills necessary to perform their assigned tasks. [USP 797 Section 2]	Yes

INITIAL DIDACTIC TRAINING & SKILLS ASSESSMENT: Before beginning to compound CSPs independently or have direct oversight of compounding personnel, personnel complete training and can demonstrate knowledge of principles and competency of skills for performing sterile manipulations and achieving and maintaining appropriate environmental conditions as applicable to their assigned job functions. [USP 797 Section 2.1]	Yes
INITIAL GLOVED FINGERTIP & HAND HYGIENE/GARBING COMPETENCY: Before beginning to compound independently or have direct oversight of compounding personnel, personnel successfully complete an initial gloved fingertip (GFT) competency no fewer than 3 separate times, with a documented visual audit while performing hand hygiene and garbing procedures. GFT samples are collected before applying sterile 70% IPA to gloves. [USP 797 Section 2.2]	Yes
INITIAL MEDIA FILL & ASEPTIC TECHNIQUE ASSESSMENT: Before beginning to compound independently or have direct oversight of compounding personnel, personnel who compound or have direct oversight of compounding successfully complete an initial aseptic manipulation competency evaluation which consists of a visual observation, media-fill testing followed by a gloved fingertip and thumb sampling on both hands, and surface sampling of the direct compounding area. [USP 797 Section 2.3]	Yes
GFT & MEDIA FILL INCUBATION: Documentation includes the name of the person evaluated, evaluation date and time, media and components used to include their manufacturer or supplier, expiration dates and lot numbers, starting temperature for each interval of incubation, dates of incubation, the results, and the names or other identification of the observer and the person who reads and documents the results. [USP 797 Section 2.3]	Yes
ONGOING CATEGORY 1 AND 2- GFT & GARBING ASSESSMENT: After initial garbing competency evaluations, compounding personnel complete garbing competency evaluation and GFT every 6 months for Category 1 and Category 2 CSP's. Direct oversight personnel who do not compound complete garbing competency and GFT every 12 months. GFTs are appropriately incubated. [USP 797 Section 2.2] ****Cat 3 only*	N/A
ONGOING CATEGORY 1 AND 2- MEDIA FILL & ASSESSMENT: After initial aseptic manipulations competency evaluations, compounding personnel complete aseptic technique competency, media fill, GFTs, and surface sampling of DCA every 6 months for Category 1 and Category 2 CSP's. Direct oversight personnel who do not compound complete media fill every 12 months. GFTs and surface samples are appropriately incubated. [USP 797 Section 2.3] ****Cat-3 only*	N/A
ONGOING KNOWLEDGE & COMPENTENCY OF CORE SKILLS: Training and knowledge assessment of sterile compounding principles or core skills is completed at least every 12 months. [USP 797 Section 2.1]	N/A
FAILED COMPETENCY INVESTIGATION: Initial and ongoing competency assessment failures are investigated, remediated, and documented in a Corrective Action Plan. [USP 797 Sections 2.2 & 2.3]	N/A
STAFF TRAINING IN VIABLE AIR AND SURFACE SAMPLING: Personnel are trained and competent in air and surface sampling procedures to ensure accurate and reproducible sampling. [USP 797 Section 6.1]	Yes
CLEANING PERSONNEL: Cleaning and disinfecting activities are performed by trained and appropriately garbed personnel using facility-approved agents and procedures. Cleaning personnel demonstrate knowledge and competency of core skills related to cleaning, disinfection, and maintenance of environmental conditions initially and at least once every 12 months. [USP 797 Sections 7 & 2.1]	Yes

FACILITY COMPOUNDS CATEGORY 3

ONGOING CATEGORY 3 GFT & GARBING ASSESSMENT: After initial garbing competency evaluations, compounding personnel complete garbing competency and GFT every 3 months for Category 3 CSP's. Direct oversight personnel who do not compound complete garbing competency and GFT every 12 months. GFTs are appropriately incubated. [USP 797 Section 2.2]	Yes
ONGOING CATEGORY 3 ASEPTIC PROCESSING COMPETENCY: Aseptic competency is repeated at least one time every 3 months for personnel compounding Category 3 CSPs. The simulation must capture elements that could potentially affect the sterility of the CSP. Immediately following the media-fill test, gloved fingertip and thumb sampling is performed on both hands and surface sampling of the direct compounding area. Direct oversight personnel who do not compound must complete media fill every 12 months. [USP 797 Section 2.3]	Yes

N. MICROBIOLOGICAL AIR AND SURFACE MONITORING: ALL CATEGORIES

ENVIRONMENTAL MONITORING PROGRAM & SOPs: The microbiological air and surface monitoring program is clearly described in the facility's SOPs, which includes a diagram of the sampling locations, procedures for collecting samples, frequency of sampling, size of samples (e.g., surface area, volume of air), time of day of sampling in relation to activities in the compounding area, and action levels that trigger corrective action. [USP 797 Section 6]	Yes
VIABLE AIR SAMPLING: Volumetric active air sampling using an impaction air sampler collecting at least 1000L of air is conducted in each classified area [e.g., ISO Class 5 PEC and ISO Class 7 and 8 room(s)] during dynamic operating conditions and is completed at least every 6 months. [USP 797 Section 6.2]	Yes
AIR IMPACTION DEVICE: Device is serviced and calibrated according to the manufacturer's recommendations. [USP 797 Section 6.1]	Yes
SURFACE SAMPLING: Microbiological surface sampling is conducted in all classified areas and pass-through chambers under dynamic operating conditions and performed at least once monthly. [USP 797 Section 6.3]	Yes
GROWTH MEDIA: A general microbiological growth media that supports the growth of bacteria and fungi is used and a COA from the manufacturer is available. Growth media used for surface sampling contains neutralizing agents (e.g., lecithin and polysorbate 80). [USP 797 Sections 6.2 & 6.3]	Yes
MEDIA INCUBATION: Samples are incubated at 30°C - 35°C for 48 hours and 20°C - 25°C for an additional 5 days; if dual growth media are used, incubate one media device at 30°C - 35°C for 48 hours and the second media device at 20°C - 25°C for 5 days. The incubator temperature is monitored during incubation, either manually or by a continuous recording device, and results are reviewed and documented as described in the facility's SOPs. Incubators are placed in a location outside of the sterile compounding area. [USP Sections 6.2.2 (Box 5) & 6.3.2 (Box 6)]	Yes
ENVIRONMENTAL MONITORING TREND ANALYSIS: Regular review of sampling data is performed to detect trends and review of trending data is documented. [USP 797 Section 6.1]	Yes
CORRECTIVE ACTION: When microbial growth exceeds action levels, the cause is investigated, and corrective action is taken; corrective actions taken are reviewed for effectiveness. An attempt to identify microorganisms at the genus level is made. [USP Sections 6.2.3 & USP 6.3.3]	Yes

FACILITY COMPOUNDS CATEGORY 3

CATEGORY 3-VIABLE AIR SAMPLING: Volumetric air sampling is completed within 30 days prior to the commencement of any Category 3 compounding and at least monthly thereafter regardless of the frequency of compounding Category 3 CSPs.Air sampling sites are selected in all classified areas. [USP 797 6.2.1]	Yes
CATEGORY 3-SURFACE SAMPLING: Surface sampling for any Category 3 CSPs, is completed in all classified areas, and pass-through chambers connecting to classified areas, prior to assigning a BUD longer than BUD limits for Category 2 CSPs (defined in Table 13 of USP 797) and at least weekly on a regularly scheduled basis regardless of the frequency of compounding Category 3 CSPs. [USP 797 6.2.2]	Yes
CATEGORY 3-BATCH SURFACE SAMPLING: Surface sampling is conducted within the PEC used to prepare Category 3 CSPs, at the end of each batch before cleaning and disinfection occurs, unless a self-enclosed robotic device is used. When a self-enclosed robotic device is used as the PEC, surface sampling is conducted at least once daily at the end of compounding operations before cleaning and disinfection occurs. [USP 797 Section 6.3.2]	Yes

O. CLEANING AND DISINFECTING: ALL CATEGORIES

CLEANING SOPS: The frequency, method(s), documentation requirements, and location(s) of cleaning, disinfecting, and applying sporicidal disinfectants are described in written SOPs; use of agents is in accordance with manufacturer's instructions, procedures, and in adherence with minimum wet contact times. SOPs describe the time period during which, once opened, sterile cleaning and disinfecting agents, supplies, and sterile 70% IPA may be reused. Sterile water is used to dilute concentrated cleaning agents used inside of PECs (if applicable). Cleaning and disinfecting agents are EPA-registered. If a one-step disinfectant cleaner is not used, surfaces are cleaned prior to being disinfected. [USP 797 Section 7]	Yes
DAILY PEC CLEANING & DISINFECTION WITH STERILE AGENTS: Equipment and all interior surfaces of the PEC are cleaned and disinfected daily on days when compounding occurs and when surface contamination is known or suspected. Sterile 70% IPA is applied after cleaning, disinfecting, or after one-step disinfectant cleaner or sporicidal agent application to remove residue. [USP 797 Section 7]	Yes
CATEGORY 1 AND 2-MONTHLY PEC SPORICIDAL DISINFECTION: Equipment and all interior surfaces of the PEC, including underneath of removable work trays, are cleaned with a sporicidal agent monthly. [USP 797 Section 7]	N/A
DAILY SEC & SCA CLEANING & DISINFECTION: Work surfaces, floors, sink surfaces, and pass-through chambers are cleaned and disinfected daily on days when compounding occurs. [USP 797 Section 7]	Yes
CATEGORY 1 AND 2 -MONTHLY PEC, SEC & SCA SPORICIDAL DISINFECTION: Equipment and all interior surfaces of the PEC, including underneath of removable work trays, work surfaces, pass-through chambers, storage shelving and bins, equipment outside of PEC's, sink surfaces, floors, ceilings*, walls, doors, and doors frames at least once monthly. SCA ceilings (if applicable) are only cleaned, disinfected, and have sporicidal agents applied when visibly soiled and when surface contamination is known or suspected. [USP 797 Section 7]	N/A
PEC SANITIZATION WITH STERILE 70% IPA: Sterile 70% IPA is applied to the horizontal work surface, including removable trays, immediately before initiating compounding and at least every 30 minutes. If a compounding process takes more than 30 minutes, the work surface is disinfected immediately after the end of the compounding process. Sterile 70% IPA is allowed to dry. [USP 797 Section 7]	Yes
CLEANING SUPPLIES & TOOLS: All cleaning and disinfecting supplies (e.g., wipers, sponges, pads, and mop heads), except for tool handles and holders, are low lint. Supplies used inside PECs are sterile. [USP 797 Section 7.1.2]	Yes
REUSABLE CLEANING TOOLS: Reusable cleaning tools (e.g., mop frames) are made of cleaneble materials and are cleaned and disinfected before and after each use. Reusable tools are dedicated for use in the classified areas or SCA and are not removed. Mops used in HD compounding areas, are dedicated for use only in those areas. [USP 797 Section 7.1.2]	Yes

FACILITY COMPOUNDS CATEGORY 3

WEEKLY SPORICIDAL CLEANING OF PECs & SECs: Weekly cleaning using a sporicidal agent is performed on all internal surfaces of PEC and equipment in PEC's, on work surfaces outside the PEC, pass-through chambers, and floors. [USP 797 Section 7]	Yes
MONTHLY SEC SPORICIDAL DISINFECTION: A sporicidal disinfectant is applied to storage shelving and bins, equipment outside of PEC's, sink surfaces, ceilings, walls, doors, and doors frames at least once monthly. [USP 797 Section 7]	Yes

P. COMPOUNDING CSPs FROM NONSTERILE COMPONENTS OR SUPPLIES – CATEGORY 2 & 3

PRESTERILIZATION ACTIVITY CONTAINMENT ENCLOSURES: Pre-sterilization procedures, such as weighing and mixing of nonsterile components, occur in ISO Class 8 or better environment (e.g., anteroom or buffer room) and are performed in single-use containment glove bags, CVEs, BSCs, or CACIs. [USP 797 Section 4.2.6]	Yes
LOCATION OF STERILE & NONSTERILE PECs: PECs used for sterile and nonsterile compounding (e.g., pre-sterilization procedures) are placed in separate rooms unless the buffer room can maintain an ISO Class 7 classification during particulate generating activities. Co-located PECs are at least 1 meter apart and particle-generating activities are not performed during sterile compounding processes [USP 797 Section 4.2.1; USP 800 Section 5.3]	Yes
COMPONENT SOPs: Written SOPs address the selection, receipt, evaluation, handling, storage, and documentation of all CSP components including ingredients and container closures. [USP 797 Section 9.3]	Yes
COMPONENT QUALITY & COA: APIs and components comply with the criteria in the USP-NF (if one exists for inactive components) and have a COA including specifications and test results showing the API or component meets expected quality. APIs and other components labeled "not for pharmaceutical use", "not for injectable use", "not for human use", or equivalent are not used in CSPs. [USP 7 Section 9.3.1]	Yes
API MANUFACTURERS: APIs are manufactured by an FDA-registered facility in the U.S. or comply with the laws and regulations of the applicable regulatory jurisdictions outside of the U.S. [USP 797 Section 9.3.1]	Yes
COMPONENT STORAGE: Components are handled and stored in a manner that prevents contamination, mix-ups, and deterioration and under temperature, humidity, and lighting conditions consistent with those indicated in official monographs or specified by the suppliers and/or manufacturers. [USP 797 Section 9.3.4]	Yes
STERILE, DEPYROGENATED SUPPLIES: Supplies in direct contact with CSPs are sterile and depyrogenated. A COA or similar conformance documentation is reviewed. [USP 797 Section 9.3.1]	Yes
COMPONENT RECEIPT: Upon receipt, the external packaging of components is examined and components of unacceptable quality or showing deterioration are promptly labeled as rejected and segregated from active stock. APIs and components are inspected for a visible manufacturer expiration date. Components lacking expiration dates are assigned an expiration date no more than 1 year after receipt and both the date of receipt and facility assigned expiration date is clearly marked on the component packaging. [USP 797 Section 9.3.2]	Yes
STERILIZATION OF INJECTABLES WITHIN 6 HOURS OF COMPLETION: Injectable CSPs containing nonsterile components or that come into contact with nonsterile devices (e.g., containers, tubing) during compounding are sterilized within 6 hours of completion. [USP 797 Section 10]	Yes

Q. STERILIZATION OF CSPs - CATEGORY 2 & 3

STERILIZING FILTERS: Sterilizing filters used are sterile, depyrogenated, have a nominal pore size of 0.22 µm or smaller, and are appropriate for pharmaceutical use. Sterilizing filters are certified by the manufacturer to retain at least 10,000,000 microorganisms of a strain of Brevundimonas diminuta per square centimeter of upstream filter surface area. Filters are chemically and physically compatible with all ingredients in the CSP (e.g., water-miscible alcohols may damage filter integrity); chemically stable at the pressure and temperature conditions that will be used; and have enough capacity to filter the required volumes. [USP 797 Section 10.2]	Yes
BUBBLE POINT TESTING: Sterilizing filters are subjected to the manufacturers' recommended integrity testing, such as a post-use bubble point test. If multiple filters are required for the compounding process, each of the filters passes a filter-integrity test. [USP 797 Section 10.2] For failed BP testing, CSP is discarded or, after investigating, refiltered not more than one time. [USP 797 Section 10.2]	Yes
CSP PREFILTRATION: When CSPs are known to contain excessive particulate matter, prefiltration is performed using a filter of larger nominal pore size (e.g., 1.2 µm) or a separate filter of larger nominal pore size placed upstream of (i.e., prior to) the sterilizing filter. [USP 797 Section 10.2]	N/A
CSP TERMINAL STERILIZATION SOP includes: 1) A description of CSP terminal sterilization process(es), including the temperature, pressure (if applicable), duration, permissible load conditions for each cycle, and the use of biological indicators and endotoxin challenge vials (ECVs). 2) Personnel training and competency assessment on sterilization methods and equipment. 3) Schedule and method for establishing and verifying the effectiveness of methods selected. [USP 797 Section 10]	N/A

STEAM OR DRY HEAT STERILIZATION CYCLES FOR CSPs: Sterilization cycles allow for an exposure duration that includes sufficient time for the entire contents of the CSP to reach and remain at the sterilizing temperature during the duration of the sterilization period. CSPs sterilized vial steam are placed in the autoclave to allow steam to reach CSPs without entrapment of air. CSPs sterilized via dry heat are placed with sufficient space between materials to allow for hot air circulation. Sterilization cycle parameters (e.g., temperature, pressure, and duration) and load configuration(s) are documented. [USP 797 Section 10.3 & 10.4]	N/A
BIOLOGICAL INDICATOR USE: The effectiveness of steam or dry heat sterilization of CSPs is verified and documented for each sterilization run or load by using appropriate biological indicators (e.g., Geobacillus stearothermophilus for steam, Bacillus atrophaeus for dry heat) and other confirmation methods. [USP 797 Section 10.3]	N/A
STEAM & DRY HEAT CSP PREFILTRATION: Immediately before filling containers that will be sterilized via steam, or dry heat, CSP solutions are passed through a filter with a nominal pore size of not larger than 1.2 µm for removal of particulate matter. [USP 797 Section 10.3]	N/A
CALIBRATED DATA RECORDER: A calibrated data recorder or chart is used to monitor each steam or dry heat sterilization cycle and to examine for cycle irregularities (e.g., deviations in temperature or pressure). The calibrated oven is equipped with temperature controls and a timer. [USP 797 Section 10.3 & 10.4]	N/A

R. STERILIZATION & DEPYROGENATION OF SUPPLIES & CONTAINER CLOSURE SYSTEMS - CATEGORY 2 & 3

STERILIZATION & DEPYROGENATION SOP's include: 1) A description of sterilization and depyrogenation process(es) used to sterilize and/or depyrogenated compounding supplies and container closure systems, including the temperature, duration, permissible load conditions for each cycle, and the use of biological indicators and endotoxin challenge vials (ECVs). 2) Personnel training and competency assessment on sterilization and depyrogenation methods and equipment used by the facility. 3) Schedule and method for establishing and verifying the effectiveness of methods selected. [USP 797 Section 10]	Yes
DEPYROGENATION VIA DRY HEAT: Dry heat depyrogenation is used to render glassware, metal, and other thermostable containers and components pyrogen free. The exposure period includes sufficient time for items to reach the depyrogenation temperature; items remain at the depyrogenation temperature for the duration of the depyrogenation period. [USP 797 Section 10.1 & USP 1228.4]	Yes
DEPYROGENERATION VIA RINSING: Non-thermostable items are sterilized via a validated sterilization method and cycle: these items are also depyrogenated by multiple rinses with sterile, nonpyrogenic water (e.g., Sterile Water for Injection or Sterile Water for Irrigation) and then thoroughly drained or dried immediately before use in compounding. [USP 797 Section 10 & 10.1]	N/A
DEPYROGENATION PROCESS VALIDATION: The effectiveness of the dry heat depyrogenation cycle(s) is established initially and verified annually using Endotoxin Challenge Vials (ECVs) to demonstrate the cycle achieves a greater than or equal to 3-log endotoxin reduction. The effectiveness of the depyrogenation cycle is re-established if there are changes to the cycle parameters . Cycle verifications are documented. [USP 797 Section 10.1]	Yes
STERILIZATION CYCLE VALIDATION: When performed onsite, the efficacy of sterilization cycles used for supplies or container closure systems are established and documented. Each sterilization run or load is verified and documented by using appropriate biological indicators (e.g., spores of Geobacillus stearothermophilus) and other confirmation methods. [USP 797 Section 9.3.1 & USP 1229]	Yes

S. MASTER FORMULATION AND COMPOUNDING RECORDS – ALL CATEGORIES

MASTER FORMULATION RECORD (MFR): A MFR is created for all CSPs prepared from nonsterile ingredient(s) or CSPs prepared for more than one patient and any changes or alterations to an MFR are approved and documented per facility's SOPs. [USP 797 Section 11.1]	Yes
MFR DOCUMENTATION: An MFR includes at least the following: 1) Name, strength or activity, and dosage form of the CSP; 2) Identities, amounts of all ingredients, and, if applicable, relevant characteristics of components; 3) Type and size of container closure system(s); 4) Complete instructions for preparing the CSP including equipment, supplies, a description of the compounding steps, and any special precautions; 5) Physical description of the of the final CSP; 6) BUD and storage requirements; 6) Stability reference; 7) Quality control procedures; 8) other information as needed to describe the compounding process and ensure repeatability. [USP 797 Section 11.1 (Box 9)] ****Facility to add size to container closure used*	Yes
COMPOUNDING RECORD (CR): A CR is created for all Category 1, Category 2, and Category 3 CSPs. A CR is created for immediate-use CSPs prepared for more than one patient. A CR includes at least the following: 1) Name, strength or activity, and dosage form of the CSP; 2) Date and time of preparation of the CSP; 3) Assigned internal identification number (e.g., prescription, order, or lot number); 4) A method to identify the individuals involved in the compounding process and individuals verifying the final CSP; 5) Name of each component; 6) Vendor, lot number, and expiration date for each component for CSPs prepared for more than one patient and for CSPs prepared from nonsterile ingredient(s); 7) Weight or volume of each component; 8) Strength or activity of each component; 9) Total quantity compounded; 10) Final yield; 11) Assigned BUD and storage requirements; 12) Results of QC procedures. And, if applicable, 13) MFR reference for the CSP; and 14) Calculations made to determine and verify quantities and/or concentrations of components. [USP 797 Section 11.2]	Yes
STERILIZATION CYCLE DOCUMENTATION: The date, run, and load numbers of the steam or dry heat sterilizer used to sterilize a CSP are documented on the CR if applicable. [USP 797 Sections 10.3 & 10.4]	N/A

T. RELEASE INSPECTION AND TESTING – ALL CATEGORIES

RELEASE TESTING PROCEDURES: All release testing procedures (e.g., visual inspections and testing) are included in facility documentation such as MFRs and SOPs. [USP 797 Section 12]	Yes
VISUAL INSPECTION: CSPs are visually inspected before release and dispensing to determine whether the 1) physical appearance of the CSP is as expected (e.g., free of inappropriate visible particulates or other foreign matter, discoloration, or other defects), 2) container closure integrity is intact (e.g., checking for leakage, cracks in the container, or improper seals), 3) CSP and its labeling match the prescription or medication order. [USP 797 Section 12.1]	Yes
DELAYED DISPENSING VISUAL INSPECTION: When CSPs are not released or dispensed on the day of preparation, a visual inspection is conducted immediately before its release to ensure the CSP is free from any defects such as precipitation, cloudiness, or leakage, which could develop during storage. [USP 797 Section 12.1]	Yes
CSP REJECTION & QUARANTINE: CSPs found to be of unacceptable quality (e.g., observed defects) are promptly rejected, clearly labeled as rejected, and segregated from active stock. [USP 797 Section 12.1]	Yes
INVESTIGATION OF OOS RESULTS: Out-of-specifications results and defects indicating sterility or stability problems are investigated to determine the root cause and a corrective action plan is implemented and documented per facility SOPs. [USP 797 Section 12 & 12.1]	Yes

U. CSP HANDLING, STORAGE, PACKAGING, SHIPPING, & TRANSPORT – ALL CATEGORIES

STORAGE AREA TEMPERATURE MONITORING: Temperature in CSP & component storage areas is monitored at least once daily and recorded on a log on days when the facility is open or by a continuous temperature recording device; temperature data is readily retrievable. Monitoring equipment is calibrated or verified for accuracy as recommended by the manufacturer or every 12 months. When CSPs have been exposed to temperature excursions above or below storage temperature limits for the CSP, a Designated Person determines whether the CSP has retained its integrity or quality. [USP 797 Sections 9.3 & 19.1]	Yes
CSP PACKAGING: CSP packaging and shipping materials are selected to protect CSPs from damage, leakage, contamination, degradation, adsorption and prevent inadvertent exposure to transport personnel. [USP 797 Section 19.2]	Yes

SHIPPING & TRANSPORTING: Modes of transport are selected that are expected to deliver properly packaged CSPs in an undamaged, sterile, and stable condition. Special handing instructions are provided and/or affixed to the exterior of the container when applicable. [USP 797 Section 19.2]	Yes

V. STERILE QUALITY PROGRAM, SOP's & DOCUMENTATION- ALL CATEGORIES

QA/QC PROGRAM & SOPs: A Quality Assurance (QA) and Quality Control (QC) program is documented in facility SOPs and formally establishes a system of 1) adherence to procedures, 2) prevention and detection of errors and other quality problems, 3) evaluation of complaints and adverse events, and 4) appropriate investigations and corrective actions. The QA/QC SOPs describe the roles, duties, and training of personnel responsible for each aspect of the QA program. [USP 797 Section 18]	Yes
INVESTIGATIONS & CAPAs: A designated person(s) follows up to ensure investigations are conducted and corrective actions are taken if problems, deviations, failures, or errors are identified or when complaints or adverse reactions are reported. A complete record of each reported complaint and adverse reaction is created and retained. Investigations and corrective actions are documented. [USP 797 Sections 17, 18.2, & 18.3]	Yes
ADR & COMPLAINT DOCUMENTATION: A complete record of each reported complaint and adverse reaction is created and retained per USP 797. [USP 797 Section 18.1]	Yes
RECALL PROCEDURES & SOP: If CSPs are dispensed or administered before the results of release testing are known, procedures are in place to immediately notify the prescriber of a failure of specifications with a potential to cause patients harm; determine the severity of the problem and urgency for implementation/completion of recall; identify patients (or other points of distribution) who have received affected CSP; recall any unused dispensed CSPs; quarantine remaining stock in the pharmacy; investigate if other lots are affected and recalled if needed; conduct investigation and document reason for the failure. Recalls are reported to the appropriate regulatory body as required by the laws and regulations of the applicable regulatory jurisdiction. [USP 797 Section 18]	Yes
ANNUAL SOP & QA/QC COMPLIANCE REVIEW: Facility sterile compounding SOPs are reviewed every 12 months by the Designated Person(s); the review is documented. Changes to SOP are made only by the Designated Person and documented. Acknowledgement of revisions to SOP's are communicated to all personnel. The overall QA/QC Program is reviewed at least once every 12 months by the Designated Person(s); the review is documented, and corrective actions are taken if needed. [USP 797 Section 17 & 18]	N/A

W. HAZARDOUS DRUG HANDLING & COMPOUNDING – ALL CATEGORIES

DESIGNATED PERSON: The entity has a Designated Person who is qualified and trained to be responsible for implementing appropriate HD procedures, overseeing compliance with USP 800 requirements, ensuring environmental control of the storage and compounding areas, monitoring HD facility operations, testing, and acting on results. [USP 800 Section 4] ****Michael*	Yes
HAZARD COMMUNICATION PROGRAM (HCP): Facility has SOPs to ensure effective training regarding proper labeling, transport, storage, and disposal of HDs and use of Safety Data Sheets. The HCP and HD SOPs include a written plan describing 1) how USP 800 requirements are implemented, 2) HD chemical container labelling with the identity of the material and appropriate hazard warnings, 3) readily accessible location of HD chemical SDSs known and accessible by all personnel, 4) HD risk training and information provided to all personnel with HD exposure risk before initial HD handling work assignment and whenever hazard changes, 5) personnel of reproductive capability written acknowledgement of understanding of HD handling risks. [USP 800 Section 8]	Yes
LIST OF HAZARDOUS DRUGS & ASSESSMENT OF RISK: Facility maintains a list of HDs that includes any items on the current NIOSH that the entity handles. The list is reviewed every 12 months and whenever a new agent or dosage form is used. All HD drugs follow the requirements of USP 800 unless an assessment of risk (AOR) is performed. If an assessment of risk approach is taken, the entity must documents what alternative containment strategies and/or work practices are being employed for specific dosage forms to minimize occupational exposure. The AOR minimally contains the type of HD, dosage form, risk of exposure, packaging, and manipulation considerations. The HD drug list & AOR is reviewed at least every 12 months and whenever a new agent or dosage form is used. [USP 800 Section 2]	Yes
CONTAINMENT REQUIREMENTS: All antineoplastic HDs requiring manipulation and HD active pharmaceutical ingredients (APIs) on the NIOSH list follow all the requirements of USP 800. [USP 800 Section 2, Box 1]	Yes
HD HANDLING, RECEIPT & STORAGE SOPs: SOPs are created and followed for the safe handling of HDs used by the facility. [USP 800 Section 17]	Yes
HD HANDLING AREAS, SIGNAGE, & ACCESS: Signage designating HD handling areas are prominently displayed and access to HD handling areas is restricted to authorized personnel. Designated areas are available for receipt, unpacking, storage, and sterile compounding of HDs. [USP 800 Section 5] ****Signage added to cleanroom suite during inspection*	Yes
HD STORAGE: HDs are stored to prevent spillage or breakage, off floors, and in areas appropriate for natural disasters. Antineoplastic HDs and HD API are stored separately from non-HDs to prevent contamination and personnel exposure. HD storage areas are externally ventilated and negative-pressure rooms with at least 12 ACPH. Refrigerated antineoplastic HDs are stored in a dedicated refrigerator, in a negative pressure area with at least 12 ACPH. Pass through refrigerators are not used. [USP 800 Section 5.2]	Yes
STERILE HDs COMPOUNDED IN A C-SCA: C-SCA maintains a minimum of 12 ACPH of HEPA- filtered air and has negative pressure to adjacent areas of -0.01" w.c. to -0.03" w.c. [USP 800, sections 5.3.2 Table 3]	N/A
C-SEC DESIGN AND ENGINEERING CONTROLS: The C-SEC has fixed walls physically separated from other preparation areas, is externally ventilated has 30 ACPH, and negative pressure to adjacent areas of -0.01" w.c. to -0.03" w.c. [USP 800 Section 5.3.2 Table 3]	Yes
C-SEC ACCESS: The Ante Room used for entry into the negative pressure buffer room has fixed walls and maintains a minimum of 30 ACPH of HEPA-filtered air, positive pressure of +0.02" w.c. to all adjacent unclassified areas, and ISO7 or better classification. Alternatively, a negative-pressure HD buffer entered exclusively through a positive pressure non-HD buffer room contains a line of demarcation (LOD) within the negative-pressure buffer room for donning/doffing HD PPE and a method e transport of HDs, HD CSPs, and HD waste into and out of the HD buffer (e.g., pass-through chamber). Pass through chambers are included in semi-annual facility certification. [USP 800 Section 5.3.2]	Yes
C-SEC SINK & SAFETY EQUIPMENT: A sink is available for hand washing and an eyewash station and/or other emergency safety precautions meeting applicable laws and regulations are readily available and located where operation does not interfere with ISO classifications. Sinks are located at least 1 meter from the entrance into the buffer room (or at least 1 meter from the C-PEC in a C-SCA). [USP 800 Sections 5.3 & 5.3.2]	Yes
C-PEC LOCATION, VENTING, & OPERATION: All C-PECs used for sterile HD compounding (e.g., CACIs or BSCs), are located within a C-SEC or C-SCA, externally vented, and maintain an ISO 5 or better air quality. C-PECs operate continuously if supplying some or all the negative pressure in the C-SEC or if used for sterile compounding. During power outages, repairs, or relocation, C-PEC use is suspended immediately. Once C-PEC power is restored, all PEC surfaces are decontaminated, cleaned, and disinfected, and compounding is not resumed until the manufacturer's specified recovery time has elapsed. [USP 800 Section 5.3.2]	Yes
REQUIRED HD PPE: When compounding HDs, gowns, head, hair, shoe covers, and two pairs of chemotherapy gloves are donned per facility SOPs. Chemotherapy gloves are tested to ASTM standard D6978 (or its successor) and are powder free and two pair of chemotherapy gloves are donned per SOP. Gloves are inspected for physical defects. Gloves are changed when torn, punctured, or contaminated. Personnel wash hands with soap and water after removing gloves. HD gowns are disposable, resistant to permeability by HDs, close in back, are long sleeved, closed cuff, and seamless. Gowns are changed per manufacturer's permeation information; if no data is available, HD gowns are change every 2-3 hours or immediately after a spill or splash. Gowns are limited to HD handling areas and are donned over the sterile compounding garment. When compounding, a second pair of shoe covers is donned before entering the C-SEC and doffed when exiting the C-SEC. HD PPE is disposed of appropriately prior to exiting the C-SEC. Chemotherapy gloves and sleeve covers (if used during compounding) are carefully removed and discarded immediately into an appropriate waste container inside of the C-PEC or contained in a sealable bag for discarding outside of the C-PEC. Reusable PPE is decontaminated and cleaned after each use. [USP 800 Section 7]	Yes

EYE AND FACE PROTECTION: Appropriate eye (goggles) and face protection (face shield) are worn when there is a risk for spills or splashes or when working outside of a C-PEC. Surgical masks are not used when respiratory protection is required per SOP and/or AOR as protection from HD exposure. [USP 800 Section 7.4]	Yes
HD TRAINING & COMPETENCY ASSESSMENT: Personnel who handle HDs are trained and demonstrate competency initially before independently handling HDs, annually, and when a new HD medication, process, SOP, or equipment is introduced. Training minimally includes an overview of the entity's HD list and their risks; review of HD SOPs; proper use of PPE, equipment, and devices; prevention of HD exposures and spills; HD exposure and spill response; use of a spill kit, PPE, and NIOSH-certified respirators; and HD disposal. Based on job duties, personnel receive additional HD training in HD acquisition and receipt, preparation, compounding, dispensing, labeling, storage, and transport. Training and competency assessments are documented. [USP 800 Sections 8, 9, 11.1, 16, & 17]	Yes
HD ATTESTATION: Personnel of reproductive capability have a written acknowledgement attesting to their understanding of HD handling risks. [USP 800 Section 8]	Yes
DEDICATED HD EQUIPMENT: Disposable or cleanable equipment for compounding (e.g., mortar and pestle, graduated cylinder, spatulas) is dedicated for use with HDs. [USP 800 Section 13]	Yes
NON-HD COMPOUNDING IN A C-PEC: Non-HDs compounded in a HD C-PEC are placed in protective outer wrapping, labeled for PPE handling precautions, and treated as an HD. The C-PEC worksurface is decontaminated between compounding of different HDs. [USP 800 Section 5.3.2 and Table 3]	N/A
DEACTIVATION, DECONTAMINATION, CLEANING & DISINFECTION (D/D/C/D): Areas where HDs are handled and all reusable equipment and devices are deactivated/decontaminated, and cleaned. Sterile compounding areas and devices are subsequently disinfected. Written procedures for decontamination, deactivation, cleaning, and disinfection are available and followed. Procedures include agents used, dilutions (if used), frequency, and documentation requirements. Agents selected are appropriate for the type of HD contamination(s), location, and surface materials. Sterile 70% IPA is used to remove residue left on sterile surfaces and compounding areas by decontaminating agents. [USP 800 Section 15]	Yes
D/D/C/D TRAINING & PPE REQUIREMENTS: Personnel are trained in deactivation/decontamination, cleaning, and disinfection to protect themselves and the environment from contamination. Personnel wear appropriate PPE resistant to cleaning agents used, including 2 pairs of ASTM-tested chemotherapy gloves and impermeable disposable gowns. Eye protection and face shields are worn if splashing may occur. [USP 800 Section 15]	Yes
C-PEC D/D/C/D: C-PEC is decontaminated at least daily (when used), after as spill, before and after certification, voluntary interruption, or if ventilation tool is removed. The C-PEC worksurface is decontaminated between compounding of different HDs. The area under the work tray of a C-PEC is deactivated, decontaminated, and cleaned at least monthly. [USP 800 Section 15.2]	Yes
HD LABELING, PACKAGING, TRANSPORT & SPILLS HANDLING: Facility follows SOP for the labeling, handling, packaging, and transport of HDs which addresses the prevention of spills/exposures, training for exposure, and spill handling. HD CSPs are identified as hazardous and labeled with special handling precautions. Labeling process for compounded HD products does not introduce contaminated materials into non-HD areas. [USP 800 Section 11 & 11.2]	Yes
SPILL KITS, & SINGAGE: Spill kits are readily available with appropriate supplies, PPE, and signs to restrict access to affected areas. restriction posted, and documentation of spills occur when needed. [USP 800 Section 16]	Yes

X. LYOPHILIZATION

Sterile preparations prepared for lyophilization are maintained in ISO 5 unidirectional laminar flow air throughout sterilization, filling, and transport to the lyophilizer. [64B16-27.797(5) F.A.C.]	
A recorded smoke study is available and demonstrates that transport from the PEC to the lyophilizer is accomplished in ISO 5 laminar flow air at all times. [64B16-27.797(5) F.A.C.]	
The pharmacy has established and follows policies and procedures for the high-level disinfection of the lyophilizer chamber, piping, and all other areas of the unit which pose a potential risk for contamination of the product. [64B16-27.797(5) F.A.C.]	
The pharmacy validated the high-level disinfection procedure initially, and after changes to the cleaning process or agents. Documentation of studies is available for inspection. [64B16-27.797(5) F.A.C.]	
Validation studies for high level disinfection are performed with the 5-aerobic bacterial and fungal ATCC organisms referenced in USP<71> are conducted by an external vendor unless the firm has an internal laboratory capable of performing the studies. An internal laboratory is separate from the compounding and work areas of the pharmacy to prevent contamination in the pharmacy. [64B16-27.797(5) F.A.C.]	
Policies and procedures are established and followed for cleaning the lyophilizer prior to disinfection and include cleaning agents and schedules. Documentation of cleaning is maintained and available for inspection. [64B16-27.797(5) F.A.C.]	
Policies and procedures are established for the maintenance of the lyophilizer and at a minimum include the manufacturers recommendations. [64B16-27.797(5) F.A.C.]	
The maintenance schedule includes provisions for periodic testing of the chamber for leaks and all other recommended procedures described by the equipment manufacturer. Documentation of routine maintenance is available for inspection. [64B16-27.797(5) F.A.C.]	
SOPs and quality assurance program established to include validation of the filling process, container closure integrity, frequent monitoring of fill volumes, identification of over fills and underfills, assessment of personnel involved in compounding for lyophilization, equipment qualification, formula verification, and evaluation of finished product for conformance to specifications. [64B16-27.797(5) F.A.C.]	
The pharmacy has provisions for sterilizing, with filters, the inert gas or air used for backfilling during the vacuum release phase. These Sterilizing filters undergo the manufacturers recommended integrity test. [64B16-27.797(5) F.A.C.]	
Media fills are conducted every six months using the maximum batch size and demonstrate the filling, transport to the lyophilizer, loading and stoppering operations. Media is NOT frozen during the media fill operation. [64B16-27.797(5) F.A.C.]	
Personnel preparing sterile compounds for lyophilization wear sterile Personal Protective Equipment that covers all exposed skin. [64B16- 27.797(5) F.A.C.]	
Glove Fingertip Sampling is performed with every batch after fill and transport into the lyophilizer on all personnel compounding for lyophilization. The results are incorporated into the batch record. [64B16-27.797(5) F.A.C.]	
In-process acceptance criteria such as color, moisture limits and visual appearance are established for each lyophilized product. [64B16- 27.797(5) F.A.C.]	
A 100% visual examination of the finished product is conducted to determine that the product conforms to the established visual criteria and is incorporated into the batch record. [64B16-27.797(5) F.A.C.]	
Finished product testing is conducted on all batches. Procedures have been established for selecting test samples from the batch and are written and followed. Such procedures may include location of vials in the lyophilizer and positions in the fill line. [64B16-27.797(5) F.A.C.]	
Finished product testing includes sterility testing using a USP<71> method unless an alternative test method has been validated and shown to be equivalent or better. Diluents used to reconstitute the sample vials for testing are preservative free. [64B16-27.797(5) F.A.C.]	

Each batch of lyophilized product with a beyond use date that falls within the USP<797> guidelines and is not tested for sterility, has viable air and surface sampling that is collected in critical areas of ISO 5 locations as well as sampling of the gloves and sleeves of personnel documented in the batch record. [64B16-27.797(5) F.A.C.]	
Every lyophilized product has established endotoxin levels Each batch of lyophilized product is tested for endotoxin in accordance with USP<85> and confirmed to fall within the set limits and documented in the batch record. [64B16-27.797(5) F.A.C.]	
Potency, radiochemical purity, or applicable test to assure label claim is conducted on every batch and documented in the batch record. In lieu of potency testing, weight-based verification may occur based on formula verification. Potency testing shall be based on the USP monograph if one is available. [64B16-27.797(5) F.A.C.]	

Y. SPECIAL PARENTERAL ENTERAL & EXTENDED SCOPE

Technicians properly identified. [64B16-27.100 (2) F.A.C.]; [64B16-27.4001 F.A.C.]; [64B16-27.410 F.A.C.]; [64B16- 27.420 F.A.C.].	
Medication is properly labeled for dispensing to patient. [64B16-28.108(2) F.A.C.]	
Outdated medications removed from active stock. [64B16-28.110 F.A.C.]; [64B16-28.1191 F.A.C.]	
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and quarterly summarization of Quality Related Events are available for inspection. [64B 16 27.300 F.A.C.]; [766.101 (1) (a)(i) F.S.]	
Pharmacy maintains patient profile with allergy information and medications dispensed. [64B16-27.800, F.A.C.]	
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c) F.S.]; [21CFR1306.05]	
Prescriptions for controlled substances are on counterfeit-proof prescription pads or blanks purchased from a department-approved vendor and the quantity and date meet the requirements of [456.42(2), F.S.].	
Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a), F.S.] [21CFR1304.11] [21CFR1304.04]	
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2) F.S.]; 21CFR 1305.13(e)]; [21CFR1305.22(g)]	
Controlled substance records and prescription information in computer system are retrievable and maintained for 4 years. [21CFR1304.04]; [465.022(12) (a) F.S.]; [21CFR1306.22]; [64B16-28.140 F.A.C.]	
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)]; [64B16-28.140(3)(d) F.A.C]	
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4) (3)(a), F.S.]	
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005 (14) F.S.]	
A special sterile products and parenteral/enteral compounding pharmacy provides telephone accessibility to its pharmacist(s) for its patients at all hours. [64B16-28.820(3)(b)]	
A special sterile products and parenteral/enteral compounding pharmacy provides special handling and packaging of compounded parenteral and enteral preparations when delivering from the pharmacy to the patient or institution as required to maintain stability of the preparations. [64B16-28.820(3)(b)]	

Z. Miscellaneous

BLOOD-DERIVED OR BIOLOGICAL MATERIAL MANIPULATIONS: Compounding activities that require the manipulation of a patient's blood-derived or other biological material (e.g., autologous serum), are clearly separated from other compounding activities and equipment used in CSP preparation activities and controlled by specific SOPs to avoid cross-contamination. [USP 797 Section 1.1.2]	
ALLERGENIC EXTRACTS: Licensed allergenic extracts are mixed and diluted to prepare prescription sets for administration to patients. A prescriptions set is a vial or set or vials of premixed licensed allergenic extracts for subcutaneous immunotherapy that have been diluted with an appropriate diluent for an individual patient. Compounding allergenic extracts 1) minimally complies with all aspects of USP <797> Section 21; 2) involves transfer via sterile needles and syringes of conventionally manufactured sterile allergen products and appropriate conventionally manufactured sterile added substances; and 3) manipulations are limited to penetrating stoppers on vials with sterile needles and syringes and transferring sterile liquids in sterile syringes to sterile vials. If these conditions are not met, compounding of allergenic extracts follows all aspects of USP <797>. [USP 797 Sections 1.1.2 and 21]	

Corrective Action Plan

A corrective action plan is required to be submitted within 30 days for the non-compliant items listed above. [64B16-27.797(5), F.A.C.]	Yes

Remarks:

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signature

DIZ, MANUEL

Date:2/20/2026

Representative:

michael clurman

Date:2/20/2026

Vault Pharmaceuticals
3167 Premier Dr
Brooksville, FL 34604
833-380-3275
Pharmacy Permit PH 36016

March 20, 2026

Florida Department of Health
Division of Medical Quality Assurance
The Board of Pharmacy
4052 Bald Cypress Way, Bin #C-04
Tallahassee, FL 32399-3254

RE: Pharmacy Permit 36016 - Special Sterile Compounding

The State of Florida Department of Health Investigative Services, represented by Manuel Diz completed an inspection on February 19 and February 20, 2026. A Corrective Action Plan or follow up was requested by the inspector for deficiencies listed on INV797 USP Sterile Compounding:

L. CATEGORY 3 CSPs, BUDs, & RELATED REQUIREMENTS
PARTICULATE MATTER TESTING: Category 3 injectable CSPs undergo USP <788> (Particulate Matter in Injections) and ophthalmic solutions undergo USP <789> (Particulate Matter in Ophthalmic Solutions) test once per formulation with acceptable results. [USP 797 Section 14.3.3]

Particulate testing has been completed on all formulations and passing results have been achieved for all formulations. All results from Pharmetric Labs are attached for review.

ANTIMICROBIAL EFFECTIVENESS TESTING FOR MULTI-DOSE CSPs: Aqueous multiple-dose CSPs (e.g., injectables and ophthalmic) pass USP <51> compliant antimicrobial effectiveness testing once for each unique formulation and each container closure system in which it is packaged. Bracketing studies are allowed. [USP 797 Section 14.5 & 16.1]

Antimicrobial Effectiveness Testing (AET) has been submitted to Pharmetric Labs for all formulations. AET testing takes over 90 days to complete so final results are not yet available, but as results become available, the pharmacy shall forward all results.

CONTAINER CLOSURE TESTING: Container closure integrity testing is performed once for each unique CSP formulation and container closure system in which it is packaged. For multi-dose (i.e., preserved multi-dose CSPs), container closure integrity testing is also performed per fill volume for each unique CSP formulation and container closure system. [USP 797 Sections 14.3.3 & 14.5]

Container Closure Testing (CCT) and Container Closure Integrity Test (CCIT) Validation has been submitted to Pharmetric Labs for all formulations (aqueous and oil) and volumes. CCT/CCIT testing takes over 90 days to complete so final results are not yet available, but as results become available, the pharmacy shall forward all results.

If there are any questions or to request additional information, please do not hesitate to contact me.

Respectfully,

Michael Clurman, PharmD
Designated Person, Pharmacist
Vault Pharmaceuticals

Your license number is PH 35458.

Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes and much more.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
DECEMBER 21, 2024	**PH 35458**	**146593**

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Schedule II & III
Community Pharmacy

EXPIRATION DATE: **FEBRUARY 28, 2027**

VAULT PHARMACEUTICALS LLC
3167 PREMIER DR
BROOKSVILLE, FL - 34604

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
STATE SURGEON GENERAL

Scan QR Code for
License Authentication

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO	CONTROL NO.
DECEMBER 21, 2024	PH 35458	146593

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

VAULT
PHARMACEUTICALS LLC

Expiration Date: **FEBRUARY 28, 2027**

REGISTRANT SIGNATURE

Your license number is PH 36016.

Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes and much more.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
10/03/2025	**PH 36016**	**156145**

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Special Sterile Compounding

EXPIRATION DATE: **FEBRUARY 28, 2027**

VAULT PHARMACEUTICALS LLC
3167 PREMIER DR
BROOKSVILLE, FL - 34604

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
STATE SURGEON GENERAL

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STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
10/03/2025	PH 36016	156145

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

VAULT PHARMACEUTICALS LLC Expiration Date: **FEBRUARY 28, 2027**

REGISTRANT SIGNATURE

Department of Health

License Verification

Printer Friendly Version

Vault Pharmaceuticals LLC

License Number: PH35458

Data As Of 5/11/2026

License Information | Secondary Locations | Discipline/Admin Action | Supervising Practitioners | Subordinate Practitioners

Profession	Pharmacy
License	PH35458
License Status	Clear/
Qualifications	Community Pharmacy Schedule II & III
License Expiration Date	2/28/2027
License Original Issue Date	12/20/2024
Address of Record	3167 Premier Dr BROOKSVILLE, FL 34604
Discipline on File	No
Public Complaint	No

Back

For instructions on how to request a license certification of your Florida license to be sent to another state from the Florida Department of Health, please visit the License Certifications web page.

Primary Source Verified

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Department of Health

License Verification

Printer Friendly Version

Vault Pharmaceuticals LLC

License Number: PH36016

Data As Of 5/11/2026

License Information | Secondary Locations | Discipline/Admin Action | Supervising Practitioners

Profession	Pharmacy
License	PH36016
License Status	Clear/
Qualifications	Special Sterile Compounding
License Expiration Date	2/28/2027
License Original Issue Date	10/02/2025
Address of Record	3167 Premier Dr BROOKSVILLE, FL 34604
Discipline on File	No
Public Complaint	No

Back

For instructions on how to request a license certification of your Florida license to be sent to another state from the Florida Department of Health, please visit the License Certifications web page.

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4XX

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	X New Pharmacy	X Retail/Community	X Retail/Community
X Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (If only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
	* Current license #:		☐ Off-site Cognitive Services
	PH_____		☐ Long Term Care
			☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
X Monday	X Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
X Tuesday	☐ Saturday	X Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
X Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
X Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: All Discount Pharmacy, LLC

Physical Address: 15084 Jog Road

City: Delray Beach State: FL Zip: 33446-1218

Mailing Address (if different from physical address): Same

City: _____ State: _____ Zip: _____

Telephone: 561-247-9383 Toll Free # (NAC 639.708, NRS 639.23286): 888-711-4198

Fax: 561-247-9305 Contact Email: bobby@alldiscountpharmacy.com

Website: www.alldiscountpharmacy.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): David M Phillips

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): N/A

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.):

Name: Gary Koesten	NV Pharmacist Registration #: 22187
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name: N/A	Credentials:	%:
Name: N/A	Credentials:	%:
Name: N/A	Credentials:	%:
Name: N/A	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida

Parent Company (if any): N/A

Corporation/Organization Name: All Discount Pharmacy, LLC

Mailing Address: 15084 Jog Road

City: Delray Beach State: FL Zip: 33446-1218

Telephone: 561-247-9383 Email: bobby@alldiscountpharmacy.com

Contact Person Name: Robert DiNicola

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for All Discount Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Robert DiNicola

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

2-23-2026

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, David M Phillips hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PIC (title) for All Discount Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

David M. Phillips

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 9th day of April, 2026

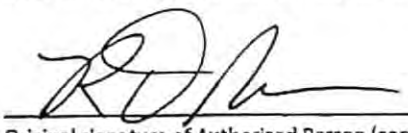
Notary Public

ROSANNA LORA
Notary Public - State of Florida
Commission # HH 672458
My Comm. Expires May 5, 2029

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert DiNicola

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

02/23/2026

Date

Board Use Only	Date Received: _____	Amount: 500.00 / V#7039

ALL DISCOUNT PHARMACY

All Discount Pharmacy, LLC
Owners

Owner

Robert DiNicola
[redacted]

President/Owner 100%

All Discount Pharmacy, LLC
15084 Jog Road, Delray Beach FL 33446-1218
Local 561-247-9383 / Fax 561-247-9305 / Toll 888-711-4198
www.alldiscountpharmacy.com

State of Florida
Department of State

I certify from the records of this office that ALL DISCOUNT PHARMACY, LLC is a limited liability company organized under the laws of the State of Florida, filed on May 9, 2025, effective May 9, 2025.

The document number of this limited liability company is L25000222148.

I further certify that said limited liability company has paid all fees due this office through December 31, 2026, that its most recent annual report was filed on January 5, 2026, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fifth day of January, 2026

Secretary of State

Tracking Number: 1244439557CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler ALL DISCOUNT PHARMACY

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 15084 Jog Road

City Delray Beach State FL Zip 33446

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 561-247-9383 Website _____

Licensing Company Email BOBBY@alldiscountpharmacy.com

Section 2: Personal Information

First SEAN Middle RYAN Last YATES

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Lighthouse Point State FL Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Nova Southeastern University		08/2000 - 05/2004	
Address	City	State	Zip
3300 S. University Dr.	Davie	FL	33328
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
University of Florida		08/95 - 05/98	
Address	City	State	Zip
1304 Diamond Road	Gainesville	FL	32611
Diploma/Degree obtained, if any			
major : Microbiology A.A.			

School Name		From - To (MM/YY – MM/YY)	
North Fort Myers H.S.		08/92 - 05/95	
Address	City	State	Zip
5000 Orange Grove Blvd.	North Ft. Myers	FL	33903
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/24 - present	[redacted]	Lighthouse Point	FL	[redacted]
12/19 - 12/24		Lighthouse Point	FL	
5/16 - 12/24		Lighthouse Point	FL	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Publix Pharmacy			02/2001 – 05/2026	
Business Address		**City**	**State**	**Zip**
1405 S. Federal Highway		Pompano Beach	FL	33062
Phone	**Title**		**Number of Employed Hours**	
954-784-3872	Pharmacy Manager		52 000	
Description of Duties				
All of the pharmacy manager duties: overseeing daily operations, ensuring regulatory compliance, managing staff, providing premier customer service!				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Sean R. Yates, certify that as the designated representative for

All Discount Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. S.Y. I am at least 21 years of age;
3. S.Y. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. S.Y. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. S.Y. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. S.Y. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. S.Y. I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Sean Yates
Print Name (First, Last)

Sean R. Yates
Original Signature (electronic, copies or stamps not accepted)

6/17/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sean Yates

Print Name (First, Last)

Sean R. Yates — 6-17-2026

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Palm Beach

I, Sean R. Yates, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Sean R. Yates — 6-17-2026

Original Signature — **Date**

Subscribed and Sworn to before me this 17th day of June, 2026.

Notary Public Signature

NOTARY PUBLIC STATE OF FLORIDA

EREKA[illegible] THOMAS
Commis[illegible] HH 495467
Expires Feb[illegible]uary 21, 2028

(Seal)

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

File # 30982
Insp # 209481

NAME	PERMIT NUMBER	DATE OF INSPECTION
ALL DISCOUNT PHARMACY, LLC	35932	12/10/2025
DOING BUSINESS AS		
STREET ADDRESS 15084 Jog Road	**TELEPHONE #** 561-247-9383	**EXT**
CITY DELRAY BEACH	**COUNTY** PALM BEACH	**STATE/ZIP** FL/33446

Additional Information

Business Operation Hours

M-T-W-TH-F N	Weekly Hours 0900 - 1700
Monday N	Tuesday N
Wednesday N	Thursday N
Friday N	Saturday N
Sunday N	

Registered Pharmacist / Intern / Tech

License # 14596	Licensee Name David Phillips
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

License Relations

Pharmacy Affiliate

DINICOLA, ROBERT	License #

RX DPT MGR/COR/POR

PHILLIPS, DAVID M	License # 14596

INV 359 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081(2), F.A.C.] *Observed*	Yes
"Prescription Department Closed" sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons. [64B16-28.109, F.A.C.]	Yes
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C] [64B16-28.1035, F.A.C.]	Yes

Community Requirements General Section

Outdated medications removed from active stock. [64B16-28.110, F.A.C.] [64B16-28.1191, F.A.C.] *No Medication in stock, pending DEA Licensure*	Yes
Prescription Department is open for a minimum of 20 hours per week. [64B16-28.1081(1), F.A.C.]	Yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c), F.S.] [21CFR1306.05]	Yes
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)] [64B16-28.140(3)(d), F.A.C.]	Yes

Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102(5)(a), F.A.C.]	Yes
Technicians properly identified. [64B16-27.100(2), F.A.C.] [64B16-27.4001, F.A.C.] [64B16-27.410, F.A.C.] [64B16-27.420, F.A.C.]	Yes
Legend drugs properly stored within confines of pharmacy department and maintained at appropriate temperature to preserve therapeutic activity. [64B16-28.118, F.A.C.]; [64B16-28.120, F.A.C.]; [64B16-28.102, F.A.C.] *Policy in place*	Yes
Documentation of destruction or return of controlled substances. [64B16-28.303, F.A.C.] *Pharmalink*	Yes
Generic equivalent sign is posted. [465.025(7), F.S.]	Yes

Additional Community Requirements

Prescription department is operating under clean, sanitary, and uncrowded health conditions. [64B16-28.102, F.A.C.]	Yes
Prescription department has a sink with running water easily accessible to the prescription counter. [64B16-28.102, F.A.C.]	Yes
Pharmacist is on the premises and on duty when the prescription department is open. [64B16-28.109, F.A.C.]	Yes
Pharmacy maintains a written policy and procedure manual regarding the number of registered pharmacy technician positions and the pharmacy operates within the established ratio as defined by rule. [64B16-27.410(2)(a), F.A.C.]	Yes
Pharmacists, technicians, and interns are licensed in the State of Florida. [465.015(1)(a), F.S.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.] *Policy in place*	Yes
Medication is properly labeled for dispensing to patient. [64B16-28.108, F.A.C.]	Yes
Unclaimed prescriptions are maintained in stock for no more than one year past dispensing date. [64B16-28.1191, F.A.C.] *Policy in place*	Yes
Manufacturer containers are properly labeled. [499.003(26), F.S.] *Policy in place*	Yes
Customized medication packages are labeled properly with beyond use date of not more than 120 days from the date of preparation but not later than the beyond use date for any of the medications in the package. [64B16-28.108(6)9., F.A.C.] *Policy in place*	Yes
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and quarterly summarization of Quality-Related Events are available for inspection. [64B16-27.300, F.A.C.] [766.101(1)(a)(l), F.S.] *Policy in place, upon full licensure, CQIs will commence*	Yes
Pharmacy maintains patient profile with allergy information and medications dispensed. [64B16-27.800, F.A.C.]	Yes
Compounding records include compounding date, lot number, expiration date, name and manufacturer of ingredients, package size, number of units, technician compounding and pharmacist verifying the final compound. [64B16-28.140(4), F.A.C.] *No compounding on site per pharmacist*	N/A
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005, F.S.] [61N-1.012, F.A.C.]	Yes
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005(14), F.S.] *Ande*	Yes
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility. [64B16-27.700(3)(g), F.A.C.] *No compounding on site, per pharmacist*	N/A
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek follow-up care from his or her primary care physician. [465.1895(9), F.S.]	Yes
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S.]	Yes

Requirements for Dispensing Controlled Substances

Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a), F.S.] [21CFR1304.11] *Policy in place, upon inventory stocking, BiAnnual will commence as per statute*	Yes
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2), F.S.] [21CFR 1305.13(e)] [21CFR1305.22(g)]	Yes
Controlled substance records and prescription information in computer system are retrievable and maintained for 4 years. [465.022(12)(a), F.S.] [64B16-28.140, F.A.C.] [21CFR1306.22] [21CFR1304.04]	Yes
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.] *Policy in place, no instances*	Yes
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b), F.S.] [465.022(11)(b), F.A.C.] *Policy in place, no instances*	Yes
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4)(3)(a), F.S.]	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	Yes
Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	Yes

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	

Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Pharmacy engages in Centralized Prescription Filling [64B16-28.450, F.A.C.]

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	
The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	
If a controlled substance, the word "central fill" appears on the face of the original prescription.	
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197(3)(e), F.S.]	
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	

HIV Infection Prevention Drugs

Pharmacists are screening, ordering or dispensing HIV postexposure prophylaxis drugs under a written Collaborative Practice Agreement. [465.1861, F.S.]	
An access-to-care plan has been submitted to the board office and is in place to assist patients in gaining access to appropriate care settings when they present to a pharmacist for HIV screening and indicate that they lack regular access to primary care. [465.1861, F.S.]	

Remarks:

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signature

ROSENTHAL, DAVID

Date:12/10/2025

Representative:

Joseph Azzata

Date:12/10/2025

February 3, 2026

Robert Dinicola
All Discount Pharmacy, Llc
15084 Jog Road
Delray Beach, FL 33446

RE: License Certification for All Discount Pharmacy, Llc

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health:

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH35932
ORIGINAL CERTIFICATION:	08/18/2025
EXPIRATION DATE:	02/28/2027
CURRENT STATUS OF LICENSE:	Clear,
AGENCY ACTION:	No
LICENSE GRANTED BY:	N/A
OTHER CERTIFICATIONS:	Community Pharmacy, Schedule Ii & Iii

To expedite the verification process, the above format is the standard format for all license certifications. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Michelle Burns
Michelle Burns
Operations and Management Consultant Manager

Your license number is PH 35932.

Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes and much more.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/12/2025	PH 35932	156387

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Schedule II & III
Community Pharmacy

EXPIRATION DATE: **FEBRUARY 28, 2027**

ALL DISCOUNT PHARMACY, LLC
15084 JOG ROAD
DELRAY BEACH, FL - 33446

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
STATE SURGEON GENERAL

Scan QR Code for
License Authentication

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/12/2025	PH 35932	156387

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

ALL DISCOUNT
PHARMACY, LLC

Expiration Date: **FEBRUARY 28, 2027**

REGISTRANT SIGNATURE

States	Initial License Date	License Number
AL	12/30/25	115488
FL	8/18/25	PH35932
CO	10/30/25	OSP.0008158
CT	11/3/25	PCN.0004565
ME	1/16/26	MO40003820
MN	1/29/26	267340
MS	12/1/25	18886/7.1
NE	1/21/26	2048
NH	2/2/26	NR2483
NJ	11/25/25	28RO00277200
NY	12/3/25	42216
OH	11/12/25	24000486
RI	12/4/25	PHN12811
VT	2/3/26	36.0135091
WI	11/25/25	3658-43
WY	11/5/25	NR-52650

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: All Discount Pharmacy, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable): N/A

Physical Address: 15084 Jog Road

City: Delray Beach State: Florida Zip: 33446-1218

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 561-247-9383 Website: www.alldiscountpharmacy.com

Licensing Company Email: bobby@alldiscountpharmacy.com

Section 2: Personal Information

First: Robert Middle: Last: DiNicola

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Boca Raton State: FL Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Wilbur Cross High School			09-81 - 08-85	
Address	**City**		**State**	**Zip**
181 Mitchell Drive	New Haven		CT	06511
Diploma/Degree obtained, if any				
HS				
School Name			**From - To (MM/YY – MM/YY)**	
SCSU Southern Connecticut State University			01-86 - 11-91	
Address	**City**		**State**	**Zip**
501 Crescent Street	New Haven		CT	06515
Diploma/Degree obtained, if any				
BS				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/23 - present	[redacted]	Boca Raton	FL	[redacted]
02/16 - 06/23	[redacted]	Boca Raton	FL	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
American Dance Awards, LLC			02/01 - 06/26	
Business Address	**City**		**State**	**Zip**
21362 Bridge View Drive	Boca Raton		FL	33428
Phone	**Title**			
305-560-0849	President			
Description of Duties				
Manage day to day operations.				

Business Name			From - To (MM/YY – MM/YY)	
All Discount Pharmacy, LLC			05/25 - 06/26	
Business Address	**City**		**State**	**Zip**
15084 Jog Road	Delray Beach		FL	33446
Phone	**Title**			
561-247-9383	President			
Description of Duties				
Manage corporate functions, manage staff, finances.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert DiNicola

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6-17-2026

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Palm Beach

I, Robert DiNicola, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6-17-2026

Date

Subscribed and Sworn to before me this 17th day of June, 2026

Notary Public Signature

EREKA N THOMAS
Comm# HH495467
Expires February 21, 2028

(Seal)

4YY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☑ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☑ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)	☑ Other: Home Delivery	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #:		☐ Hospital
	PH_____		☑ Other: Home Delivery

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: PillPack LLC dba Amazon Pharmacy #016

Physical Address: 6045 Giant Highway, Suite 100

City: Richmond, State: CA Zip: 94806

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 855-745-5725 Toll Free # (NAC 639.708, NRS 639.23286): 855-745-5725

Fax: 603-935-9108 Contact Email: poa3-licensing@pillpack.com

Website: www.pharmacy.amazon.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Nikhil Patel

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18666

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Nikhil Patel	NV Pharmacist Registration #: 18666
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials: N/A	%: N/A
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): N/A

Corporation Name: N/A

Mailing Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Contact Person Name: N/A

Date of SEC Registration: N/A | SEC Registration Number: N/A | Stock Exchange Symbol: N/A

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: LLC, Formed in Delaware

Parent Company (if any): Picassco Holdco 1 LLC

Corporation/Organization Name: PillPack LLC

Mailing Address: 410 Terry Ave N

City: Seattle State: WA Zip: 98109

Telephone: 206-266-1000 Email: poa3-licensing@pillpack.com

Contact Person Name: Tanvi Patel

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☑ Yes ☐ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Contact Person Name: N/A

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: N/A

Business Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for PillPackLLC dba AmazonPharmacy#016 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Tanvi Patel

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

5/21/2026

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Tanvi Patel hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for PillPack LLC dba Amazon Pharmacy #016 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 21st day of May, 20 26

Notary Public

ANN NORNES
NOTARY PUBLIC #26006128
STATE OF WASHINGTON
COMMISSION EXPIRES
JANUARY 29, 2030

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tanvi Patel

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

5/21/2026

Date

Board Use Only	Date Received: 7/11/26	Amount: $500 cc

PillPack LLC dba Amazon Pharmacy #016 has no discipline. The following disciplinary actions are associated with PillPack LLC and reportable here as an owner of PillPack LLC dba Amazon Pharmacy #016

PillPack, LLC - Pharmacy Disciplinary Summary

In December 2014 PillPack, Inc.'s renewal for the out of state pharmacy license for Alabama was denied as there was a change of rule that required that PillPack, Inc. have an Alabama licensed pharmacist named on the permit. PillPack, Inc. immediately contacted the Alabama board and informed them they would have two pharmacists licensed as soon as possible. The Board indicated that the facility would still be able to ship during the interim period. Two pharmacists were scheduled to appear before the board at their February meeting. Unfortunately the February meeting was canceled due to inclement weather in Alabama. The pharmacists attended the March meeting and both were granted an Alabama pharmacist license. PillPack, Inc. assumed that the denied application would then be approved. This was not the case and upon checking with the board PillPack, Inc. was told they would have to resubmit the renewal license application, which was done. When PillPack, Inc. received their new license they were cited for shipping medication to Alabama without an active license and asked to sign a consent form with a $500.00 penalty. PillPack, Inc. signed off on that order and paid the administrative fee. The PIC for Alabama was also assessed a $500.00 fee and a similar consent form.

On November 2, 2021, PillPack by Amazon Pharmacy located at 250 Commercial Street, Suite 2012, Manchester, New Hampshire 03101 (the "Pharmacy"), entered into Agreed Board Order #2019-05709 with the Texas Board of Pharmacy to resolve allegations that a pharmacist incorrectly verified the data entry of a new facsimile prescription for a patient calling for a look-alike sound-alike medication. This letter constitutes notice of the Texas Board of Pharmacy's imposition of a reprimand requiring that the Pharmacy implement a Continuous Quality Improvement Program for purposes of preventing and handling dispensing errors. A copy of the Agreed Board Order is attached for your reference. Importantly, the Board's Order does not impose any restrictions on the Pharmacy's ability to provide pharmacy services.

On May 2, 2022, PillPack LLC entered into a settlement with the federal government related to how it dispensed and billed for insulin pen prescriptions from 2014 to November 2019. Patient health and wellness is at the core of everything we do. A 2019 review of our insulin pen dispensing and billing practices indicated that some customers may have received more insulin pens than their pharmacy benefits plan allowed. This review resulted in Amazon Pharmacy changing its practice. Amazon Pharmacy's historical practices did not have an impact on patient safety and neither patients nor the government were charged for more insulin pens than what was dispensed. It should be noted that nothing in this settlement impacts Amazon Pharmacy's ability to practice pharmacy or serve customers.

On June 20, 2022, PillPack by Amazon Pharmacy located at 250 Commercial Street, Suite 2012, Manchester, New Hampshire 03101 (the "Pharmacy"), entered into a Settlement Agreement with the Hawaii Board of Pharmacy (the "Settlement Agreement"). This Settlement Agreement was accepted by the Hawaii Board of Pharmacy on July 29, 2022. This Settlement Agreement is a result of follow-on discipline from the Hawaii Board of Pharmacy related to discipline the Pharmacy received from the Texas Board of Pharmacy on November 5, 2021. We previously notified you of the underlying Texas discipline on November 5, 2021. Importantly, the Board's Order does not impose any restrictions on the Pharmacy's ability to provide pharmacy services.

On December 24, 2022, The Missouri State Board of Pharmacy has elected to enter into a settlement agreement with PillPack LLC dba PillPack by Amazon Pharmacy [MO permit number 2018043786], effective

December 24, 2022 as a follow-on to the settlement agreement entered into between PillPack LLC and the federal government, related to how the pharmacy dispensed and billed for insulin pen prescriptions from 2014 to November 2019, a notice of which was provided to this board on or about 5/2/2022. This discipline is a Public Censure and it should be noted that nothing in the aforementioned settlement impacts Amazon Pharmacy's ability to practice pharmacy or serve customers.

On June 21, 2023, The Hawaii Regulated Industries Complaints Office (RICO) elected to enter into a settlement agreement with PillPack LLC dba PillPack by Amazon Pharmacy [HI permit numbers PMP-891, PMP-1728, PMP-1579, PMP-1760, PMP-1790, PMP-1839], as a follow-on to the settlement agreement entered into between PillPack LLC and the federal government, related to how the pharmacy dispensed and billed for insulin pen prescriptions from 2014 to November 2019, a notice of which was provided to this board on or about 5/2/2022. It should be noted that nothing in the aforementioned negotiation impacts Amazon Pharmacy's ability to practice pharmacy or serve customers.

On June 28, 2023, PillPack LLC dba PillPack by Amazon Pharmacy [NH permit 0796] entered into a Settlement Agreement with the U.S. Department of Justice ("DOJ"). This Settlement resolves alleged violations of the recordkeeping provisions of the Controlled Substances Act made by the Drug Enforcement Administration based on an inspection conducted in October 2020. Amazon Pharmacy has cooperated with the DOJ in coming to this resolution and continues to take patient safety and compliance seriously.
It should be noted that nothing in this Settlement Agreement impacts Amazon Pharmacy's ability to practice pharmacy or service customers.

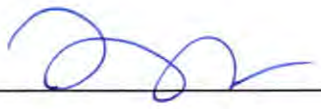
On February 14, 2024, PillPack entered into a Settlement Agreement with the Office of Inspector General (OIG). This settlement is a result of voluntary self-disclosures to the OIG in 2022 and 2023. The first disclosure related to the OIG's contention that the Pharmacy accepted and honored pharmaceutical manufacturers' copayment coupons and other copayment assistance programs for federal health care payers between January 1, 2017 and June 30, 2022. The second relates to OIG's contention that during the period from November 2, 2017 through January 2, 2023, PillPack provided prescription drugs exceeding the prescribed amount in certain circumstances and billed Medicare, Medicaid, and TRICARE for those prescription drugs. Both self-disclosures impacted a very small percentage of billed claims. The settlement reflects OIG's determination that PillPack receive a benefit for voluntarily disclosing the conduct and cooperating with the agency in the resolution of the matter. PillPack remains committed to patient safety and operating in full compliance with all applicable rules and regulations. This Agreement is not an admission of liability by PillPack. It should be noted that nothing in this Settlement Agreement impacts PillPack's ability to practice pharmacy or service customers.

On April 23, 2024, The Hawaii Regulated Industries Complaints Office (RICO) elected to enter into its own settlement agreement with PillPack LLC dba PillPack by Amazon Pharmacy (HI permit numbers PMP-891) as a follow-on to the settlement agreement entered into between PillPack LLC dba PillPack by Amazon Pharmacy and the U.S. Department of Justice ("DOJ"), related to the resolution of alleged violations of the recordkeeping provisions of the Controlled Substances Act made by the Drug Enforcement Administration based on an inspection conducted in October 2020, a notice of which was provided to this board on or about 6/28/2023. It should be noted that nothing in the aforementioned negotiation impacts Amazon Pharmacy's ability to practice pharmacy or serve customers.

On February 19, 2025, PillPack LLC dba PillPack by Amazon Pharmacy [IL permit 054.021076]

entered into a Settlement Agreement with the Illinois Department of Financial and Professional Regulation. This Agreement is a follow-on to previously reported matters between PillPack LLC and the Texas Board of Pharmacy, the Southern District of New York, and the Department of Justice. Each of the aforementioned matters were previously reported to this board. Amazon Pharmacy has cooperated with the Illinois Department of Financial and Professional Regulation in coming to this resolution, and remains committed to patient safety and operating in full compliance with all applicable rules and regulations. This Agreement is not an admission of liability by Amazon Pharmacy. Nothing in this Settlement Agreement impacts Amazon Pharmacy's ability to practice pharmacy or service customers.

On November 24, 2025, PillPack by Amazon Pharmacy entered into a Settlement Agreement with The Ohio State Board of Pharmacy, as a follow-on to the Settlement entered into between PillPack LLC and the Office of Inspector General (OIG), related to voluntary self-disclosures to the OIG in 2022 and 2023, which was previously disclosed to this Board. It should be noted that nothing in this Settlement Agreement impacts PillPack's ability to practice pharmacy or service customers. PillPack remains committed to patient safety and operating in full compliance with all applicable rules and regulations.



6/18/2026

Tanvi Patel

Date

SUSAN P. ALVERSON, D.P.A., R.Ph.
Executive Secretary

111 Village Street
Hoover, AL 35242

(205) 981-2260
(205) 981-2330 Fax
www.albop.com

ALABAMA
BOARD OF PHARMACY

MEMBERS 2015

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Treasurer

DAVID DARBY, R.Ph.

DONNA C. YEATMAN, R.Ph.

May 27, 2015

STEPHANIE CROTEAU
PILL PACK
250 Commercial Street – Suite 2012
Manchester, NH 03101

Dear Ms. Croteau:

According to our records and investigation, you have engaged in the selling, offering for sale, compounding or dispensing drugs during 2015 without first having received your permit in violation of Code of Alabama (1975) §34-23-30. Based on this conduct, you are subject to discipline pursuant to Code of Alabama (1975) §34-23-33(7).

As a result, this letter is to inform you of two (2) options. First you can waive various rights to which you are entitled, including but not limited to, a notice of charges, hearing, counsel presentation of evidence against you, cross-examination, etc., admit your guilt and sign a Consent Order. This sanction will be a fine in the amount of Five Hundred Dollars ($500.00) which must be submitted at the same time as the signed Consent Order.

Your second option is to contest the allegations set forth in this letter and in that case the Board will schedule an administrative disciplinary hearing and serve you with a notice of charges.

It should also be understood that you will not be allowed to continue to operate as a pharmacy until a Consent Order is signed or in the event you desire an administrative disciplinary hearing, until a Final Order is issued which may allow you to practice.

If you desire to accept the first option set forth above, please sign where indicated below. By accepting this option, you understand and acknowledge that you are freely and voluntarily waiving certain rights to which you are entitled as set forth in the Alabama Pharmacy Practice Act and the Alabama Administrative Procedure Act, including but not limited to those rights set forth in this letter. If your acceptance of this option is not received within ten (10) days from the date of this letter, the Board will assume you contest

Exhibit "A"

Source: ~ ALABAMA@NICK

Original document #: 176675 received on 8/10/2015 11:00 AM EDT

the referenced allegations and will schedule a hearing.

Sincerely,

FOR THE ALABAMA STATE BOARD OF PHARMACY

Susan P. Alverson

Susan P. Alverson, D.P.A., RPh
Alabama State Board of Pharmacy

I hereby agree to plead guilty to a violation of Code of Alabama (1975) Section 34-23-33(7) and accept the sanctions set forth in this letter. I understand that I will be required to sign a Consent Order which will incorporate my plea of guilt, punishment and other standard provisions, such as a provision acknowledging my waiver of rights and procedures pursuant to the Alabama Pharmacy Practice Act and the Alabama Administrative Act and my release of the Board or its agents from any liability in connection with this matter.

ELLIOT COHEN
REPRESENTATIVE
PILL PACK

6/20/2015
(date signed)

Source: ~ ALABAMA@NICK

Original document #: 176675 received on 8/10/2015 11:00 AM EDT

IN THE MATTER OF:

PILL PACK
Non- Resident Pharmacy
Permit #114193/202198

) BEFORE THE ALABAMA STATE
)
)
) BOARD OF PHARMACY
)

CONSENT ORDER

THIS case came before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against PILL PACK (hereinafter referred to as "PILL") relating to engaging in the selling, offering for sale, compounding or dispensing drugs during the year 2015 without first receiving your permit from the Board required by Code of Alabama (1975) §34-23-30 in violation of Code of Alabama (1975), §34-23-33(7) as more specifically set forth in Exhibit "A" hereto:

Prior to a hearing in this case, PILL pled guilty to violating Code of Alabama (1975) §34-23-33(7), based upon engaging in the selling, offering for sale, compounding or dispensing of drugs during the year 2015 without first having your permit with the Board by evidenced by your execution of Exhibit "A". Accordingly, pursuant to Code of Alabama (1975) §§ 34-23-33 and 41-22-12(e), the matters at issue have been resolved informally by the parties and the parties have agreed that this Consent Order can be entered and include the following terms:

1. That PILL is guilty of violating Code of Alabama (1975) §34-23-33 (7) by engaging in the selling, offering for sale, compounding or dispensing drugs during the year 2015 without first having renewed your permit with the Board in violation of Code of Alabama (1975) §34-23-30.

2. That PILL shall pay to the Board simultaneously with the

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Source: ~ ALABAMA@NICK

Original document #: 176675 received on 8/10/2015 11:00 AM EDT

execution of this Consent Order a fine in the amount of Five Hundred Dollars ($500.00). This obligation of payment to the Board shall not be dischargeable in bankruptcy and PILL shall not attempt to discharge the same in any bankruptcy proceeding.

3. By execution of this Consent Order PILL hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

4. That PILL expressly waives their rights pursuant to the Alabama Pharmacy Practice Act, Code of Alabama (1975) §34-23-1 et seq., and the Alabama Administrative Procedure Act, Code of Alabama (1975) §41-22-1 et seq., including but not limited to Code of Alabama (1975) §§§§§34-23-34, 34-23-92(7) and (12), 34-23-94, 41-22-12 and 41-22-20, and including but not limited to a statement or notice of charges and the opportunity for a hearing before the Board in connection with any charges against PILL. PILL further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975) §41-22-18.

5. That PILL agrees that any future violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against their license.

Source: ~ ALABAMA@NICK

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6. That PILL acknowledges, stipulates and agrees that they have read this Consent Order and that they fully understand the terms, conditions and contents of the same. PILL acknowledges, stipulates and agrees that they voluntarily and of their own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress or threats or pursuant to any promises.

DONE this the 20th day of JUNE, 2015.

ELLIOT COHEN
PILL PACK

DONE this the 16th day of July, 2015.

ALABAMA STATE BOARD OF PHARMACY

BY: _____
Dan McConaghy, R.Ph.
Its President

BY: _____
James S. Ward
Its Attorney

WARD & WILSON, LLC
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205)871-5404

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Original document #: 176675 received on 8/10/2015 11:00 AM EDT

amazon pharmacy

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno,NV 89521

Re: Notice of Agreed Board Order for license PH03946

Dear Mr. Dave Wuest,

On November 2, 2021, PillPack by Amazon Pharmacy located at 250 Commercial Street, Suite 2012, Manchester, New Hampshire 03101, Board license number PH03946 (the "Pharmacy"), entered into Agreed Board Order #2019-05709 with the Texas Board of Pharmacy to resolve allegations that a pharmacist incorrectly verified the data entry of a new facsimile prescription for a patient calling for a look-alike sound-alike medication. This letter constitutes notice of the Texas Board of Pharmacy's imposition of a reprimand requiring that the Pharmacy implement a Continuous Quality Improvement Program for purposes of preventing and handling dispensing errors. A copy of the Agreed Board Order is attached for your reference. Please let us know if you request a fully executed copy of the Order, if so, we can provide it upon receipt from the Texas Board of Pharmacy.

Importantly, the Board's Order does not impose any restrictions on the Pharmacy's ability to provide pharmacy services.

If you have any questions about this notice, please feel free to contact Bethany Francis, our Pharmacist-In-Charge, at bethany@pillpack.com.

Sincerely,

Bethany Francis, Pharmacist-in-Charge

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AGREED BOARD ORDER #2019-05709

RE: IN THE MATTER OF
PILLPACK BY AMAZON PHARMACY
(PHARMACY LICENSE #29030)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 29030 issued to PillPack by Amazon Pharmacy (Respondent), 250 Commercial Street, Suite 2012, Manchester, New Hampshire 03101.

By letter dated February 4, 2021, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 565.001(a)(1), (2), (12) and (13); and 565.002(a)(3) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2019);

Sections 281.7(a)(12) and (13); 291.31(1), (15), (16) and (17); 291.32(c)(1)(E) and (F); 291.32(c)(2)(B) and (D); 291.104(a)(15); and 295.3(b) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2020); and

Section 431.021(r) of the Texas Food, Drug, and Cosmetic Act, TEX. HEALTH & SAFETY CODE ANN. (2017), in that allegedly:

COUNT

On or about May 8, 2019, a pharmacist of PillPack by Amazon Pharmacy, 250 Commercial Street, Suite 2012, Manchester, New Hampshire 03101, incorrectly verified the data entry of a new facsimile prescription for patient S.G. calling for clomiphene 50 mg tablets as calling for clomipramine 50 mg capsules. The prescription was incorrectly data entered into the pharmacy's data processing system by a pharmacy technician. The prescription was dispensed to patient S.G. in a prescription vial labeled 30 clomipramine 50 mg capsules with directions to "take 1 capsule by mouth twice daily." Subsequently, on or about June 10, 2019, a refill of the incorrectly verified prescription was dispensed to patient S.G. Patient S.G. took the wrong drug until the error was identified after the prescription was refilled and reported experiencing adverse effects, including vision changes, irritability, and decreased libido. The prescription was assigned prescription number 63432299.

An informal conference was held via videoconference on September 9, 2021, with Emily Haugh, R.Ph.; Christopher Rochon, R.Ph., Senior Pharmacist-in-Charge Manager, Pharmacy Risk Management, on behalf of Respondent; and Robert Wolin, Legal Counsel for Respondent, in attendance. The informal conference was heard by a Board panel comprised of: Donna

Montemayor, R.Ph., Board Member; Rick Tisch, Board Member; and Tim Tucker, Pharm.D., Executive Director/Secretary; with Megan G. Holloway, General Counsel. Mary Martha Murphy, Assistant General Counsel, was also in attendance.

By signing this Order, Timothy Parker, Managing Officer, PillPack LLC, on behalf of Respondent, and Respondent's counsel neither admit nor deny the truth of the matters previously set out in this Order, and agree that the Board has jurisdiction in this matter and waive the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent's license is reprimanded.

(2) Respondent shall develop and implement policies and procedures for a Continuous Quality Improvement Program for purposes of preventing and handling dispensing errors. The Continuous Quality Improvement Program shall include pharmacist peer review in compliance with guidelines approved by Board staff. In addition, the policies and procedures for pharmacist peer review shall state that:

(a) The peer review committee will:

- review incident reports;
- determine what caused errors;
- make recommendations to correct the problem that caused the errors; and
- monitor the changes to determine if the changes have improved the operation of Respondent and reduced errors.

(b) The peer review committee must be comprised of at least two employees of Respondent, including the pharmacist-in-charge and other pharmacist(s) or personnel who are employees of Respondent. The committee shall not be solely comprised of a district or regional manager/supervisor and the pharmacist-in-charge and shall not be used for personnel evaluation purposes.

(c) The peer review committee will meet regularly, and no less than quarterly.

(d) The peer review committee will make a record indicating:

- date of meeting;
- location of meeting;
- names of persons attending the meeting;

- description of activities;
- discussion of problems in Respondent's operation (e.g., work flow, dispensing process);
- findings;
- description of recommendations; and
- review of actions or changes relating to individuals, systems, or processes made as a result of previous recommendations.

(3) Respondent shall submit a report and/or documentation of such policies and procedures to Board staff within one hundred twenty (120) days after the entry of this Order. Copies of forms used by Respondent to collect the data on errors committed at the pharmacy (i.e., incident report forms) must be submitted to Board staff, as well as any other peer review forms that have been developed by Respondent. Additionally, records of the peer review committee, as described in subparagraph (d) above, shall be maintained for two (2) years at the location of Respondent and made available for inspection by Board employees.

(4) Respondent shall be responsible for all costs relating to compliance with the requirements of this Order.

(5) Respondent shall allow Board staff to directly contact Respondent on any matter regarding the enforcement of this Order.

(6) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2021), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2021).

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And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 2nd day of November, 2021.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Tim Tucker, Pharm.D.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

DocuSigned by:
TJ Parker
87B21A1922FD4E6...

Timothy Parker, Managing Officer, PillPack LLC
On behalf of PillPack by Amazon Pharmacy

DocuSigned by:
Bob Wolin
B6FC60AA0124481...

Robert Wolin, Legal Counsel for PillPack by Amazon Pharmacy
Baker Hostetler
811 Main, Suite 1100
Houston, Texas 77002

APPROVED AS TO FORM:

Megan G. Holloway, General Counsel
Texas State Board of Pharmacy

VIA UPS AND EMAIL - pharmacy@pharmacy.nv.gov

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno,NV 89521

To Mr. Dave Wuest:

We are writing on behalf of the Amazon pharmacies licensed by your state PH03946, PH03870, PH03741, PH03988, PH04407, PH04408, and PH04409 (collectively, "Amazon Pharmacy"). We are writing to inform the Nevada State Board of Pharmacy that on 5/2/2022, PillPack LLC entered into a settlement with the federal government related to how it dispensed and billed for insulin pen prescriptions from 2014 to November 2019.

Patient health and wellness is at the core of everything we do. A 2019 review of our insulin pen dispensing and billing practices indicated that some customers may have received more insulin pens than their pharmacy benefits plan allowed. This review resulted in Amazon Pharmacy changing its practice. Amazon Pharmacy's historical practices did not have an impact on patient safety and patients nor the government were charged for more insulin pens than what was dispensed.

It should be noted that nothing in this settlement impacts Amazon Pharmacy's ability to practice pharmacy or serve customers. If you have any questions or require additional information, please contact Nick Guletsky at Nick@pillpack.com.

Thank you,

Nick Guletsky
Senior Manager, Quality and Compliance

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

UNITED STATES OF AMERICA, ALASKA, CALIFORNIA, COLORADO, CONNECTICUT, DELAWARE, FLORIDA, GEORGIA, HAWAII ILLINOIS, INDIANA, IOWA, LOUISIANA, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MONTANA, NEVADA, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH CAROLINA, OKLAHOMA, RHODE ISLAND, TENNESSEE, TEXAS, VERMONT, VIRGINIA, WASHINGTON and the DISTRICT OF COLUMBIA *ex rel.* JOHN ERICKSON and DAVID BARRY,

Plaintiffs,

v.

AMAZON.COM, INC. and AMAZON PILLPACK f/k/a PILLPACK, LLC,

Defendants.

UNITED STATES OF AMERICA,

Plaintiff-Intervenor,

v.

PILLPACK LLC,

Defendant.

STIPULATION OF SETTLEMENT

WHEREAS, this Stipulation of Settlement ("Stipulation") is entered into by and among plaintiff the United States of America (the "United States" or the "Government"), by its attorney, Damian Williams, United States Attorney for the Southern

District of New York; the relators John Erickson and David Barry ("Relators"), by their authorized representatives; and defendant PillPack LLC ("PillPack" or "Defendant", and together with the Government and Relators, the "Parties"), by its authorized representatives;

WHEREAS, PillPack is an online retail pharmacy headquartered in Manchester, New Hampshire, that is licensed to dispense prescription drugs to patients in all 50 states and the District of Columbia;

WHEREAS, PillPack is a wholly-owned subsidiary of Amazon.com, Inc. ("Amazon"), the online retailer headquartered in Seattle, Washington. In September 2018, Amazon acquired the corporate predecessor of PillPack, PillPack, Inc., which was founded in 2013 and began serving customers in 2014;

WHEREAS, on or about July 18, 2019, Relators filed a complaint ("Relator Complaint") under the *qui tam* provisions of the False Claims Act ("FCA"), 31 U.S.C. § 3729 *et seq.*, and comparable state false claims and insurance fraud laws, against Amazon, and Amazon PillPack f/k/a PillPack, LLC alleging, among other things, that they engaged in a pattern of submitting false claims to Medicare and Medicaid seeking reimbursement for insulin pens dispensed to patients that exceeded the amounts prescribed by the patients' physicians for the time periods specified in the claims;

WHEREAS, the Government alleges that from April 2014 through November 2019 (the "Covered Period"), PillPack violated the FCA by submitting to Government Healthcare Programs, including Medicare, Medicaid, TRICARE, and the Federal Employees Health Benefits Program ("FEHBP," and collectively, "GHPs"), reimbursement claims for insulin pens[1] that falsely under-reported the days-of-supply (*i.e.*, the number of days that insulin pens should last if the patient used insulin according to the prescribers' directions for use) and were dispensed substantially

[1] A list of the types of insulin pens relevant to this Stipulation, by brand names and by national drug codes, is attached as Exhibit A herein.

earlier than the patients actually needed insulin pen refills according to the prescribers' instructions; and that, due to this practice, the GHPs reimbursed Defendant for more insulin than certain patients needed. The conduct described in this Paragraph is the "Covered Conduct" for purposes of this Stipulation;

WHEREAS, on or about April 21, 2022, the Government filed a Notice of Election to Intervene and Complaint-In-Intervention in the above-referenced *qui tam* action (the "Government Complaint"), in which it asserts claims against Defendant under the FCA for the Covered Conduct;

WHEREAS, in February 2020, the U.S. Attorney's Office for the Southern District of New York ("SDNY") contacted Defendant about SDNY's ongoing investigation of the Covered Conduct. Subsequently, counsel for PillPack informed SDNY that PillPack weeks before had started to prepare a submission to the U.S. Department of Health and Human Services Office of the Inspector General ("OIG") related to the Covered Conduct in order to request acceptance into OIG's Healthcare Fraud Self-Disclosure Protocol (the "Request"). On or about May 8, 2020, PillPack submitted the Request to OIG. OIG subsequently denied the Request;

WHEREAS, Defendant intends to enter into separate settlement agreements with a number of States and the District of Columbia named as plaintiffs in this Action (collectively, the "States") to resolve claims asserted by the States under state false claims laws for the Covered Conduct (the "State Settlements"), and has agreed to pay a total of $175,522.55 to the States pursuant to the State Settlements;

WHEREAS, the Relators' claim to a share of the proceeds from the settlement of claims arising from the Relators' Complaint is the subject of a separate agreement between the Relators and the United States;

WHEREAS, the Parties have, through this Stipulation, reached a mutually agreeable resolution addressing the claims asserted against Defendant in the Government Complaint and the Relator Complaint, for the Covered Conduct;

NOW, THEREFORE, IT IS HEREBY AGREED THAT:

TERMS AND CONDITIONS

1. The Parties agree that this Court has subject matter jurisdiction over this action and consent to this Court's exercise of personal jurisdiction over each of them.

2. Defendant admits, acknowledges, and accepts responsibility for the following conduct (the "Admitted Conduct"):

a. Insulin "pens" are a common way for diabetic patients, including GHP beneficiaries, to self-administer insulin. Manufacturers distribute the insulin pens relevant here in tamper-evident cartons containing between two and five pens and with labeling approved by the U.S. Food and Drug Administration ("FDA")[2]. Insulin pens are most frequently marketed in carton sizes containing five 100 unit/mL pens. In the five-pen boxes, each pen consists of a syringe, which contains 300 units (3 mL) of insulin solution, inside a hard plastic case. A box of five pens contains 1500 (15 mL) units of insulin solution.

b. FDA classifies the insulin pens relevant here as prescription drug products. Pharmacies can dispense such pens to patients only with valid prescriptions from licensed prescribers. Valid insulin prescriptions must set forth the "directions for use," which typically designate both how much insulin to administer (*e.g.*, 10 units) and the frequency and/or timing of when to administer it (*e.g.*, once a day at bedtime).

c. At all relevant times, when PillPack sought reimbursement for insulin pens from GHPs, it was required to report, among other data fields, the quantity dispensed and the days-of-supply. In pharmacy billing, "quantity dispensed" specifies the amount of medication being dispensed to a patient when they fill their prescription, and "days-of-supply" refers to the number of days that the quantity of medication dispensed should last if the patient uses the medication according to the directions for use. Typically, to calculate days-of-supply, a pharmacist divides the total quantity of medication being dispensed to a particular patient by that patient's "daily dose," *i.e.*, the amount of medication that the prescriber directs the patient to use each day.

d. GHPs, or pharmacy benefit managers ("PBMs") working on their behalf, typically establish procedures to calculate the date on which a prescription refill would be needed (the "refill due date") based on the date when a patient last filled a prescription and the days-of-supply reported by the pharmacy for that prior fill.

[2] In November 2019, the FDA approved revisions to the labeling for insulin pens to emphasize the agency's recommendation for dispensing insulin pens to a single patient in their original sealed carton. The FDA strongly encouraged the manufacturers of insulin pens to consider developing smaller carton sizes to better accommodate variable insulin doses and needs. The FDA also suggested that organizations facing challenges with large carton sizes (multiple-pen cartons) contact the manufacturers to express the need for smaller (and single-pen) carton sizes. The FDA approved the first single-pen carton size for an insulin product on June 11, 2020.

GHPs, and the PBMs working on their behalf, also typically establish automated processes to deny claims for reimbursement for refills that are submitted too far in advance of the refill due dates. The reliability of these procedures and processes depends on the accuracy of the days-of-supply reported by pharmacies.

e. PillPack was aware that GHPs and payors working on their behalf had established dispensing limits for prescription drug products in terms of quantity and days-of-supply and that such GHPs and payors would deny a claim if the reported days-of-supply exceeded those days-of-supply limits, unless PillPack obtained an override from the GHP or payor authorizing PillPack to dispense the quantity of medication exceeding the days-of-supply limit.

f. During the Covered Period, PillPack's insulin pen dispensing practice was to supply patients with a full carton of insulin pens. In many instances, this resulted in exceeding the GHP's applicable days-of-supply limit. Instead of accurately reporting the days-of-supply and contacting the GHP or its agent to attain the requisite override, in many instances PillPack would dispense and bill for the full carton, and reduce the days-of-supply reported to the GHP to conform to the GHP's days-of-supply limit. As a result, for those claims, PillPack reported days-of-supply data to GHPs that were different from, and lower than, the days-of-supply that should have been reported had PillPack calculated days-of-supply according to the typical pharmacy billing formula of dividing the quantity of insulin dispensed by the daily dose.

g. PillPack utilizes prescription management and dispensing software, including a technology called the Refill Logic, to determine refill due dates for medications. The Refill Logic program is designed to prevent PillPack pharmacists from prematurely dispensing refills to patients, and to ensure that refills are not dispensed before patients should have taken approximately 80% of the medication dispensed through the last fill. Prior to April 2019, PillPack's Refill Logic program determined refill dates based on the reported days-of-supply. Thus, during this time period, when PillPack pharmacists reported inaccurate lower days-of-supply data to GHPs and payors working on their behalf, the Refill Logic program used this inaccurate data to generate premature refill due dates, causing PillPack pharmacists to dispense insulin pen refills to patients days or weeks before the patients actually needed them according to their prescriptions.

h. During the Covered Period, PillPack received audit reports from PBMs, acting on behalf of GHPs, requesting that PillPack repay the overpayments it had received for insulin pen prescription claims due to inaccurate days-of-supply reporting.

i. GHPs and payors working on their behalf approved and paid claims submitted by PillPack for insulin pen refills that they would not have approved if PillPack had accurately reported the days-of-supply for previous fills according to the typical pharmacy billing formula of dividing the quantity dispensed by the daily dose. Specifically, PillPack's practice of dispensing and submitting reimbursement claims for insulin pen refills using inaccurate lower days-of-supply data prevented GHPs and payors working on their behalf from reliably calculating refill due dates and confirming that refills had not been prematurely dispensed before approving PillPack's claims for reimbursement.

j. In certain instances, over time, patients accumulated multiple extra insulin pens that they did not need according to their prescriptions.

3. Defendant shall pay to the Government within fourteen (14) business days of the Effective Date (defined below in Paragraph 30) the sum of $5,616,136.85 plus interest which shall be compounded annually at a rate of 1.5% accruing from January 21, 2022, to the date of the payment (the "Settlement Amount") in accordance with instructions to be provided by the Financial Litigation Unit of the SDNY. Of the Settlement Amount, $2,808,068.43 plus applicable interest constitutes restitution to the United States.

4. Defendant agrees to cooperate fully and truthfully with the United States' investigation of individuals and entities not released in this Stipulation. Upon reasonable notice, Defendant shall encourage, and agrees not to impair, the cooperation of its directors, officers, and employees, and shall use its best efforts to make available, and encourage, the cooperation of former directors, officers, and employees for interviews and testimony, consistent with the rights and privileges of such individuals. Defendant further agrees to furnish to the United States, upon request, complete and unredacted copies of all non-privileged documents, reports, memoranda of interviews, and records in its possession, custody, or control concerning any investigation of the Covered Conduct that it has undertaken, or that has been performed by another on its behalf.

5. Subject to the exceptions in Paragraph 9 (concerning reserved claims) below and subject to Paragraph 10 (concerning default) and Paragraph 15 (concerning bankruptcy proceedings) below, and conditioned on Defendant's full compliance with the terms of this Stipulation, including full payment of the Settlement Amount to the United States pursuant to Paragraph 3 above, the United States releases Defendant, including its parents, subsidiaries and corporate predecessors, successors and assigns, from any civil or administrative monetary claim that the United States has for the Covered Conduct under

the FCA, the Civil Monetary Penalties Law, 42 U.S.C. § 1320a-7a, the Program Fraud Civil Remedies Act, 31 U.S.C. § 3801-3812, and the common law theories of fraud, payment by mistake, and unjust enrichment. For avoidance of doubt, this Stipulation does not release any current or former officer, director, employee, or agent of Defendant from liability of any kind.

6. Defendant fully and finally releases the United States, its agencies, officers, employees, servants, and agents from any claims (including attorneys' fees, costs, and expenses of every kind and however denominated) that Defendant has asserted, could have asserted, or may assert in the future against the United States, its agencies, officers, employees, servants, or agents related to the Covered Conduct or the United States' investigation, prosecution and settlement thereof.

7. Subject to Defendant's full payment of the Settlement Amount to the United States pursuant to Paragraph 3 above, Relators, for themselves and their heirs, successors, attorneys, agents, and assigns, release Defendant, including its parents, subsidiaries and corporate predecessors, successors and assigns, as well as all of its current and former officers, directors, employees, attorneys, and other agents, from any and all manner of claims, proceedings, liens, and causes of action of any kind or description that Relators have against Defendant up to and through the Effective Date of this Stipulation; provided, however, that nothing in this Stipulation shall preclude Relators from seeking to recover their reasonable expenses and attorneys' fees and costs pursuant to 31 U.S.C. § 3730(d).

8. In consideration of the execution of this Stipulation by Relators and the Relators' release as set forth in Paragraph 7 above, Defendant, including its subsidiaries, predecessors, and corporate successors and assigns, as well as all of its current and former officers, directors, employees, attorneys, and other agents, release Relators and their heirs, successors, attorneys, agents, and assigns, from any and all manner of claims, proceedings,

liens, and causes of action of any kind or description that Defendant has against Relators up to and through the Effective Date of this Stipulation.

9. Notwithstanding the releases given in Paragraph 5 above, or any other term of this Stipulation, the following claims of the Government are specifically reserved and are not released by this Stipulation:

a. any liability arising under Title 26, United States Code (Internal Revenue Code);

b. any criminal liability;

c. except as explicitly stated in this Stipulation, any administrative liability or enforcement right, including but not limited to the mandatory or permissive exclusion from Federal health care programs (as defined in 42 U.S.C. § 1320a-7b(f)) under 42 U.S.C. § 1320a-7(a) (mandatory exclusion) or 42 U.S.C. § 1320a-7(b) (permissive exclusion);

d. any liability to the United States (or its agencies) for any conduct other than the Covered Conduct;

e. any liability based upon obligations created by this Stipulation; and

f. any liability of individuals.

10. Defendant shall be in default of this Stipulation if Defendant fails to make the required payment set forth in Paragraph 3 above on or before the due date for such payment, or if it fails to comply materially with any other term of this Stipulation that applies to it ("Default"). The Government will provide a written Notice of Default to Defendant of any Default in the manner set forth in Paragraph 29 below. Defendant shall then have an opportunity to cure the Default within seven (7) calendar days from the date of receipt of the Notice of Default by making the payment due and paying any additional interest accruing under the Stipulation up to the date of payment. If Defendant fails to cure the Default within seven (7) calendar days of receiving the Notice of Default ("Uncured Default"), interest on the remaining unpaid balance shall thereafter accrue at the rate of 12% per annum, compounded daily from the date of Default, on the remaining unpaid total

(principal and interest balance). In the event of an Uncured Default, Defendant shall agree to the entry of a consent judgment in favor of the United States against Defendant in the amount of the Settlement Amount as attached hereto as Exhibit B. Defendant also agrees that the United States, at its sole discretion, may (i) retain any payments previously made, rescind this Stipulation, and reinstate the claims asserted against Defendant in the Government Complaint, or bring any civil and/or administrative claim, action, or proceeding against Defendant for the claims that would otherwise be covered by the releases provided in Paragraph 5 above with any recovery reduced by the amount of any payments previously made by Defendant to the United States under this Stipulation; (ii) take any action to enforce this Stipulation in a new action or by reinstating the Government Complaint; (iii) offset the remaining unpaid balance from any amounts due and owing to Defendant and/or affiliated companies by any department, agency, or agent of the United States at the time of Default or subsequently; and/or (iv) exercise any other right granted by law, or under the terms of this Stipulation, or recognizable at common law or in equity. The United States shall be entitled to any other rights granted by law or in equity by reason of Default, including referral of this matter for private collection. In the event the United States pursues a collection action, Defendant agrees immediately to pay the United States the greater of (i) a ten-percent (10%) surcharge of the amount collected, as allowed by 28 U.S.C. § 3011(a), or (ii) the United States' reasonable attorneys' fees and expenses incurred in such an action. In the event that the United States opts to rescind this Stipulation pursuant to this paragraph, Defendant waives and agrees not to plead, argue, or otherwise raise any defenses of statute of limitations, laches, estoppel or similar theories, to any civil or administrative claims that (i) are filed by the United States against Defendant within 120 days of written notification that this Stipulation has been rescinded, and (ii) relate to the Covered Conduct, except to the extent these defenses were available on July 18, 2019.

Defendant agrees not to contest any offset, recoupment, and/or collection action undertaken by the United States pursuant to this paragraph, either administratively or in any state or federal court, except on the grounds of actual payment to the United States.

11. Defendant, having truthfully admitted to the Admitted Conduct set forth in Paragraph 2 hereof, agrees it shall not, through its attorneys, agents, officers, or employees, make any public statement, including but not limited to, any statement in a press release, social media forum, or website, that contradicts or is inconsistent with the Admitted Conduct or suggests that the Admitted Conduct is not wrongful (a "Contradictory Statement"). Any Contradictory Statement by Defendant, its attorneys agents, officers, or employees, shall constitute a violation of this Stipulation, thereby authorizing the Government to pursue any of the remedies set forth in Paragraph 10 hereof, or seek other appropriate relief from the Court. Before pursuing any remedy, the Government shall notify Defendant that it has determined that Defendant has made a Contradictory Statement. Upon receiving notice from the Government, Defendant may cure the violation by repudiating the Contradictory Statement in a press release or other public statement within four business days. If Defendant learns of a potential Contradictory Statement by its attorneys, agents, officers, or employees, Defendant must notify the Government of the statement within 24 hours. The decision as to whether any statement constitutes a Contradictory Statement or will be imputed to Defendant for the purpose of this Stipulation, or whether Defendant adequately repudiated a Contradictory Statement to cure a violation of this Stipulation, shall be within the sole discretion of the Government. Consistent with this provision, Defendant may raise defenses and/or assert affirmative claims or defenses in any proceeding brought by private and/or public parties, so long as doing so would not contradict or be inconsistent with the Admitted Conduct.

12. Relators and their heirs, successors, attorneys, agents, and assigns shall not object to this Stipulation; Relators agree and confirm that the terms of this Stipulation are fair, adequate, and reasonable under all the circumstances, pursuant to 31 U.S.C. § 3730(c)(2)(B).

13. Defendant agrees that it waives and shall not seek payment for any of the health care billings covered by this Stipulation from any health care beneficiaries or their parents, sponsors, legally responsible individuals, or third party payors based upon the claims defined as Covered Conduct.

14. Defendant waives and shall not assert any defenses Defendant may have to any criminal prosecution or administrative action relating to the Covered Conduct that may be based in whole or in part on a contention that, under the Double Jeopardy Clause in the Fifth Amendment of the Constitution, or under the Excessive Fines Clause in the Eighth Amendment of the Constitution, this Stipulation bars a remedy sought in such criminal prosecution or administrative action.

15. In exchange for valuable consideration provided in this Stipulation, Defendant acknowledges the following:

a. Defendant has reviewed its financial situation and warrants that it is solvent within the meaning of 11 U.S.C. §§ 547(b)(3) and 548(a)(1)(B)(ii)(I) and shall remain solvent following payment to the United States of the Settlement Amount.

b. In evaluating whether to execute this Agreement, the Parties intend that the mutual promises, covenants, and obligations set forth herein constitute a contemporaneous exchange for new value given to Defendant, within the meaning of 11 U.S.C. § 547(c)(1), and the Parties conclude that these mutual promises, covenants, and obligations do, in fact, constitute such a contemporaneous exchange.

c. The mutual promises, covenants, and obligations set forth herein are intended by the Parties to, and do in fact, constitute a reasonably equivalent exchange of value.

d. The Parties do not intend to hinder, delay, or defraud any entity to which Defendant was or became indebted on or after the date of any transfer contemplated in this Stipulation, within the meaning of 11 U.S.C. § 548(a)(1).

e. If Defendant's obligations under this Stipulation are avoided for any reason (including but not limited to through the exercise of a trustee's avoidance powers under the Bankruptcy Code) or if, before the Settlement Amount is paid in full, Defendant or a third party commences a case, proceeding, or other action under any law relating to bankruptcy, insolvency, reorganization, or relief of debtors seeking any order for relief of Defendant's debts, or to adjudicate Defendant as bankrupt or insolvent, or seeking appointment of a receiver, trustee, custodian, or other similar official for Defendant or for all or any substantial part of Defendant's assets:

(1) the United States may rescind the releases in this Stipulation and bring any civil and/or administrative claim, action, or proceeding against Defendant for the claims that would otherwise be covered by the releases provided in Paragraph 5 above;

(2) the United States has an undisputed, noncontingent, and liquidated allowed claim against Defendant in the amount of $5,616,136.85 less any payments received pursuant to the Stipulation, provided, however, that such payments are not otherwise avoided and recovered from the United States by Defendant, a receiver, trustee, custodian, or other similar official for Defendant; and

(3) if any payments are avoided and recovered by Defendant, a receiver, trustee, custodian, or similar official for Defendant, Relators shall, within thirty days of written notice from the United States to the undersigned Relators' counsel, return any portions of such payments already paid by the United States to Relators.

f. Defendant agrees that any civil and/or administrative claim, action, or proceeding brought by the United States under Paragraph 15(e) above is not subject to an "automatic stay" pursuant to 11 U.S.C. § 362(a) because it would be an exercise of the United States' police and regulatory power. Defendant shall not argue or otherwise contend that the United States' claim, action, or proceeding is subject to an automatic stay and, to the extent necessary, consents to relief from the automatic stay for cause under 11 U.S.C. § 362(d)(1). Defendant waives and shall not plead, argue, or otherwise raise any defenses under the theories of statute of limitations, laches, estoppel, or similar theories, to any such civil or administrative claim, action, or proceeding brought by the United States within 120 days of written notification to Defendant that the releases have been rescinded pursuant to this paragraph, except to the extent such defenses were available on July 18, 2019.

16. The Settlement Amount shall not be decreased as a result of the denial of claims for payment now being withheld from payment by any Medicare, Medicaid, TRICARE, or FEHBP contractor (*e.g.*, Medicare, Medicaid, TRICARE, or FEHBP Administrative Contractor, fiscal intermediary, carrier) or any state payor related to the Covered Conduct; and Defendant agrees not to resubmit to any Medicare, Medicaid, TRICARE, or FEHBP

contractor or any state payor any previously denied claims related to the Covered Conduct, agrees not to appeal any such denials of claims, and agrees to withdraw any such pending appeals.

17. Defendant agrees to the following:

a. Unallowable Costs Defined: All costs (as defined in the Federal Acquisition Regulation, 48 C.F.R. § 31.205-47; and in Titles XVIII and XIX of the Social Security Act, 42 U.S.C. **§§ 1395-1395lll and 1396-1396w-6**; and the regulations and official program directives promulgated thereunder) incurred by or on behalf of Defendant, including its present or former officers, directors, employees, and agents in connection with:

(1) the matters covered by this Stipulation;

(2) the United States' and States' audit(s) and civil investigation(s) of matters covered by this Stipulation;

(3) Defendant's investigation, defense, and corrective actions undertaken in response to the United States' and States' audit(s) and civil investigation(s) in connection with matters covered by this Stipulation and the State Settlement (including attorneys' fees);

(4) the negotiation and performance of this Stipulation and the State Settlement; and

(5) any payment Defendant makes to the United States pursuant to this Stipulation, any payment Defendant makes to the States pursuant to the State Settlement, and any payment Defendant may make to Relators, including expenses, costs and attorneys' fees;are unallowable costs for government contracting purposes and under the Medicare Program, Medicaid Program, TRICARE Program, and FEHBP (hereinafter referred to as "Unallowable Costs").

b. Future Treatment of Unallowable Costs: Unallowable Costs shall be separately determined and accounted for by Defendant, and Defendant shall not charge such Unallowable Costs directly or indirectly to any contracts with the United States or any State Medicaid program, or seek payment for such Unallowable Costs through any cost report, cost statement, information statement, or payment request submitted by Defendant or any of its subsidiaries or affiliates to the Medicare, Medicaid, TRICARE, or FEHBP Programs.

c. Treatment of Unallowable Costs Previously Submitted for Payment: Within 90 days of the Effective Date of this Stipulation, Defendant shall identify to applicable Medicare and TRICARE fiscal intermediaries, carriers, and/or contractors, and Medicaid and FEHBP fiscal agents, any Unallowable Costs (as defined in this paragraph) included in payments previously sought from the United States, or any

State Medicaid program, including, but not limited to, payments sought in any cost reports, cost statements, information reports, or payment requests already submitted by Defendant or any of its subsidiaries or affiliates, and shall request, and agree, that such cost reports, cost statements, information reports, or payment requests, even if already settled, be adjusted to account for the effect of the inclusion of the Unallowable Costs. Defendant agrees that the United States, at a minimum, shall be entitled to recoup from Defendant any overpayment plus applicable interest and penalties as a result of the inclusion of such Unallowable Costs on previously-submitted cost reports, information reports, cost statements, or requests for payment. Any payments due after the adjustments have been made shall be paid to the United States pursuant to the direction of the Department of Justice and/or the affected agencies. The United States, including the Department of Justice and/or the affected agencies, reserves their rights to disagree with any calculation submitted by Defendant or any of its subsidiaries or affiliates on the effect of inclusion of Unallowable Costs (as defined in this paragraph) on Defendant or any of its subsidiaries or affiliates' cost reports, cost statements, or information reports.

d. Nothing in this Stipulation shall constitute a waiver of the rights of the United States to audit, examine, or re-examine Defendant's books and records to determine that no Unallowable Costs have been claimed in accordance with the provisions of this Paragraph.

18. This Stipulation is intended to be for the benefit of the Parties only. The Parties do not release any claims against any other person or entity except as otherwise provided herein.

19. Each Party shall bear its own legal and other costs incurred in connection with this matter, including the preparation and performance of this Stipulation; provided, however, nothing in this Stipulation shall preclude Relators from seeking to recover their expenses or attorneys' fees and costs from Defendant, pursuant to 31 U.S.C. § 3730(d).

20. Any failure by the Government to insist upon the full or material performance of any of the provisions of this Stipulation shall not be deemed a waiver of any of the provisions hereof, and the Government, notwithstanding that failure, shall have the right thereafter to insist upon the full or material performance of any and all of the provisions of this Stipulation.

21. This Stipulation is governed by the laws of the United States. The exclusive jurisdiction and venue for any dispute relating to this Stipulation is the United States

District Court for the Southern District of New York.

22. The Parties agree that the Court shall retain jurisdiction over any disputes related to this Stipulation, including any action to enforce the terms of this Stipulation and any claim by Relators against Defendant for expenses, costs, or attorneys' fees pursuant to 31 U.S.C. § 3730(d).

23. For purposes of construing this Stipulation, this Stipulation shall be deemed to have been drafted by all Parties to this Stipulation and shall not, therefore, be construed against any Party for that reason in any subsequent dispute.

24. This Stipulation constitutes the complete agreement between the Parties with respect to the subject matter hereof. This Stipulation may not be amended except by written consent of the Parties. No prior agreements, oral representations or statements shall be considered part of this Stipulation.

25. The undersigned counsel and other signatories represent and warrant that they are fully authorized to execute this Stipulation on behalf of the persons and the entities indicated below.

26. This Stipulation is binding on Defendant's successors, transferees, heirs, and assigns.

27. This Stipulation is binding on Relators' successors, transferees, heirs, and assigns.

28. This Stipulation may be executed in counterparts, each of which constitutes an original and all of which constitute one and the same Stipulation. E-mails that attach signatures in PDF form or facsimiles of signatures shall constitute acceptable, binding signatures for purposes of this Stipulation.

29. Any notice pursuant to this Stipulation shall be in writing and shall, unless expressly provided otherwise herein, be delivered by hand, express courier, or e-mail transmission followed by postage-prepaid mail, and shall be addressed as follows:

TO THE UNITED STATES:

Danielle J. Levine
Pierre G. Armand
Assistant United States
Attorneys United States
Attorney's Office Southern
District of New York 86
Chambers Street, Third Floor
New York, New York 10007
Tel: (212) 637-2800
Email: danielle.levine@usdoj.gov
pierre.armand@usdoj.gov

TO DEFENDANT:

Mylan Denerstein
Jonathan M. Phillips
Gibson, Dunn & Crutcher LLP
200 Park Avenue
New York, New York 10166
Tel: (212) 351-4000
Email: mdenerstein@gibsondunn.com
jphillips@gibsondunn.com

Amazon.com Legal Department
Attn: Litigation
P.O. Box 81226
Seattle, WA 98108
Email: Contracts-legal@amazon.com

TO RELATORS:

Renee Brooker
Eva Gunasekera
Tycko & Zavareei LLP
1828 L Street , NW, Suite 1000
Washington, DC 20036
Tel: (202) 273-0900
Email: reneebrooker@tzlegal.com
eva@tzlegal.com

30. The effective date of this Stipulation is the date upon which the Stipulation is executed by the Parties (the "Effective Date").

Agreed to by:

THE UNITED STATES OF AMERICA

Dated: New York, New York
April 29, 2022

DAMIAN WILLIAMS
United States Attorney for the
Southern District of New York

By: Pierre G. Armand /D

DANIELLE J. LEVINE
PIERRE G. ARMAND
Assistant United States Attorneys
86 Chambers Street, Third Floor
New York, New York 10007
Tel.: (212) 637-2800
Email: danielle.levine@usdoj.gov
pierre.armand@usdoj.gov

Attorney for the United States of America

DocuSign Envelope ID: B84C9A0E-E176-4D18-B7F3-9930A7E47903

RELATORS

Dated: 4/29/2022, 2022

TYCKO & ZAVAREEI LLP

By: DocuSigned by: Renee Brooker
B89AE639A4004C3...

RENEE BROOKER
EVA GUNASEKERA
1828 L Street, NW, Suite 1000
Washington, DC 20036
Telephone: (202) 973-0900
Email: reneebrooker@tzlegal.com
eva@tzlegal.com

Attorneys for the Relators

Dated: 4/29/2022, 2022

DocuSigned by: John Erickson
C3BDE497E191403...

JOHN ERICKSON
Relator

Dated: 4/29/2022, 2022

DocuSigned by: David J. Barry
0A787FA0CDCB48E...

DAVID BARRY
Relator

DEFENDANT

Dated: New York, New York
April 29, 2022

GIBSON, DUNN & CRUTCHER LLP

By: _____

MYLAN DENERSTEIN
JONATHAN M. PHILLIPS
200 Park Avenue
New York, New York 10166
Tel: (212) 351-4000
Email: mdenerstein@gibsondunn.com
jphillips@gibsondunn.com

Attorneys for Defendant PillPack LLC

Exhibit A

NDC	Drug Name
00024592505	ADMELOG
00088250205	APIDRA
00002771559	BASAGLAR
00169320415	FIASP
00002751659	HUMALOG
00002771459	HUMALOG
00002771227	HUMALOG
00002879959	HUMALOG
00002879859	HUMALOG
00002879759	HUMALOG
00002880359	HUMULIN
00002880559	HUMULIN N
00002882427	HUMULIN R
66733082259	INSULIN LISPRO
00088221905	LANTUS
00169643910	LEVEMIR
00169643810	LEVEMIR
00169300715	NOVOLIN
00169633910	NOVOLOG
00169369619	NOVOLOG
00169330312	NOVOLOG
00024576105	SOLIQUA
00024587102	TOUJEO MAX
00024586903	TOUJEO
00169255013	TRESIBA
00169266015	TRESIBA
00169291115	XULTOPHY

Exhibit B

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

UNITED STATES OF AMERICA, ALASKA, CALIFORNIA, COLORADO, CONNECTICUT, DELAWARE, FLORIDA, GEORGIA, HAWAII ILLINOIS, INDIANA, IOWA, LOUISIANA, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MONTANA, NEVADA, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH CAROLINA, OKLAHOMA, RHODE ISLAND, TENNESSEE, TEXAS, VERMONT, VIRGINIA, WASHINGTON and the DISTRICT OF COLUMBIA *ex rel.* JOHN ERICKSON and DAVID BARRY, Plaintiffs-Relators, v. AMAZON.COM, INC. and AMAZON PILLPACK f/k/a PILLPACK, LLC, Defendants.	No. 19 Civ. 6717 (GHW)
UNITED STATES OF AMERICA, Plaintiff-Intervenor, v. PILLPACK LLC, Defendant.	

JUDGMENT

Upon the consent of plaintiff the United States of America and defendant PillPack LLC ("PillPack"), it is hereby

ORDERED, ADJUDGED and DECREED: that plaintiff the United States of America is awarded judgment in the amount of $5,616,136.85 against PillPack as well as post-judgment interest at the rate of 12% per annum compounded daily.

Dated: New York, New York
_____, 2022

DAMIAN WILLIAMS
United States Attorney for the
Southern District of New York

By: _____
DANIELLE J. LEVINE
PIERRE G. ARMAND
Assistant United States Attorneys
86 Chambers Street, Third Floor
New York, New York 10007
Tel.: (212) 637- 2800
Email: danielle.levine@usdoj.gov
pierre.armand@usdoj.gov

Attorney for the United States of America

Dated: New York New York
_____, 2022

GIBSON, DUNN & CRUTCHER LLP

By: _____
MYLAN DENERSTEIN
JONATHAN M. PHILLIPS
200 Park Avenue
New York, New York 10166
Tel: (212) 351-4000
Email: mdenerstein@gibsondunn.com
jphillips@gibsondunn.com

Attorneys for Defendant PillPack LLC

SO ORDERED:

_____
HON. GREGORY H. WOODS
UNITED STATES DISTRICT JUDGE

Dated: _____

amazon pharmacy

August 9, 2022

VIA UPS OVERNIGHT

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno,NV 89521

RE: PillPack by Amazon Pharmacy
Permit Number: PH03946

Dear Mr. Dave Wuest,

On June 20, 2022, PillPack by Amazon Pharmacy located at 250 Commercial Street, Suite 2012, Manchester, New Hampshire 03101, Board license number PH03946 (the "Pharmacy"), entered into a Settlement Agreement with the Hawaii Board of Pharmacy (the "Settlement Agreement"). This Settlement Agreement was accepted by the Hawaii Board of Pharmacy on July 29, 2022. This Settlement Agreement is a result of follow on discipline from the Hawaii Board of Pharmacy related to discipline the Pharmacy received from the Texas Board of Pharmacy on November 5, 2021. We previously notified you of the underlying Texas discipline on November 5, 2021.

Attached is a copy of the Settlement Agreement as well as a copy of the previously provided notice of the underlying Texas Board of Pharmacy matter to completeness.
Importantly, the Board's Order does not impose any restrictions on the Pharmacy's ability to provide pharmacy services.

If you have any questions about this notice, please feel free to contact me at pmh1-licensing@pillpack.com.

Very truly yours,

Bethany Francis, Pharmacist-In-Charge

Encls.

DAWNIE ICHIMURA 6990
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: (808) 586-2660

Attorney for Department of Commerce
and Consumer Affairs

REVISED
ORIGINAL

PROF & VOCATIONAL LICENSING DIVISION
2022 JUN 28 P 1:40
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
eFiled 2022 Jul 29 a 10:46
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER
STATE OF HAWAII

In the Matter of the Miscellaneous Permit of	PHA 2022-17-L
PILLPACK LLC,	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER
Respondent.	

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s), and Respondent PILLPACK LLC (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted by the Board of Pharmacy (hereinafter the "Board") as a miscellaneous permit holder under permit number PMP 891. The miscellaneous permit was issued on or about October 10, 2013. The miscellaneous permit is set to expire or forfeit on or about December 31, 2023.

2. Respondent's mailing address for purposes of this action is c/o Rafael del Castillo & Associates, AAL, LLLC, 289 Kawaihae Street No. 222, Honolulu, Hawaii 96825-1901.

I HEREBYCERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.
Jennifer Haida

3. On or about November 2, 2021, Respondent entered into an Agreed Board Order #2019-05709 ("Agreed Order") with the Texas Board of Pharmacy resolving allegations that a Pillpack pharmacist incorrectly verified data entry for a new facsimile prescription order for one patient, the incorrect prescription was dispensed to a patient, and the prescription was later refilled with the same incorrect prescription

4. Respondent reported the Texas Agreed Order to the Hawaii Board of Pharmacy on or about November 5, 2021.

5. The foregoing allegation, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state).

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is represented by Rafael del Castillo, Esq., c/o Rafael del Castillo & Associates, AAL, LLLC, 289 Kawaihae Street #222, Honolulu, Hawaii 96825.

2. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2022-17-L.

3. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress, as a compromise of the claims, and to conserve on the expenses of proceeding at an administrative hearing.

4. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

5. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

6. Respondent does not admit to violating any law or rule but acknowledges that RICO alleges that it has sufficient cause to file a Petition for Disciplinary Action against Respondent's miscellaneous permit.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2022-17-L, specifically, the Settlement Agreement with the Texas Board of Pharmacy (Case No. ABO #2019-05709) and all allegations contained therein.

8. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

9. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay a fine in the amount of FIVE HUNDRED AND NO/100 DOLLARS ($500.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Dawnie Ichimura, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment shall be made before RICO submits this Settlement Agreement executed by Respondent's authorized representative(s) to the Board, but no more than thirty (30) calendar days from the date this Settlement Agreement is submitted to RICO by Respondent.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's miscellaneous permit shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the miscellaneous permit to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new miscellaneous permit until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for a new miscellaneous permit pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Settlement Agreement Conclusively Resolves the Board's Claims Arising from the Texas Agreed Board Order #2019-05709. The Board hereby acknowledges that following the conclusion of this action, the Texas Agreed Board Order may trigger, or may have already triggered, actions in additional states, and the Board hereby agrees that these actions shall not be deemed to constitute any additional or separate violations of the statutes or administrative rules governing the conduct of miscellaneous permit holders in the state of Hawaii; and that this Settlement Agreement conclusively resolves all claims the Board has or may have in connection with the Texas Agreed Board Order together with any actions arising as a result or directly therefrom in any other state or jurisdiction.

4. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of miscellaneous permit holders in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

5. Approval of the Board. Respondent agrees that, except for the representations,

agreements and covenants contained in Paragraphs C.6, C.7, C.8 and C.9 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

6. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

7. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

8. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

9. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

D. ADDITIONAL REPRESENTATIONS BY RESPONDENT[1]

1. No Coercion or Duress; No Representations By RICO. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

[1] The term "Respondent" shall mean a single person, but, if more than one person is subject to and executes this Settlement Agreement than the term shall include all such persons unless stated otherwise.

2. Right to Hearing. Respondent is aware Respondent has a right to a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives Respondent's right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

3. Consent to Settlement Agreement. Respondent acknowledges Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, were the allegations set forth in the Settlement Agreement to be proven at hearing, and enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

4. Procedure for Approval of Settlement Agreement. Upon filing, this Settlement Agreement will be submitted to the Board. Respondent agrees this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. Effect of Rejection of Settlement Agreement. Respondent agrees if the Board does not approve this Settlement Agreement, neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Grounds for Further Disciplinary Action. Respondent understands the Board may pursue additional disciplinary action as provided by law to include further fines and other sanctions if Respondent violates any provision of applicable licensing statutes or rules or if Respondent fails to abide by the terms of this Settlement Agreement.

7. Reporting. Respondent understands that this Settlement Agreement may be subject to reporting requirements and that this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

8. Disciplinary Action. Respondent acknowledges that upon its approval, this Settlement Agreement shall constitute disciplinary action.

9 Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

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IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Agreement in the capacity shown below.

DATED: Hopkinton (City), New Hampshire (State), June 20, 2022 (Date).

PILLPACK LLC
Respondent

By: _____ (Signature)
Chris Pickering (Print Name)
Its Vice President, Treasure and Secretary (Title)

DATED: Honolulu, Hawaii, _____.

_____
DAWNIE ICHIMURA
Attorney for Department of Commerce
and Consumer Affairs

APPROVED AS TO FORM:

_____
RAFAEL DEL CASTILLO, ESQ.
Attorney for Respondent

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF PILLPACK LLC; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; RICO CASE NO. PHA 2022-17-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

	July 14, 2022
ALANNA ISOBE Chair	DATE
	Kent Kikuchi
PATRICK ADAMS Vice Chair	KENT KIKUCHI
Sheri Tokumaru	
SHERI TOKUMARU	MARK BROWN
CATALINA CROSS	

PVL 07/2022

amazon pharmacy

December 30th, 2022

VIA UPS 2ND DAY AIR

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno, NV 89521

RE: PillPack LLC dba PillPack by Amazon Pharmacy
Permit Number: PH03946

Dear Mr. Dave Wuest,

As a follow-on to the settlement agreement entered into between PillPack LLC and the federal government, related to how the pharmacy dispensed and billed for insulin pen prescriptions from 2014 to November 2019, a notice of which was provided to this board on or about 5/2/2022, The Missouri State Board of Pharmacy has elected to enter into its own settlement agreement with PillPack LLC dba PillPack by Amazon Pharmacy (MO Permit #: 2018043786), effective December 24, 2022.

This discipline is a Public Censure and it should be noted that nothing in the aforementioned settlement impacts Amazon Pharmacy's ability to practice pharmacy or serve customers.

Very truly yours,

Livia Durdia, Licensing Coordinator

Encls.

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STATE OF MISSOURI
MISSOURI BOARD OF PHARMACY

IN RE:	)	
	)	
PILLPACK, L.L.C.	)	
dba PILLPACK BY AMAZON PHARMACY	)	Complaint No. 2022-001721
Permit No. 2018043786	)	
250 Commercial St., Ste. 2012.	)	
Manchester, NH 03101	)	

SETTLEMENT AGREEMENT BETWEEN
STATE BOARD OF PHARMACY AND PILLPACK, L.L.C.
DBA PILLPACK BY AMAZON PHARMACY

COME NOW Pillpack, L.L.C. dba Pillpack By Amazon Pharmacy ("Respondent" or "Pillpack" or "the Pharmacy") and the Missouri Board of Pharmacy ("Board" or "Petitioner") and enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's permit to operate as a pharmacy will be subject to discipline.

Pursuant to the terms of Section 536.060, RSMo, the parties hereto waive the right to a hearing by the Administrative Hearing Commission of the State of Missouri ("AHC") and, additionally, the right to a disciplinary hearing before the Board under Section 621.110, RSMo, and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing of the charges against it; the right to appear and be represented by legal counsel; the right to have all charges against it proved upon the record by competent and substantial evidence; the right to cross-examine any witness appearing at the hearing against it; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending against it and, subsequently, the right to a disciplinary hearing before the Board at which time it may present evidence in mitigation of discipline; and the right to recover attorney's fees incurred in defending this action against its

legal

permit. Being aware of these rights provided it by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into his Settlement Agreement and agrees to abide by the terms of this document as they pertain to it.

Respondent acknowledges that it has received a copy of the draft complaint to be filed with the Administrative Hearing Commission, the investigative report, and other documents relied upon by the Board in determining there was cause for discipline against Respondent's permit.

For purposes of settling this dispute, Respondent stipulates that the factual allegations contained in this Settlement Agreement are true, stipulates with the Board that Respondent's permit as a pharmacy, numbered 2018043786, is subject to disciplinary action by the Board in accordance with the provisions of Chapter 621 and Chapter 338, RSMo.

JOINT STIPULATION OF FACTS

1. The Board is an agency of the State of Missouri created and established pursuant to §338.110, RSMo[1], for the purpose of executing and enforcing the provisions of Chapter 338, RSMo.

2. Respondent Pillpack, L.L.C. dba Pillpack By Amazon Pharmacy, is an online retail pharmacy headquartered in Manchester, New Hampshire, that is licensed by the Board under permit number 2018043786. Respondent's permit was at all times relevant herein current and active.

3. On or about July 18, 2019, a complaint was filed in the Southern District of New York, case no. 1:19-cv-06717, under the *qui tam* provisions of the False Claims Act ("FCA"), 31 U.S.C. § 3729 *et seq.*, and comparable state false claims and insurance fraud laws, against parties including Respondent, alleging, among other things, that they engaged in a pattern of submitting

[1] All statutory references are to the Revised Statutes of Missouri 2016, as amended, unless otherwise stated

false claims to Medicare and Medicaid seeking reimbursement for insulin pens dispensed to patients that exceeded the amounts prescribed by the patients' physicians for the time periods specified in the claims.

4. The parties entered into a Stipulated Settlement under which Respondent admitted, acknowledged and accepted responsibility for certain conduct ("the Admitted Conduct") and agreed that it "shall not, through its attorneys, agents, officers, or employees, make any public statement. . . that contradicts or is inconsistent with the Admitted Conduct or suggests that the Admitted Conduct is not wrongful."

5. Under the Stipulated Settlement, Respondent also agreed to pay the sum of $5,616,136.85 to the United States along with a total of $175,522.55 to the States who were named Plaintiffs in the complaint.

6. The Admitted Conduct is as follows:

A. Insulin "pens" are a common way for diabetic patients, including GHP beneficiaries, to self-administer insulin. Manufacturers distribute the insulin pens relevant here in tamper-evident cartons containing between two and five pens and with labeling approved by the U.S. Food and Drug Administration ("FDA"). Insulin pens are most frequently marketed in carton sizes containing five 100 unit/mL pens. In the five-pen boxes, each pen consists of a syringe, which contains 300 units (3 mL) of insulin solution, inside a hard plastic case. A box of five pens contains 1500 (15 mL) units of insulin solution.

B. FDA classifies the insulin pens relevant here as prescription drug products. Pharmacies can dispense such pens to patients only with valid prescriptions from licensed prescribers. Valid insulin prescriptions must set forth the "directions for use," which

typically designate both how much insulin to administer (*e.g.*, 10 units) and the frequency and/or timing of when to administer it (*e.g.*, once a day at bedtime).

C. At all relevant times, when PillPack sought reimbursement for insulin pens from GHPs, it was required to report, among other data fields, the quantity dispensed and the days-of-supply. In pharmacy billing, "quantity dispensed" specifies the amount of medication being dispensed to a patient when they fill their prescription, and "days-of-supply" refers to the number of days that the quantity of medication dispensed should last if the patient uses the medication according to the directions for use. Typically, to calculate days-of-supply, a pharmacist divides the total quantity of medication being dispensed to a particular patient by that patient's "daily dose," *i.e.*, the amount of medication that the prescriber directs the patient to use each day.

D. GHPs, or pharmacy benefit managers ("PBMs") working on their behalf, typically establish procedures to calculate the date on which a prescription refill would be needed (the "refill due date") based on the date when a patient last filled a prescription and the days-of-supply reported by the pharmacy for that prior fill. GHPs, and the PBMs working on their behalf, also typically establish automated processes to deny claims for reimbursement for refills that are submitted too far in advance of the refill due dates. The reliability of these procedures and processes depends on the accuracy of the days-of-supply reported by pharmacies.

E. PillPack was aware that GHPs and payors working on their behalf had established dispensing limits for prescription drug products in terms of quantity and days-of-supply and that such GHPs and payors would deny a claim if the reported days-of-supply exceeded those days-of-supply limits, unless PillPack obtained an override from the

GHP or payor authorizing PillPack to dispense the quantity of medication exceeding the days-of-supply limit.

F. During the Covered Period, PillPack's insulin pen dispensing practice was to supply patients with a full carton of insulin pens. In many instances, this resulted in exceeding the GHP's applicable days-of-supply limit. Instead of accurately reporting the days-of-supply and contacting the GHP or its agent to attain the requisite override, in many instances PillPack would dispense and bill for the full carton, and reduce the days-of-supply reported to the GHP to conform to the GHP's days-of-supply limit. As a result, for those claims, PillPack reported days-of-supply data to GHPs that were different from, and lower than, the days-of-supply that should have been reported had PillPack calculated days-of-supply according to the typical pharmacy billing formula of dividing the quantity of insulin dispensed by the daily dose.

G. PillPack utilizes prescription management and dispensing software, including a technology called the Refill Logic, to determine refill due dates for medications. The Refill Logic program is designed to prevent PillPack pharmacists from prematurely dispensing refills to patients, and to ensure that refills are not dispensed before patients should have taken approximately 80% of the medication dispensed through the last fill. Prior to April 2019, PillPack's Refill Logic program determined refill dates based on the reported days-of-supply. Thus, during this time period, when PillPack pharmacists reported inaccurate lower days-of-supply data to GHPs and payors working on their behalf, the Refill Logic program used this inaccurate data to generate premature refill due dates, causing PillPack pharmacists to dispense insulin pen refills to patients days or weeks before the patients actually needed them according to their prescriptions.

H. During the Covered Period, PillPack received audit reports from PBMs, acting on behalf of GHPs, requesting that PillPack repay the overpayments it had received for insulin pen prescription claims due to inaccurate days-of-supply reporting.

I. GHPs and payors working on their behalf approved and paid claims submitted by PillPack for insulin pen refills that they would not have approved if PillPack had accurately reported the days-of-supply for previous fills according to the typical pharmacy billing formula of dividing the quantity dispensed by the daily dose. Specifically, PillPack's practice of dispensing and submitting reimbursement claims for insulin pen refills using inaccurate lower days-of-supply data prevented GHPs and payors working on their behalf from reliably calculating refill due dates and confirming that refills had not been prematurely dispensed before approving PillPack's claims for reimbursement.

J. In certain instances, over time, patients accumulated multiple extra insulin pens that they did not need according to their prescriptions.

JOINT CONCLUSIONS OF LAW

7. Cause exists for Petitioner to take disciplinary action against Respondent's pharmacy permit under§ 338.210.5, RSMo, which provides:

> 5. If a violation of this chapter or other relevant law occurs in connection with or adjunct to the preparation or dispensing of a prescription or drug order, any permit holder or pharmacist-in-charge at any facility participating in the preparation, dispensing, or distribution of a prescription or drug order may be deemed liable for such violation.

8. As a result of the foregoing, cause exists for Petitioner to take disciplinary action against Respondent's Missouri pharmacy permit under § 338.055.2(5) and (13), RSMo, which provides:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder

> of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his or her certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (5) . . .misconduct,. . . fraud, misrepresentation or dishonesty in the performance of the functions or duties of any profession licensed or regulated by this chapter;
>
> * * *
>
> (13) Violation of any professional trust or confidence;

JOINT AGREED DISCIPLINARY ORDER

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of Section 621.045.3, RSMo:

A. Respondent's permit numbered 2018043786, is hereby **PUBLICLY CENSURED.**

B. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

C. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to any claims for attorney's fees and expenses, including any claims pursuant to Section 536.087, RSMo, or any claim arising under 42 U.S.C. Section 1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or

from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

RESPONDENT, AS EVIDENCED BY THE INITIALS ON THE APPROPRIATE LINE,

_____ REQUESTS

DS
_____ DOES NOT REQUEST

THE ADMINISTRATIVE HEARING COMMISSION TO DETERMINE IF THE FACTS SET FORTH HEREIN ARE GROUNDS FOR DISCIPLINING RESPONDENT'S PHARMACY PERMIT.

The parties to this Agreement understand that the Board of Pharmacy will maintain this Agreement as an open record of the Board as provided in Chapters 324, 338, 610, RSMo.

If Respondent has requested review, Respondent and Board jointly request that the Administrative Hearing Commission determine whether the facts set forth herein are grounds for disciplining Respondent's license and issue findings of fact and conclusions of law stating that the facts agreed to by the parties are grounds for disciplining Respondent's license. Effective fifteen (15) days from the date the Administrative Hearing Commission determines that the Settlement Agreement sets forth cause for disciplining Respondent's permit, the agreed upon discipline set forth herein shall go into effect.

If Respondent has not requested review by the Administrative Hearing Commission, the Settlement Agreement goes into effect fifteen (15) days after the document is signed by the Board's Executive Director.

RESPONDENT
Pillpack, L.L.C. dba Pillpack By Amazon Pharmacy

DocuSigned by:
Kelvin Downes
B2B0B3F68FFE42D...

As authorized Agent for
Pillpack, L.L.C. dba Pillpack By Amazon Pharmacy

Printed: Kelvin Downes

Date: December 2, 2022

PETITIONER
Missouri Board of Pharmacy

By:

Kimberly Grinston
Executive Director

Date: 12·9·2022

NEWMAN, COMLEY & RUTH P.C.

By:

Alicia Embley Turner #48675
601 Monroe Street, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Telephone: (573) 634-2266
Fax: (573) 636-3306
turnera@ncrpc.com

Attorneys for Missouri Board of Pharmacy

amazon pharmacy

June 28th, 2023

VIA EMAIL AND UPS OVERNIGHT

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno, NV 89521

RE: PillPack by Amazon Pharmacy, Amazon Pharmacy #001, Amazon Pharmacy #002, Amazon Pharmacy #003, Amazon Pharmacy #005, Amazon Pharmacy #006 and Amazon Pharmacy #007

Permit Number: PH03946, PH03741, PH03988, PH03870, PH04407, PH04408, PH04409

Dear Mr. Dave Wuest,

As a follow-on to the settlement agreement entered into between PillPack LLC and the federal government, related to how the pharmacy dispensed and billed for insulin pen prescriptions from 2014 to November 2019, a notice of which was provided to this board on or about 5/2/2022, The Hawaii Regulated Industries Complaints Office (RICO) has elected to enter into its own settlement agreement with PillPack LLC dba PillPack by Amazon Pharmacy [HI permit numbers PMP-891, PMP-1728, PMP-1579, PMP-1760, PMP-1790, PMP-1839], effective June 21st, 2023.

It should be noted that nothing in the aforementioned negotiation impacts Amazon Pharmacy's ability to practice pharmacy or serve customers.

Very truly yours,

Livia Durdia, Licensing Coordinator

Encls.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

UNITED STATES OF AMERICA, ALASKA, CALIFORNIA, COLORADO, CONNECTICUT, DELAWARE, FLORIDA, GEORGIA, HAWAII ILLINOIS, INDIANA, IOWA, LOUISIANA, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MONTANA, NEVADA, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH CAROLINA, OKLAHOMA, RHODE ISLAND, TENNESSEE, TEXAS, VERMONT, VIRGINIA, WASHINGTON and the DISTRICT OF COLUMBIA *ex rel.* JOHN ERICKSON and DAVID BARRY,

Plaintiffs,

v.

AMAZON.COM, INC. and AMAZON PILLPACK f/k/a PILLPACK, LLC,

Defendants.

UNITED STATES OF AMERICA,

Plaintiff-Intervenor,

v.

PILLPACK LLC,

Defendant.

STIPULATION OF SETTLEMENT

WHEREAS, this Stipulation of Settlement ("Stipulation") is entered into by and among plaintiff the United States of America (the "United States" or the "Government"), by its attorney, Damian Williams, United States Attorney for the Southern

District of New York; the relators John Erickson and David Barry ("Relators"), by their authorized representatives; and defendant PillPack LLC ("PillPack" or "Defendant", and together with the Government and Relators, the "Parties"), by its authorized representatives;

WHEREAS, PillPack is an online retail pharmacy headquartered in Manchester, New Hampshire, that is licensed to dispense prescription drugs to patients in all 50 states and the District of Columbia;

WHEREAS, PillPack is a wholly-owned subsidiary of Amazon.com, Inc. ("Amazon"), the online retailer headquartered in Seattle, Washington. In September 2018, Amazon acquired the corporate predecessor of PillPack, PillPack, Inc., which was founded in 2013 and began serving customers in 2014;

WHEREAS, on or about July 18, 2019, Relators filed a complaint ("Relator Complaint") under the *qui tam* provisions of the False Claims Act ("FCA"), 31 U.S.C. § 3729 *et seq.*, and comparable state false claims and insurance fraud laws, against Amazon, and Amazon PillPack f/k/a PillPack, LLC alleging, among other things, that they engaged in a pattern of submitting false claims to Medicare and Medicaid seeking reimbursement for insulin pens dispensed to patients that exceeded the amounts prescribed by the patients' physicians for the time periods specified in the claims;

WHEREAS, the Government alleges that from April 2014 through November 2019 (the "Covered Period"), PillPack violated the FCA by submitting to Government Healthcare Programs, including Medicare, Medicaid, TRICARE, and the Federal Employees Health Benefits Program ("FEHBP," and collectively, "GHPs"), reimbursement claims for insulin pens[1] that falsely under-reported the days-of-supply (*i.e.*, the number of days that insulin pens should last if the patient used insulin according to the prescribers' directions for use) and were dispensed substantially

[1] A list of the types of insulin pens relevant to this Stipulation, by brand names and by national drug codes, is attached as Exhibit A herein.

earlier than the patients actually needed insulin pen refills according to the prescribers' instructions; and that, due to this practice, the GHPs reimbursed Defendant for more insulin than certain patients needed. The conduct described in this Paragraph is the "Covered Conduct" for purposes of this Stipulation;

WHEREAS, on or about April 21, 2022, the Government filed a Notice of Election to Intervene and Complaint-In-Intervention in the above-referenced *qui tam* action (the "Government Complaint"), in which it asserts claims against Defendant under the FCA for the Covered Conduct;

WHEREAS, in February 2020, the U.S. Attorney's Office for the Southern District of New York ("SDNY") contacted Defendant about SDNY's ongoing investigation of the Covered Conduct. Subsequently, counsel for PillPack informed SDNY that PillPack weeks before had started to prepare a submission to the U.S. Department of Health and Human Services Office of the Inspector General ("OIG") related to the Covered Conduct in order to request acceptance into OIG's Healthcare Fraud Self-Disclosure Protocol (the "Request"). On or about May 8, 2020, PillPack submitted the Request to OIG. OIG subsequently denied the Request;

WHEREAS, Defendant intends to enter into separate settlement agreements with a number of States and the District of Columbia named as plaintiffs in this Action (collectively, the "States") to resolve claims asserted by the States under state false claims laws for the Covered Conduct (the "State Settlements"), and has agreed to pay a total of $175,522.55 to the States pursuant to the State Settlements;

WHEREAS, the Relators' claim to a share of the proceeds from the settlement of claims arising from the Relators' Complaint is the subject of a separate agreement between the Relators and the United States;

WHEREAS, the Parties have, through this Stipulation, reached a mutually agreeable resolution addressing the claims asserted against Defendant in the Government Complaint and the Relator Complaint, for the Covered Conduct;

NOW, THEREFORE, IT IS HEREBY AGREED THAT:

TERMS AND CONDITIONS

1. The Parties agree that this Court has subject matter jurisdiction over this action and consent to this Court's exercise of personal jurisdiction over each of them.

2. Defendant admits, acknowledges, and accepts responsibility for the following conduct (the "Admitted Conduct"):

a. Insulin "pens" are a common way for diabetic patients, including GHP beneficiaries, to self-administer insulin. Manufacturers distribute the insulin pens relevant here in tamper-evident cartons containing between two and five pens and with labeling approved by the U.S. Food and Drug Administration ("FDA")[2]. Insulin pens are most frequently marketed in carton sizes containing five 100 unit/mL pens. In the five-pen boxes, each pen consists of a syringe, which contains 300 units (3 mL) of insulin solution, inside a hard plastic case. A box of five pens contains 1500 (15 mL) units of insulin solution.

b. FDA classifies the insulin pens relevant here as prescription drug products. Pharmacies can dispense such pens to patients only with valid prescriptions from licensed prescribers. Valid insulin prescriptions must set forth the "directions for use," which typically designate both how much insulin to administer (*e.g.*, 10 units) and the frequency and/or timing of when to administer it (*e.g.*, once a day at bedtime).

c. At all relevant times, when PillPack sought reimbursement for insulin pens from GHPs, it was required to report, among other data fields, the quantity dispensed and the days-of-supply. In pharmacy billing, "quantity dispensed" specifies the amount of medication being dispensed to a patient when they fill their prescription, and "days-of-supply" refers to the number of days that the quantity of medication dispensed should last if the patient uses the medication according to the directions for use. Typically, to calculate days-of-supply, a pharmacist divides the total quantity of medication being dispensed to a particular patient by that patient's "daily dose," *i.e.*, the amount of medication that the prescriber directs the patient to use each day.

d. GHPs, or pharmacy benefit managers ("PBMs") working on their behalf, typically establish procedures to calculate the date on which a prescription refill would be needed (the "refill due date") based on the date when a patient last filled a prescription and the days-of-supply reported by the pharmacy for that prior fill.

[2] In November 2019, the FDA approved revisions to the labeling for insulin pens to emphasize the agency's recommendation for dispensing insulin pens to a single patient in their original sealed carton. The FDA strongly encouraged the manufacturers of insulin pens to consider developing smaller carton sizes to better accommodate variable insulin doses and needs. The FDA also suggested that organizations facing challenges with large carton sizes (multiple-pen cartons) contact the manufacturers to express the need for smaller (and single-pen) carton sizes. The FDA approved the first single-pen carton size for an insulin product on June 11, 2020.

GHPs, and the PBMs working on their behalf, also typically establish automated processes to deny claims for reimbursement for refills that are submitted too far in advance of the refill due dates. The reliability of these procedures and processes depends on the accuracy of the days-of-supply reported by pharmacies.

e. PillPack was aware that GHPs and payors working on their behalf had established dispensing limits for prescription drug products in terms of quantity and days-of-supply and that such GHPs and payors would deny a claim if the reported days-of-supply exceeded those days-of-supply limits, unless PillPack obtained an override from the GHP or payor authorizing PillPack to dispense the quantity of medication exceeding the days-of-supply limit.

f. During the Covered Period, PillPack's insulin pen dispensing practice was to supply patients with a full carton of insulin pens. In many instances, this resulted in exceeding the GHP's applicable days-of-supply limit. Instead of accurately reporting the days-of-supply and contacting the GHP or its agent to attain the requisite override, in many instances PillPack would dispense and bill for the full carton, and reduce the days-of-supply reported to the GHP to conform to the GHP's days-of-supply limit. As a result, for those claims, PillPack reported days-of-supply data to GHPs that were different from, and lower than, the days-of-supply that should have been reported had PillPack calculated days-of-supply according to the typical pharmacy billing formula of dividing the quantity of insulin dispensed by the daily dose.

g. PillPack utilizes prescription management and dispensing software, including a technology called the Refill Logic, to determine refill due dates for medications. The Refill Logic program is designed to prevent PillPack pharmacists from prematurely dispensing refills to patients, and to ensure that refills are not dispensed before patients should have taken approximately 80% of the medication dispensed through the last fill. Prior to April 2019, PillPack's Refill Logic program determined refill dates based on the reported days-of-supply. Thus, during this time period, when PillPack pharmacists reported inaccurate lower days-of-supply data to GHPs and payors working on their behalf, the Refill Logic program used this inaccurate data to generate premature refill due dates, causing PillPack pharmacists to dispense insulin pen refills to patients days or weeks before the patients actually needed them according to their prescriptions.

h. During the Covered Period, PillPack received audit reports from PBMs, acting on behalf of GHPs, requesting that PillPack repay the overpayments it had received for insulin pen prescription claims due to inaccurate days-of-supply reporting.

i. GHPs and payors working on their behalf approved and paid claims submitted by PillPack for insulin pen refills that they would not have approved if PillPack had accurately reported the days-of-supply for previous fills according to the typical pharmacy billing formula of dividing the quantity dispensed by the daily dose. Specifically, PillPack's practice of dispensing and submitting reimbursement claims for insulin pen refills using inaccurate lower days-of-supply data prevented GHPs and payors working on their behalf from reliably calculating refill due dates and confirming that refills had not been prematurely dispensed before approving PillPack's claims for reimbursement.

j. In certain instances, over time, patients accumulated multiple extra insulin pens that they did not need according to their prescriptions.

3. Defendant shall pay to the Government within fourteen (14) business days of the Effective Date (defined below in Paragraph 30) the sum of $5,616,136.85 plus interest which shall be compounded annually at a rate of 1.5% accruing from January 21, 2022, to the date of the payment (the "Settlement Amount") in accordance with instructions to be provided by the Financial Litigation Unit of the SDNY. Of the Settlement Amount, $2,808,068.43 plus applicable interest constitutes restitution to the United States.

4. Defendant agrees to cooperate fully and truthfully with the United States' investigation of individuals and entities not released in this Stipulation. Upon reasonable notice, Defendant shall encourage, and agrees not to impair, the cooperation of its directors, officers, and employees, and shall use its best efforts to make available, and encourage, the cooperation of former directors, officers, and employees for interviews and testimony, consistent with the rights and privileges of such individuals. Defendant further agrees to furnish to the United States, upon request, complete and unredacted copies of all non-privileged documents, reports, memoranda of interviews, and records in its possession, custody, or control concerning any investigation of the Covered Conduct that it has undertaken, or that has been performed by another on its behalf.

5. Subject to the exceptions in Paragraph 9 (concerning reserved claims) below and subject to Paragraph 10 (concerning default) and Paragraph 15 (concerning bankruptcy proceedings) below, and conditioned on Defendant's full compliance with the terms of this Stipulation, including full payment of the Settlement Amount to the United States pursuant to Paragraph 3 above, the United States releases Defendant, including its parents, subsidiaries and corporate predecessors, successors and assigns, from any civil or administrative monetary claim that the United States has for the Covered Conduct under

the FCA, the Civil Monetary Penalties Law, 42 U.S.C. § 1320a-7a, the Program Fraud Civil Remedies Act, 31 U.S.C. § 3801-3812, and the common law theories of fraud, payment by mistake, and unjust enrichment. For avoidance of doubt, this Stipulation does not release any current or former officer, director, employee, or agent of Defendant from liability of any kind.

6. Defendant fully and finally releases the United States, its agencies, officers, employees, servants, and agents from any claims (including attorneys' fees, costs, and expenses of every kind and however denominated) that Defendant has asserted, could have asserted, or may assert in the future against the United States, its agencies, officers, employees, servants, or agents related to the Covered Conduct or the United States' investigation, prosecution and settlement thereof.

7. Subject to Defendant's full payment of the Settlement Amount to the United States pursuant to Paragraph 3 above, Relators, for themselves and their heirs, successors, attorneys, agents, and assigns, release Defendant, including its parents, subsidiaries and corporate predecessors, successors and assigns, as well as all of its current and former officers, directors, employees, attorneys, and other agents, from any and all manner of claims, proceedings, liens, and causes of action of any kind or description that Relators have against Defendant up to and through the Effective Date of this Stipulation; provided, however, that nothing in this Stipulation shall preclude Relators from seeking to recover their reasonable expenses and attorneys' fees and costs pursuant to 31 U.S.C. § 3730(d).

8. In consideration of the execution of this Stipulation by Relators and the Relators' release as set forth in Paragraph 7 above, Defendant, including its subsidiaries, predecessors, and corporate successors and assigns, as well as all of its current and former officers, directors, employees, attorneys, and other agents, release Relators and their heirs, successors, attorneys, agents, and assigns, from any and all manner of claims, proceedings,

liens, and causes of action of any kind or description that Defendant has against Relators up to and through the Effective Date of this Stipulation.

9. Notwithstanding the releases given in Paragraph 5 above, or any other term of this Stipulation, the following claims of the Government are specifically reserved and are not released by this Stipulation:

a. any liability arising under Title 26, United States Code (Internal Revenue Code);

b. any criminal liability;

c. except as explicitly stated in this Stipulation, any administrative liability or enforcement right, including but not limited to the mandatory or permissive exclusion from Federal health care programs (as defined in 42 U.S.C. § 1320a-7b(f)) under 42 U.S.C. § 1320a-7(a) (mandatory exclusion) or 42 U.S.C. § 1320a-7(b) (permissive exclusion);

d. any liability to the United States (or its agencies) for any conduct other than the Covered Conduct;

e. any liability based upon obligations created by this Stipulation; and

f. any liability of individuals.

10. Defendant shall be in default of this Stipulation if Defendant fails to make the required payment set forth in Paragraph 3 above on or before the due date for such payment, or if it fails to comply materially with any other term of this Stipulation that applies to it ("Default"). The Government will provide a written Notice of Default to Defendant of any Default in the manner set forth in Paragraph 29 below. Defendant shall then have an opportunity to cure the Default within seven (7) calendar days from the date of receipt of the Notice of Default by making the payment due and paying any additional interest accruing under the Stipulation up to the date of payment. If Defendant fails to cure the Default within seven (7) calendar days of receiving the Notice of Default ("Uncured Default"), interest on the remaining unpaid balance shall thereafter accrue at the rate of 12% per annum, compounded daily from the date of Default, on the remaining unpaid total

(principal and interest balance). In the event of an Uncured Default, Defendant shall agree to the entry of a consent judgment in favor of the United States against Defendant in the amount of the Settlement Amount as attached hereto as Exhibit B. Defendant also agrees that the United States, at its sole discretion, may (i) retain any payments previously made, rescind this Stipulation, and reinstate the claims asserted against Defendant in the Government Complaint, or bring any civil and/or administrative claim, action, or proceeding against Defendant for the claims that would otherwise be covered by the releases provided in Paragraph 5 above with any recovery reduced by the amount of any payments previously made by Defendant to the United States under this Stipulation; (ii) take any action to enforce this Stipulation in a new action or by reinstating the Government Complaint; (iii) offset the remaining unpaid balance from any amounts due and owing to Defendant and/or affiliated companies by any department, agency, or agent of the United States at the time of Default or subsequently; and/or (iv) exercise any other right granted by law, or under the terms of this Stipulation, or recognizable at common law or in equity. The United States shall be entitled to any other rights granted by law or in equity by reason of Default, including referral of this matter for private collection. In the event the United States pursues a collection action, Defendant agrees immediately to pay the United States the greater of (i) a ten-percent (10%) surcharge of the amount collected, as allowed by 28 U.S.C. § 3011(a), or (ii) the United States' reasonable attorneys' fees and expenses incurred in such an action. In the event that the United States opts to rescind this Stipulation pursuant to this paragraph, Defendant waives and agrees not to plead, argue, or otherwise raise any defenses of statute of limitations, laches, estoppel or similar theories, to any civil or administrative claims that (i) are filed by the United States against Defendant within 120 days of written notification that this Stipulation has been rescinded, and (ii) relate to the Covered Conduct, except to the extent these defenses were available on July 18, 2019.

Defendant agrees not to contest any offset, recoupment, and/or collection action undertaken by the United States pursuant to this paragraph, either administratively or in any state or federal court, except on the grounds of actual payment to the United States.

11. Defendant, having truthfully admitted to the Admitted Conduct set forth in Paragraph 2 hereof, agrees it shall not, through its attorneys, agents, officers, or employees, make any public statement, including but not limited to, any statement in a press release, social media forum, or website, that contradicts or is inconsistent with the Admitted Conduct or suggests that the Admitted Conduct is not wrongful (a "Contradictory Statement"). Any Contradictory Statement by Defendant, its attorneys agents, officers, or employees, shall constitute a violation of this Stipulation, thereby authorizing the Government to pursue any of the remedies set forth in Paragraph 10 hereof, or seek other appropriate relief from the Court. Before pursuing any remedy, the Government shall notify Defendant that it has determined that Defendant has made a Contradictory Statement. Upon receiving notice from the Government, Defendant may cure the violation by repudiating the Contradictory Statement in a press release or other public statement within four business days. If Defendant learns of a potential Contradictory Statement by its attorneys, agents, officers, or employees, Defendant must notify the Government of the statement within 24 hours. The decision as to whether any statement constitutes a Contradictory Statement or will be imputed to Defendant for the purpose of this Stipulation, or whether Defendant adequately repudiated a Contradictory Statement to cure a violation of this Stipulation, shall be within the sole discretion of the Government. Consistent with this provision, Defendant may raise defenses and/or assert affirmative claims or defenses in any proceeding brought by private and/or public parties, so long as doing so would not contradict or be inconsistent with the Admitted Conduct.

12. Relators and their heirs, successors, attorneys, agents, and assigns shall not object to this Stipulation; Relators agree and confirm that the terms of this Stipulation are fair, adequate, and reasonable under all the circumstances, pursuant to 31 U.S.C. § 3730(c)(2)(B).

13. Defendant agrees that it waives and shall not seek payment for any of the health care billings covered by this Stipulation from any health care beneficiaries or their parents, sponsors, legally responsible individuals, or third party payors based upon the claims defined as Covered Conduct.

14. Defendant waives and shall not assert any defenses Defendant may have to any criminal prosecution or administrative action relating to the Covered Conduct that may be based in whole or in part on a contention that, under the Double Jeopardy Clause in the Fifth Amendment of the Constitution, or under the Excessive Fines Clause in the Eighth Amendment of the Constitution, this Stipulation bars a remedy sought in such criminal prosecution or administrative action.

15. In exchange for valuable consideration provided in this Stipulation, Defendant acknowledges the following:

a. Defendant has reviewed its financial situation and warrants that it is solvent within the meaning of 11 U.S.C. §§ 547(b)(3) and 548(a)(1)(B)(ii)(I) and shall remain solvent following payment to the United States of the Settlement Amount.

b. In evaluating whether to execute this Agreement, the Parties intend that the mutual promises, covenants, and obligations set forth herein constitute a contemporaneous exchange for new value given to Defendant, within the meaning of 11 U.S.C. § 547(c)(1), and the Parties conclude that these mutual promises, covenants, and obligations do, in fact, constitute such a contemporaneous exchange.

c. The mutual promises, covenants, and obligations set forth herein are intended by the Parties to, and do in fact, constitute a reasonably equivalent exchange of value.

d. The Parties do not intend to hinder, delay, or defraud any entity to which Defendant was or became indebted on or after the date of any transfer contemplated in this Stipulation, within the meaning of 11 U.S.C. § 548(a)(1).

e. If Defendant's obligations under this Stipulation are avoided for any reason (including but not limited to through the exercise of a trustee's avoidance powers under the Bankruptcy Code) or if, before the Settlement Amount is paid in full, Defendant or a third party commences a case, proceeding, or other action under any law relating to bankruptcy, insolvency, reorganization, or relief of debtors seeking any order for relief of Defendant's debts, or to adjudicate Defendant as bankrupt or insolvent, or seeking appointment of a receiver, trustee, custodian, or other similar official for Defendant or for all or any substantial part of Defendant's assets:

(1) the United States may rescind the releases in this Stipulation and bring any civil and/or administrative claim, action, or proceeding against Defendant for the claims that would otherwise be covered by the releases provided in Paragraph 5 above;

(2) the United States has an undisputed, noncontingent, and liquidated allowed claim against Defendant in the amount of $5,616,136.85 less any payments received pursuant to the Stipulation, provided, however, that such payments are not otherwise avoided and recovered from the United States by Defendant, a receiver, trustee, custodian, or other similar official for Defendant; and

(3) if any payments are avoided and recovered by Defendant, a receiver, trustee, custodian, or similar official for Defendant, Relators shall, within thirty days of written notice from the United States to the undersigned Relators' counsel, return any portions of such payments already paid by the United States to Relators.

f. Defendant agrees that any civil and/or administrative claim, action, or proceeding brought by the United States under Paragraph 15(e) above is not subject to an "automatic stay" pursuant to 11 U.S.C. § 362(a) because it would be an exercise of the United States' police and regulatory power. Defendant shall not argue or otherwise contend that the United States' claim, action, or proceeding is subject to an automatic stay and, to the extent necessary, consents to relief from the automatic stay for cause under 11 U.S.C. § 362(d)(1). Defendant waives and shall not plead, argue, or otherwise raise any defenses under the theories of statute of limitations, laches, estoppel, or similar theories, to any such civil or administrative claim, action, or proceeding brought by the United States within 120 days of written notification to Defendant that the releases have been rescinded pursuant to this paragraph, except to the extent such defenses were available on July 18, 2019.

16. The Settlement Amount shall not be decreased as a result of the denial of claims for payment now being withheld from payment by any Medicare, Medicaid, TRICARE, or FEHBP contractor (*e.g.*, Medicare, Medicaid, TRICARE, or FEHBP Administrative Contractor, fiscal intermediary, carrier) or any state payor related to the Covered Conduct; and Defendant agrees not to resubmit to any Medicare, Medicaid, TRICARE, or FEHBP

contractor or any state payor any previously denied claims related to the Covered Conduct, agrees not to appeal any such denials of claims, and agrees to withdraw any such pending appeals.

17. Defendant agrees to the following:

a. Unallowable Costs Defined: All costs (as defined in the Federal Acquisition Regulation, 48 C.F.R. § 31.205-47; and in Titles XVIII and XIX of the Social Security Act, 42 U.S.C. **§§ 1395-1395lll and 1396-1396w-6**; and the regulations and official program directives promulgated thereunder) incurred by or on behalf of Defendant, including its present or former officers, directors, employees, and agents in connection with:

(1) the matters covered by this Stipulation;

(2) the United States' and States' audit(s) and civil investigation(s) of matters covered by this Stipulation;

(3) Defendant's investigation, defense, and corrective actions undertaken in response to the United States' and States' audit(s) and civil investigation(s) in connection with matters covered by this Stipulation and the State Settlement (including attorneys' fees);

(4) the negotiation and performance of this Stipulation and the State Settlement; and

(5) any payment Defendant makes to the United States pursuant to this Stipulation, any payment Defendant makes to the States pursuant to the State Settlement, and any payment Defendant may make to Relators, including expenses, costs and attorneys' fees;are unallowable costs for government contracting purposes and under the Medicare Program, Medicaid Program, TRICARE Program, and FEHBP (hereinafter referred to as "Unallowable Costs").

b. Future Treatment of Unallowable Costs: Unallowable Costs shall be separately determined and accounted for by Defendant, and Defendant shall not charge such Unallowable Costs directly or indirectly to any contracts with the United States or any State Medicaid program, or seek payment for such Unallowable Costs through any cost report, cost statement, information statement, or payment request submitted by Defendant or any of its subsidiaries or affiliates to the Medicare, Medicaid, TRICARE, or FEHBP Programs.

c. Treatment of Unallowable Costs Previously Submitted for Payment: Within 90 days of the Effective Date of this Stipulation, Defendant shall identify to applicable Medicare and TRICARE fiscal intermediaries, carriers, and/or contractors, and Medicaid and FEHBP fiscal agents, any Unallowable Costs (as defined in this paragraph) included in payments previously sought from the United States, or any

State Medicaid program, including, but not limited to, payments sought in any cost reports, cost statements, information reports, or payment requests already submitted by Defendant or any of its subsidiaries or affiliates, and shall request, and agree, that such cost reports, cost statements, information reports, or payment requests, even if already settled, be adjusted to account for the effect of the inclusion of the Unallowable Costs. Defendant agrees that the United States, at a minimum, shall be entitled to recoup from Defendant any overpayment plus applicable interest and penalties as a result of the inclusion of such Unallowable Costs on previously-submitted cost reports, information reports, cost statements, or requests for payment. Any payments due after the adjustments have been made shall be paid to the United States pursuant to the direction of the Department of Justice and/or the affected agencies. The United States, including the Department of Justice and/or the affected agencies, reserves their rights to disagree with any calculation submitted by Defendant or any of its subsidiaries or affiliates on the effect of inclusion of Unallowable Costs (as defined in this paragraph) on Defendant or any of its subsidiaries or affiliates' cost reports, cost statements, or information reports.

d. Nothing in this Stipulation shall constitute a waiver of the rights of the United States to audit, examine, or re-examine Defendant's books and records to determine that no Unallowable Costs have been claimed in accordance with the provisions of this Paragraph.

18. This Stipulation is intended to be for the benefit of the Parties only. The Parties do not release any claims against any other person or entity except as otherwise provided herein.

19. Each Party shall bear its own legal and other costs incurred in connection with this matter, including the preparation and performance of this Stipulation; provided, however, nothing in this Stipulation shall preclude Relators from seeking to recover their expenses or attorneys' fees and costs from Defendant, pursuant to 31 U.S.C. § 3730(d).

20. Any failure by the Government to insist upon the full or material performance of any of the provisions of this Stipulation shall not be deemed a waiver of any of the provisions hereof, and the Government, notwithstanding that failure, shall have the right thereafter to insist upon the full or material performance of any and all of the provisions of this Stipulation.

21. This Stipulation is governed by the laws of the United States. The exclusive jurisdiction and venue for any dispute relating to this Stipulation is the United States

District Court for the Southern District of New York.

22. The Parties agree that the Court shall retain jurisdiction over any disputes related to this Stipulation, including any action to enforce the terms of this Stipulation and any claim by Relators against Defendant for expenses, costs, or attorneys' fees pursuant to 31 U.S.C. § 3730(d).

23. For purposes of construing this Stipulation, this Stipulation shall be deemed to have been drafted by all Parties to this Stipulation and shall not, therefore, be construed against any Party for that reason in any subsequent dispute.

24. This Stipulation constitutes the complete agreement between the Parties with respect to the subject matter hereof. This Stipulation may not be amended except by written consent of the Parties. No prior agreements, oral representations or statements shall be considered part of this Stipulation.

25. The undersigned counsel and other signatories represent and warrant that they are fully authorized to execute this Stipulation on behalf of the persons and the entities indicated below.

26. This Stipulation is binding on Defendant's successors, transferees, heirs, and assigns.

27. This Stipulation is binding on Relators' successors, transferees, heirs, and assigns.

28. This Stipulation may be executed in counterparts, each of which constitutes an original and all of which constitute one and the same Stipulation. E-mails that attach signatures in PDF form or facsimiles of signatures shall constitute acceptable, binding signatures for purposes of this Stipulation.

29. Any notice pursuant to this Stipulation shall be in writing and shall, unless expressly provided otherwise herein, be delivered by hand, express courier, or e-mail transmission followed by postage-prepaid mail, and shall be addressed as follows:

TO THE UNITED STATES:

Danielle J. Levine
Pierre G. Armand
Assistant United States
Attorneys United States
Attorney's Office Southern
District of New York 86
Chambers Street, Third Floor
New York, New York 10007
Tel: (212) 637-2800
Email: danielle.levine@usdoj.gov
pierre.armand@usdoj.gov

TO DEFENDANT:

Mylan Denerstein
Jonathan M. Phillips
Gibson, Dunn & Crutcher LLP
200 Park Avenue
New York, New York 10166
Tel: (212) 351-4000
Email: mdenerstein@gibsondunn.com
jphillips@gibsondunn.com

Amazon.com Legal Department
Attn: Litigation
P.O. Box 81226
Seattle, WA 98108
Email: Contracts-legal@amazon.com

TO RELATORS:

Renee Brooker
Eva Gunasekera
Tycko & Zavareei LLP
1828 L Street , NW, Suite 1000
Washington, DC 20036
Tel: (202) 273-0900
Email: reneebrooker@tzlegal.com
eva@tzlegal.com

30. The effective date of this Stipulation is the date upon which the Stipulation is executed by the Parties (the "Effective Date").

Agreed to by:

THE UNITED STATES OF AMERICA

Dated: New York, New York
April 29, 2022

DAMIAN WILLIAMS
United States Attorney for the
Southern District of New York

By: Pierre G. Armand /KD

DANIELLE J. LEVINE
PIERRE G. ARMAND
Assistant United States Attorneys
86 Chambers Street, Third Floor
New York, New York 10007
Tel.: (212) 637- 2800
Email: danielle.levine@usdoj.gov
pierre.armand@usdoj.gov

Attorney for the United States of America

RELATORS

Dated: 4/29/2022, 2022

TYCKO & ZAVAREEI LLP

By: DocuSigned by: Renee Brooker B89AE639A4004C3...

RENEE BROOKER
EVA GUNASEKERA
1828 L Street, NW, Suite 1000
Washington, DC 20036
Telephone: (202) 973-0900
Email: reneebrooker@tzlegal.com
eva@tzlegal.com

Attorneys for the Relators

Dated: 4/29/2022, 2022

DocuSigned by: John Erickson C3B0B397E191403...

JOHN ERICKSON
Relator

Dated: 4/29/2022, 2022

DocuSigned by: David J. Barry 0A787FA0CDDB4BF...

DAVID BARRY
Relator

DEFENDANT

Dated: New York, New York
April 29, 2022

GIBSON, DUNN & CRUTCHER LLP

By: _____

MYLAN DENERSTEIN
JONATHAN M. PHILLIPS
200 Park Avenue
New York, New York 10166
Tel: (212) 351-4000
Email: mdenerstein@gibsondunn.com
jphillips@gibsondunn.com

Attorneys for Defendant PillPack LLC

Exhibit A

NDC	Drug Name
00024592505	ADMELOG
00088250205	APIDRA
00002771559	BASAGLAR
00169320415	FIASP
00002751659	HUMALOG
00002771459	HUMALOG
00002771227	HUMALOG
00002879959	HUMALOG
00002879859	HUMALOG
00002879759	HUMALOG
00002880359	HUMULIN
00002880559	HUMULIN N
00002882427	HUMULIN R
66733082259	INSULIN LISPRO
00088221905	LANTUS
00169643910	LEVEMIR
00169643810	LEVEMIR
00169300715	NOVOLIN
00169633910	NOVOLOG
00169369619	NOVOLOG
00169330312	NOVOLOG
00024576105	SOLIQUA
00024587102	TOUJEO MAX
00024586903	TOUJEO
00169255013	TRESIBA
00169266015	TRESIBA
0016929I115	XULTOPHY

Exhibit B

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

UNITED STATES OF AMERICA, ALASKA, CALIFORNIA, COLORADO, CONNECTICUT, DELAWARE, FLORIDA, GEORGIA, HAWAII ILLINOIS, INDIANA, IOWA, LOUISIANA, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MONTANA, NEVADA, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH CAROLINA, OKLAHOMA, RHODE ISLAND, TENNESSEE, TEXAS, VERMONT, VIRGINIA, WASHINGTON and the DISTRICT OF COLUMBIA *ex rel.* JOHN ERICKSON and DAVID BARRY, Plaintiffs-Relators, v. AMAZON.COM, INC. and AMAZON PILLPACK f/k/a PILLPACK, LLC, Defendants.	No. 19 Civ. 6717 (GHW)
UNITED STATES OF AMERICA, Plaintiff-Intervenor, v. PILLPACK LLC, Defendant.	

JUDGMENT

Upon the consent of plaintiff the United States of America and defendant PillPack LLC ("PillPack"), it is hereby

ORDERED, ADJUDGED and DECREED: that plaintiff the United States of America is awarded judgment in the amount of $5,616,136.85 against PillPack as well as post-judgment interest at the rate of 12% per annum compounded daily.

Dated: New York, New York
_____, 2022

DAMIAN WILLIAMS
United States Attorney for the
Southern District of New York

By: _____
DANIELLE J. LEVINE
PIERRE G. ARMAND
Assistant United States Attorneys
86 Chambers Street, Third Floor
New York, New York 10007
Tel.: (212) 637- 2800
Email: danielle.levine@usdoj.gov
pierre.armand@usdoj.gov

Attorney for the United States of America

Dated: New York New York
_____, 2022

GIBSON, DUNN & CRUTCHER LLP

By: _____
MYLAN DENERSTEIN
JONATHAN M. PHILLIPS
200 Park Avenue
New York, New York 10166
Tel: (212) 351-4000
Email: mdenerstein@gibsondunn.com
jphillips@gibsondunn.com

Attorneys for Defendant PillPack LLC

SO ORDERED:

_____
HON. GREGORY H. WOODS
UNITED STATES DISTRICT JUDGE

Dated: _____

amazon pharmacy

June 30th, 2023

VIA EMAIL AND UPS OVERNIGHT

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno, NV 89521

RE: PillPack by Amazon Pharmacy

Permit Number: PH03946

Dear Mr. Dave Wuest,

PillPack LLC dba PillPack by Amazon Pharmacy [NH permit 0796] entered into a Settlement Agreement with the U.S. Department of Justice ("DOJ") on June 28, 2023. This Settlement resolves alleged violations of the recordkeeping provisions of the Controlled Substances Act made by the Drug Enforcement Administration based on an inspection conducted in October 2020. Amazon Pharmacy has cooperated with the DOJ in coming to this resolution and continues to take patient safety and compliance seriously. Enclosed, please find the publicly available Settlement Agreement.

It should be noted that nothing in this Settlement Agreement impacts Amazon Pharmacy's ability to practice pharmacy or service customers.

Very truly yours,

Kristine Rioux, Licensing Manager

Encls.

DocuSign Envelope ID: AFB7E76A-FDF1-4859-A1B3-E1BDCA451FBF

SETTLEMENT AGREEMENT

This Settlement Agreement ("Agreement") is made and entered into by and between the United States of America, acting through the United States Department of Justice and its Drug Enforcement Administration ("DEA") (collectively, the "United States"), and PILLPACK LLC DBA PILLPACK BY AMAZON PHARMACY ("PILLPACK") (collectively the "Parties").

Recitals

A. PILLPACK is an online pharmacy located at 250 Commercial Street, Suite 2012, Manchester, NH 03101 and has been assigned DEA# FP4013633 and registrant category "Retail Pharmacy."

B. Each DEA registrant is required to conduct its operations in accordance with the Controlled Substances Act (the "CSA"), 21 U.S.C. § 801, *et seq.*, and the regulations promulgated thereunder.

C. The DEA is the Department of Justice component agency primarily responsible for enforcing the CSA and is vested with the responsibility for investigating violations of the CSA.

D. The United States contends that, during the period from February 9, 2019, through October 28, 2020 (the "Covered Time Period"), PILLPACK violated the CSA and its implementing regulations by engaging in the alleged conduct described in the United States' Statement of Relevant Conduct set forth in Attachment 1. The conduct alleged in Attachment 1 is referred to below as the "Covered Conduct." The Covered Conduct does not involve any Schedule II controlled substances.

E. PILLPACK contends that, notwithstanding the allegations of Covered Conduct in Attachment 1, PILLPACK is dedicated to compliance with the CSA and maintains

significant protocols to ensure such compliance. These protocols include, without limitation: requiring employees to receive comprehensive training on controlled substances compliance; proactive monitoring of PILLPACK's controlled substance inventory through regular audits; robust recordkeeping policies for controlled substances; and policies requiring prompt investigation and reporting of any theft or significant loss of controlled substances in writing to the DEA and any other required state authorities.

F. This Agreement shall not be construed as an admission of liability by PILLPACK, nor a concession by the United States that its claims are not well founded.

G. In consideration of the mutual promises and obligations of this Agreement, the Parties agree and covenant as follows:

Terms of Agreement

1. No later than 10 days after the date on which this Agreement is signed by all Parties, PILLPACK shall pay the United States Three Hundred Thousand Dollars ($300,000.00) (the "Settlement Amount"). Payment of the Settlement Amount shall be by electronic funds transfer in accordance with written instructions from the United States Attorney's Office for the District of New Hampshire.

2. Subject to the exceptions in Paragraph 5 (concerning excluded claims), and conditioned upon the United States' receipt of the Settlement Amount, the United States releases PILLPACK, including its parents, subsidiaries and corporate predecessors, successors and assigns, and all of its current and former officers, directors, agents, employees, and attorneys from any civil or administrative claims the United States has, could have, or may assert in the future related to the Covered Conduct under the CSA.

3. PILLPACK releases the United States and its agencies, officers, agents,

employees, and servants, from any claims (including for attorney's fees, costs, and expenses of every kind and however denominated) that PILLPACK has asserted, could have asserted, or may assert in the future against the United States or its agencies, officers, agents, employees, or servants, related to the Covered Conduct and the United States' investigation and prosecution thereof.

4. Nothing in this Agreement derogates the requirements imposed upon PILLPACK pursuant to all applicable federal, state, and local laws and regulations, including but not limited to the requirements set forth in Title 21 of the United States Code and the regulations promulgated thereunder.

5. Notwithstanding the releases given in Paragraph 3 of this Agreement, or any other term of this Agreement, the following claims of the United States are specifically reserved and are not released by this Agreement:

a. Any liability arising under Title 26 of the United States Code (Internal Revenue Code);

b. Any criminal liability;

c. Any administrative claim or enforcement right of any federal agency other than the DEA, including any suspension or debarment rights (to the extent applicable);

d. Any liability to the United States (or its agencies) for any conduct other than the Covered Conduct;

e. Any liability based upon obligations created by this Agreement;

e. Any personal liability of individuals based on conduct outside of their official capacities.

6. The United States reserves the right to seek injunctive relief pursuant to Section 843(f) of Title 21 of the United States Code if PILLPACK fails to pay the Settlement Amount.

7. PILLPACK waives and shall not assert any defenses it might have to any

criminal prosecution or to any administrative action brought by a federal agency other than the DEA relating to the Covered Conduct that are based in whole or in part on a contention that, under the Double Jeopardy Clause in the Fifth Amendment or the Excessive Fines Clause in the Eighth Amendment of the United States Constitution, this Agreement bars a remedy sought in such criminal prosecution or administrative action.

8. The parties and signatories to this Agreement represent that they freely and voluntarily enter into this Agreement without any degree of duress or compulsion.

9. This Agreement is intended to be for the benefit of PILLPACK only; it does not create any rights or benefits as to third parties. PILLPACK does not release any claims against any other person or entity.

10. This Agreement is governed by the laws of the United States. The exclusive jurisdiction and venue for any dispute relating to this Agreement is the United States District Court for the District of New Hampshire. This Agreement shall be deemed to have been drafted by all Parties to this Agreement and shall not, therefore, be construed against any Party for that reason in any subsequent dispute.

11. This Agreement constitutes the complete agreement between the Parties. This Agreement may be amended only by a writing signed by all Parties.

12. The undersigned counsel represent and warrant that they are fully authorized to execute this Agreement on behalf of the Parties.

13. This Agreement may be executed in counterparts, each of which constitutes an original and all of which constitute one and the same agreement.

14. This Agreement is binding on PILLPACK's successors, transferees, and assigns.

15. Nothing in this Agreement constitutes an agreement by the United States concerning the characterization of the Settlement Amount for purposes of the Internal Revenue laws, Title 26 of the United States Code.

16. Each Party shall bear its own legal and other costs incurred in connection with this matter, including the preparation and performance of this Agreement.

17. All parties consent to the United States' disclosure of this Agreement, and information about this Agreement, to the public, except that any names and contact information of individuals and DEA registration numbers shall be redacted and shall not be disclosed to the public.

18. The Parties may execute this Agreement via facsimile and/or by portable document format (.pdf), both of which shall be deemed the equivalent of an original signature.

[*Rest of page intentionally left blank*]

19. When this Agreement requires notice to the DEA, the persons to be notified will be Frank Borelli (571-362-8810, frank.j.borelli@dea.gov), and Sarah McMenimen (571-362-1286, sarah.e.mcmenimen@dea.gov). When this Agreement requires notice to PILLPACK, the person to be notified will be Christopher J. Morvillo (212-878-3437, Christopher.Morvillo@cliffordchance.com). Either party may change the name and/or contact information of its contact person(s) by so notifying the other party's contact person(s). This Agreement shall be effective on the date of signature of the last signatory to the Agreement ("Effective Date").

THE UNITED STATES OF AMERICA

JANE E. YOUNG
United States Attorney

Dated: 6-20, 2023

By: _____
Raphael Katz
Assistant U.S. Attorney
U.S. Attorney's Office
District of New Hampshire

PILLPACK LLC (DBA PILLPACK BY AMAZON PHARMACY)

Dated: June 28, 2023

By: DocuSigned by: John Love
99D1D2CA6A5B4E7...

Dated: June 28, 2023

By: Glen Donath M.R.
Glen Donath, Esq.
Clifford Chance US LLP
Counsel for PillPack LLC

DocuSign Envelope ID: AFB7E76A-FDF1-4859-A1B3-E1BDCA451FBF

~~DRAFT – FOR SETTLEMENT PURPOSES ONLY – RULE 408~~

M.R.
RK

Attachment 1

United States' Statement of Covered Conduct

The United States contends as follows:

1. During the Covered Time Period, PILLPACK stored inventories and records of Schedules III-V controlled substances with other non-controlled substances records, in violation of 21 C.F.R. § 1304.04(h)(3).

2. As of October 28, 2020, PILLPACK's records did not accurately reflect PILLPACK's inventory of certain Schedules III-V controlled substances, in violation of 21 CFR § 1304.21(a). Specifically, PILLPACK possessed fewer quantities of Acetaminophen with Codeine #4, Tramadol, Zolpidem, Butalbital, and Alprazolam than PILLPACK's records indicated and greater quantities of Acetaminophen with Codeine #3, Clonazepam, Lorazepam Carisoprodol, and Lyrica than PILLPACK's records indicated.

amazon pharmacy

February 16, 2024

VIA UPS OVERNIGHT

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno,NV 89521

RE: PillPack by Amazon Pharmacy, Amazon Pharmacy #001, Amazon Pharmacy #002, Amazon Pharmacy #003, Amazon Pharmacy #005, Amazon Pharmacy #006, Amazon Pharmacy #007
Permit Number: PH03946, PH03741, PH03988, PH03870, PH04407, PH04408, PH04409

Dear Mr. Dave Wuest,

On February 14, 2024, PillPack entered into a Settlement Agreement with the Office of Inspector General (OIG) for $646,096.06. This settlement is a result of voluntary self-disclosures to the OIG in 2022 and 2023. The first disclosure related to the OIG's contention that the Pharmacy accepted and honored pharmaceutical manufacturers' copayment coupons and other copayment assistance programs for federal health care payers between January 1, 2017 and June 30, 2022. The second relates to OIG's contention that during the period from November 2, 2017 through January 2, 2023, PillPack provided prescription drugs exceeding the prescribed amount in certain circumstances and billed Medicare, Medicaid, and TRICARE for those prescription drugs. Both self-disclosers impacted a very small percentage of billed claims.

The settlement reflects OIG's determination that PillPack receive a benefit for voluntarily disclosing the conduct and cooperating with the agency in the resolution of the matter. PillPack remains committed to patient safety and operating in full compliance with all applicable rules and regulations. This Agreement is not an admission of liability by PillPack.

It should be noted that nothing in this Settlement Agreement impacts PillPack's ability to practice pharmacy or service customers.

Very truly yours,

Kristine Rioux, Licensing Manager

SETTLEMENT AGREEMENT

I. Recitals

1. Parties. The Parties to this Settlement Agreement (Agreement) are the Office of Inspector General (OIG) of the United States Department of Health and Human Services (HHS) and PillPack LLC (Respondent).[1] OIG and Respondent shall hereafter collectively be referred to as the "Parties."

2. Factual Background and Covered Conduct.

a. On July 19, 2022, Respondent made a submission pursuant to OIG's Self Disclosure Protocol (Protocol), and OIG accepted Respondent into the Protocol on August 11, 2022. The OIG contends that during the period from January 1, 2017, through June 30, 2022, Respondent accepted and honored pharmaceutical manufacturers' copayment coupons and other copayment assistance programs for Federal health care payers. The OIG contends that Respondent offered and paid the remuneration described above in violation of 42 U.S.C. § 1320a-7b(b)(2).

b. On July 27, 2023, Respondent made a second submission pursuant to the Protocol, and OIG accepted Respondent into the Protocol on August 11, 2023. The OIG contends that Respondent knowingly presented to Medicare, Medicaid, and TRICARE claims for items or services that Respondent knew or should have known were not provided as claimed and were false or fraudulent. Specifically, the OIG contends that during the period from November 2, 2017, through January 2, 2023, Respondent provided prescription drugs exceeding the prescribed amount in certain circumstances and billed Medicare, Medicaid, and TRICARE for those prescription drugs.

c. The OIG contends that the conduct described in Sub-paragraphs 2.a and 2.b (hereinafter referred to as the "Covered Conduct") subjects Respondent to civil monetary penalties, assessments, and exclusion under 42 U.S.C. §§ 1320a-7a and 1320a-7(b)(7).

3. No Admission or Concession. This Agreement is neither an admission of liability by Respondent nor a concession by the OIG that its claims are not well-founded.

1 The definition of Respondents includes: Amazon.com, Inc.; Amazon.com Sales, Inc.; Amazon.com Services LLC; Picasso Holdco 2 LLC; Picasso Holdco 1 LLC; PillPack LLC dba PillPack by Amazon Pharmacy; TPEC, LLC; A.E. Pharmacy, LLC dba Amazon Pharmacy #001; AZ Pharmacy, LLC dba Amazon Pharmacy #002; M.N. Pharmacy, LLC dba Amazon Pharmacy #003; I.C. Pharmacy, LLC dba Amazon Pharmacy #004; PillPack LLC dba Amazon #005 (PSE1); PillPack LLC dba Amazon #006 (PIN2); and PillPack LLC dba Amazon Pharmacy #007.

4. Intention of Parties to Effect Settlement. In order to avoid the uncertainty and expense of litigation, the Parties agree to resolve this matter according to the Terms and Conditions below.

II. Terms and Conditions

5. Payment. Respondent agrees to pay to the OIG $646,096.06 (Settlement Amount) of which $408,979.37 is attributable to the conduct described in Sub-paragraph 2.a, and $237,116.69 (including $158,077.79 in restitution) is attributable to the conduct described in Sub-paragraph 2.b. This payment shall be made by electronic funds transfer pursuant to written instructions to be provided by the OIG to Respondent. Respondent shall make full payment no later than twenty days after the Effective Date.

6. Release by the OIG. In consideration of the obligations of Respondent under this Agreement and conditioned upon Respondent's full payment of the Settlement Amount, the OIG releases Respondent from any claims or causes of action it may have against Respondent under 1320a-7a, and 1320a-7(b)(7) for the Covered Conduct. The OIG and HHS do not agree to waive any rights, obligations, or causes of action other than those specifically referred to in this Paragraph. This release is applicable only to the Respondent and is not applicable in any manner to any other individual, partnership, corporation, or entity.

7. Agreement by Released Parties. Respondent shall not contest the Settlement Amount or any other term of this Agreement in any federal, state, or administrative forum. Respondent waives all procedural rights granted under the exclusion statute (42 U.S.C. § 1320a-7), the CMPL (42 U.S.C. § 1320a-7a) and related regulations (42 C.F.R. Parts 1001, 1003, and 1005), and HHS claims collection regulations (45 C.F.R. Part 30), including, but not limited to, notice, hearing, and appeal with respect to the Settlement Amount.

8. Reservation of Claims. Notwithstanding any term of this Agreement, specifically reserved and excluded from the scope and terms of this Agreement as to any entity or person (including Respondent) are the following:

a. Any criminal, civil, or administrative claims arising under Title 26 U.S. Code (Internal Revenue Code);

b. Any criminal liability;

c. Except as explicitly stated in this Agreement, any administrative liability, including mandatory exclusion from Federal health care programs; and

d. Any liability to the United States (or its agencies) for any conduct other than the Covered Conduct.

9. Binding on Successors. This Agreement is binding on Respondent and its successors, heirs, transferees, and assigns.

10. Costs. Each Party to this Agreement shall bear its own legal and other costs incurred in connection with this matter, including the preparation and performance of this Agreement.

11. No Additional Releases. This Agreement is intended to be for the benefit of the Parties only, and by this instrument the Parties do not release any claims against any other person or entity, except as provided in Paragraph 12.

12. Claims Against Beneficiaries. Respondent waives and shall not seek payment, including copay and deductible amounts, for any of the health care billings covered by this Agreement from any health care beneficiaries or their parents, sponsors, legally responsible individuals, or third-party payors based upon the claims defined as Covered Conduct.

13. Effect of Agreement. This Agreement constitutes the complete agreement between the Parties. All material representations, understandings, and promises of the Parties are contained in this Agreement. Any modifications to this Agreement shall be set forth in writing and signed by all Parties. Respondent represents that this Agreement is entered into with advice of counsel and knowledge of the events described herein. Respondent further represents that this Agreement is voluntarily entered into in order to avoid litigation, without any degree of duress or compulsion.

14. Effective Date. The Effective Date of this Agreement shall be the date of signing by the last signatory.

15. Disclosure. Respondent consents to the OIG's disclosure of this Agreement, and information about this Agreement, to the public.

16. Execution in Counterparts. This Agreement may be executed in counterparts, each of which constitutes an original, and all of which shall constitute one and the same agreement.

17. Authorizations. The individuals signing this Agreement on behalf of the Respondent represent and warrant that they are authorized by Respondent to execute this Agreement. The individuals signing this Agreement on behalf of the OIG represent and warrant that they are signing this Agreement in their official capacities and that they are authorized to execute this Agreement.

RESPONDENTS

DocuSigned by:
John Love
JOHN LOVE
Vice President of Amazon Pharmacy
On behalf of All Respondents

February 6, 2024
Date

Glen Donath /EG
GLEN DONATH
Clifford Chance US LLP
Counsel for PillPack LLC and
All Respondents

February 6, 2024
Date

FOR THE OFFICE OF INSPECTOR GENERAL OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

SUSAN E. GILLIN
Assistant Inspector General for Legal Affairs
Office of Counsel to the Inspector General
Office of Inspector General
U.S. Department of Health and Human Services

Date



ANDREA L. TREESE BERLIN
Senior Counsel
Administrative and Civil Remedies Branch
Office of Counsel to the Inspector General
Office of Inspector General
U.S. Department of Health and Human Services

2/7/2024
Date

amazon pharmacy

April 29th, 2024

VIA EMAIL and UPS OVERNIGHT

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno,NV 89521

RE: PillPack LLC dba PillPack by Amazon Pharmacy
Permit Number: PH03946

Dear Mr. Dave Wuest,

As a follow-on to the settlement agreement entered into between PillPack LLC dba PillPack by Amazon Pharmacy and the U.S. Department of Justice ("DOJ"),related to the resolution of alleged violations of the recordkeeping provisions of the Controlled Substances Act made by the Drug Enforcement Administration based on an inspection conducted in October 2020, a notice of which was provided to this board on or about 6/28/2023, The Hawaii Regulated Industries Complaints Office (RICO) has elected to enter into its own settlement agreement with PillPack LLC dba PillPack by Amazon Pharmacy (HI permit numbers PMP-891), effective April 23rd, 2024.

It should be noted that nothing in the aforementioned negotiation impacts Amazon Pharmacy's ability to practice pharmacy or serve customers.

Very truly yours,

Shaniques Dorisca, Licensing Coordinator

Encls.

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RECEIVED
PROF & VOCATIONAL
LICENSING DIVISION

2024 FEB 22 A 8:37

DEPT OF COMMERCE
& CONSUMER AFFAIRS
STATE OF HAWAII

RINA C.Y. CHUNG 8016
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660

Attorney for Department of Commerce
and Consumer Affairs

DEPT. OF COMMERCE
AND CONSUMER AFFAIRS

eFiled 2024 Apr 23 a 10:50

HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permit of)	PHA 2023-38-L
PILLPACK LLC, doing business as PILLPACK BY AMAZON PHARMACY, Respondent.	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s), and Respondent PILLPACK LLC, doing business as PILLPACK BY AMAZON PHARMACY (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted by the Hawaii Board of Pharmacy (hereinafter the "Board") as a miscellaneous permit holder under permit number PMP 891. The miscellaneous permit was originally issued on or about October 10, 2013. The miscellaneous permit is set to expire or forfeit on or about December 31, 2025.

2. Respondent's mailing address for purposes of this action is c/o Rafael del Castillo & Associates, AAL, LLLC, 289 Kawaihae Street, #222, Honolulu, Hawaii 96825-1901.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.
M. Casido

3. On or about June 28, 2023, Respondent Pillpack LLC dba Pillpack by Amazon Pharmacy entered into a Settlement Agreement (hereinafter "Prior Settlement") with the United States of America resolving allegations that from February 9, 2019, through October 28, 2020, Pillpack LLC dba Pillpack by Amazon Pharmacy violated the Controlled Substances Act, 21 U.S.C. § 801 *et seq.*, because Respondent's records did not accurately reflect Respondent's inventory of certain Schedule III-V controlled substances: Acetaminophen with Codeine #4; Tramadol; Zolpidem; Butalbital; Alprazolam; Acetaminophen with Codeine #3; Clonazepam; Lorazepam; Carisoprodol; and Lyrica. The alleged conduct does not involve any Schedule II substances. The Prior Settlement is not an admission of liability by Respondent.

4. Respondent reported the Prior Settlement to the Board in a timely manner.

5. The foregoing allegation, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by a federal agency); HRS § 461-21(a)(5) (violation of a federal controlled substance law); and Hawaii Administrative Rules (hereinafter "HAR") § 16-95-110(a)(12) (violation of a federal controlled substance law).

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is represented by Rafael del Castillo, Esq., c/o Rafael del Castillo & Associates, AAL, LLLC, 289 Kawaihae Street, #222, Honolulu, Hawaii 96825.

2. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-38-L.

3. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress, as a compromise of the claims, and to conserve on the expenses of proceeding at an administrative hearing.

4. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

5. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

6. Respondent does not admit to violating any law or rule but acknowledges that RICO alleges that it has sufficient cause to file a Petition for Disciplinary Action against

Respondent's miscellaneous permit.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2023-38-L, specifically, the Prior Settlement with the United States Department of Justice through the United States Attorney's Office for the District of New Hampshire and all allegations contained therein.

8. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

9. Respondent understands this Settlement Agreement is a public record pursuant to HRS Chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay a fine in the amount of FIVE HUNDRED AND NO/100 DOLLARS ($500.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Rina C.Y. Chung, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment shall be made before RICO submits this Settlement Agreement executed by Respondent's authorized representative(s) to the Board, but no more than thirty (30) calendar days from the date this Settlement Agreement is submitted to RICO by Respondent.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's miscellaneous permit shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the miscellaneous permit to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands that Respondent cannot apply for a new miscellaneous permit until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for a new miscellaneous permit pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at that time.

3. Settlement Agreement Conclusively Resolves the Board's Claims Arising from the Prior Settlement with the United States Department of Justice through the United States Attorney's Office for the District of New Hampshire. The Board hereby acknowledges that following the conclusion of this action, the Prior Settlement may trigger, or may have already triggered, actions in additional states, and the Board hereby agrees that these actions shall not be deemed to constitute any additional or separate violations of the statutes or administrative rules governing the conduct of miscellaneous permit holders in the state of Hawaii; and that this Settlement Agreement conclusively resolves all claims the Board has or may have in connection with the Prior Settlement together with any actions arising as a result or directly therefrom in any

other state or jurisdiction.

4. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of miscellaneous permit holders in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

5. Approval of the Board. Respondent agrees that, except for the representations, agreements, and covenants contained in Paragraphs C.6, C.7, C.8, and C.9, below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

6. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

7. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

8. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation, opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent, or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

9. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities, and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed, or amended by written instrument duly executed by all parties hereto.

D. ADDITIONAL REPRESENTATIONS BY RESPONDENT[1]

1. No Coercion or Duress; No Representations By RICO. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

[1] The term "Respondent" shall mean a single person; but if more than one person is subject to and executes this Settlement Agreement, then the term shall include all such persons unless stated otherwise.

Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation, opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent, or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

2. Right to Hearing. Respondent is aware that Respondent has a right to a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives Respondent's right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

3. Consent to Settlement Agreement. Respondent acknowledges that Respondent is subject to penalties, including but not limited to revocation, suspension, or limitation of the license, and administrative fines, were the allegations set forth in this Settlement Agreement to be proven at hearing, and enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

4. Procedure for Approval of Settlement Agreement. Upon filing, this Settlement Agreement will be submitted to the Board. Respondent agrees that this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. Effect of Rejection of Settlement Agreement. Respondent agrees that if the Board does not approve this Settlement Agreement, neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Grounds for Further Disciplinary Action. Respondent understands that the Board may pursue additional disciplinary action as provided by law to include further fines and other sanctions if Respondent violates any provision of applicable licensing statutes or rules or if Respondent fails to abide by the terms of this Settlement Agreement.

7. Corrections to Board Member Names and Titles. Respondent understands that this Settlement Agreement will be reviewed by the Board, agrees that the Board or RICO staff may update or correct a Board member's name as appropriate, and waives notice of any such changes.

8. Reporting. Respondent understands that this Settlement Agreement may be subject to reporting requirements and that this Settlement Agreement is a public record pursuant to HRS Chapter 92F.

9. Disciplinary Action. Respondent acknowledges that upon its approval, this Settlement Agreement shall constitute disciplinary action.

10. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Agreement in the capacity shown below.

DATED: Danville (City), California (State), January 7, 2024 (Date).

PILLPACK LLC doing business as
PILLPACK BY AMAZON PHARMACY
Respondent

By: DocuSigned by: Kelvin Downes (he/him) 82BA93FE8FFE420... (Signature)

Kelvin Downes (he/him)
(Print Name)

Its Director

DATED: Honolulu, Hawaii, FEB 16 2024.

RINA C.Y. CHUNG
Attorney for Department of Commerce
and Consumer Affairs

APPROVED AS TO FORM:

RAFAEL DEL CASTILLO, ESQ.
Attorney for Respondent

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF PILLPACK LLC
DOING BUSINESS AS PILLPACK BY AMAZON PHARMACY ;
SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR
DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; RICO CASE NO. PHA 2023-38-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE
Chair

4/18/24
DATE

PATRICK ADAMS
Vice Chair

MARK BROWN

SHERI TOKUMARU

KENT KIKUCHI

CATALINA CROSS

BRANDON RABANG

PVL 11/09/22

amazon pharmacy

February 21, 2025

VIA UPS OVERNIGHT

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno,NV 89521

RE: PillPack LLC dba PillPack by Amazon Pharmacy
Permit Number: PH03946

Dear Mr. Dave Wuest,

On February 19, 2025, PillPack LLC dba PillPack by Amazon Pharmacy [IL Permit 054.021076] entered into a Settlement Agreement with the Illinois Department of Financial and Professional Regulation. This Agreement is a follow-on to previously reported matters between PillPack LLC and the Texas Board of Pharmacy, the Southern District of New York, and the Department of Justice. Each of the aforementioned matters were previously reported to this board. Amazon Pharmacy has cooperated with the Illinois Department of Financial and Professional Regulation in coming to this resolution, and remains committed to patient safety and operating in full compliance with all applicable rules and regulations. This Agreement is not an admission of liability by Amazon Pharmacy. Nothing in this Settlement Agreement impacts Amazon Pharmacy's ability to practice pharmacy or service customers.

Very truly yours,

Kayleigh Shikrallah, Licensing Coordinator

Encls.

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DIVISION OF PROFESSIONAL REGULATION OF THE ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, COMPLAINANT,	)	
V.	)	NO. 2023-00231
PILLPACK, LLC, DBA PILLPACK BY AMAZON PHARMACY, LICENSE NO. 054.021076, RESPONDENT.	)	

CONSENT ORDER

The Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation ("Department"), by its attorney Sean O'Connell, and Respondent PillPack LLC d/b/a PillPack by Amazon Pharmacy ("Respondent"), by its attorney Alex Cooper, hereby agree to the following:

STIPULATIONS

Respondent holds Illinois licensed pharmacy license. no. 054.021076 issued by the Department which is presently in Active status. On or about November 2, 2021, Respondent entered an agreed order with the Texas Board of Pharmacy which resulted in the reprimand of Respondent's Texas pharmacy license after an investigation revealed Respondent incorrectly verified the data entry for a patient's new facsimile prescription. On April 29, 2022, Respondent entered into a stipulated agreement with the United States – Southern District of New York resolving allegations that Respondent violated the False Claims Act by submitting to Government Healthcare Programs, including Medicare, Medicaid, TRICARE, and the Federal Employers Health Benefits Program, reimbursement claims for insulin pens that falsely under-reported the days-of-supply that were dispensed substantially earlier than the patients actually needed insulin

pen refills according to the prescribers' instructions; and that, due to this practice, the Government Healthcare Programs reimbursed Defendant for more than certain patients needed. Under this stipulated agreement, Respondent agreed to pay the sum of $5,616,136.85 to the United States and a total of $175,522.55 to the certain states. On or about June 29, 2023, Respondent entered into a Settlement Agreement with the United States Government in which Respondent agreed to pay the United States $300,000 to resolve allegations that Respondent stored inventories and records of Schedules III-V controlled substances with other non-controlled substances and that Respondent's records did not accurately reflect its inventory of certain Schedule III-V controlled substances. Respondent did not admit liability as part of this agreement. In order to resolve this case without proceeding to hearing, Respondent does not contest the Department's position that the above actions against Respondent constitute grounds for disciplinary action against Respondent's Illinois licensed pharmacy license no. 054.021076 on the authority of the Illinois Pharmacy Practice Act ("Act") at 225 ILCS 85/30(a)(8),225 ILCS 85/30(a)(7),225 ILCS 85/30(a)(2), and 225 ILCS 85/30(a)(19).

Pursuant to 68 IAC 1130.300(b) the following factors are considered in mitigation: (a) Respondent cooperated with the Department and (b) Respondent properly self-reported all of the aforementioned agreements to the Department.

At all times material to the matter set forth in this Consent Order, the Department had jurisdiction over the subject matter and the parties herein. Respondent has been advised of the right to have any allegation(s) reduced to written charges, to an attorney, to a hearing where the Department bears the burden to prove its allegations by clear and convincing evidence, to contest any charges brought and present mitigating evidence, and to administrative review of any order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right

to administrative review of this Consent Order. Such waiver ceases if this Consent Order is rejected by the Director or the Illinois State Board of Pharmacy ("Board"). Respondent acknowledges that it has entered into this Consent Order freely and of Respondent's own will without threat or coercion by the Department or any person, and has not relied upon any representation made by or on behalf of the Department other than those specifically included herein. Respondent acknowledges that the Department attorney may be requested to communicate with the Board or Director in furtherance of the approval of this Consent Order. Respondent acknowledges that this Consent Order will be presented to the Director. If this Consent Order is not approved, Respondent waives any right to raise any prejudice resulting from the Director's consideration of this Consent Order. Respondent understands that this Consent Order is not effective unless and until it is adopted by the Director. A copy of any original signature(s) affixed to this Consent Order shall be given the full force and effect of an original signature(s) affixed to this Consent Order.

Respondent and the Department agree, in order to resolve this case, that the Respondent be permitted to enter into a Consent Order with the Department, on behalf of the State of Illinois, providing for the terms and conditions contained herein which are fair and equitable in the circumstances and which are consistent with the best interests of the people of the State of Illinois.

CONDITIONS

Wherefore, the Department, by its attorney Sean O'Connell, and PillPack LLC d/b/a PillPack by Amazon Pharmacy, by its attorney Alex Cooper, agree:

A. Respondent's licensed pharmacy license no. 054.021076 shall be reprimanded.

B. Respondent shall pay a one hundred and twenty-five thousand dollars ($125,000.00 USD) disciplinary fine within sixty (60) days of the effective date of this Consent Order. The fine is to be paid by personal check, cashier's check, company check, or personal money order. Said

monetary instrument shall be made payable to "Illinois Department of Financial and Professional Regulation," clearly indicate on the face of the monetary instrument Respondent's license number of 054.021076 and this case number of 2023-00231, and be mailed to the following address:

Illinois Department of Financial and Professional Regulation
SSC – Accounts Receivable Section - Fines
P.O. Box 7086
Springfield, IL 62791-7086

C. Respondent agrees that any violation of this Consent Order permits the Director to issue an Order forthwith mandating the automatic, indefinite, and immediate suspension of Respondent's license for a minimum period of twelve (12) months. This suspension shall not preclude the Department from taking any other disciplinary or other action it deems appropriate related to violations of this Consent Order. In the event Respondent contests in writing (by the filing with the Department within thirty (30) days the effective date of the suspension a Petition complying with the Department's Rules of Practice in Administrative Hearings) the factual basis underlying said suspension, then Respondent shall be afforded a hearing on the merits in accordance with the Department's Rules of Practice in Administrative Hearings, 68 Ill. Admin. Code 1110/*et seq.*

D. Respondent acknowledges that this Consent Order is a public disciplinary action and will be made available to the public. It will be reported to all applicable reporting databases.

E. Except for violations of this Consent Order pursuant to Paragraph C, the Department, as well as the Illinois State Board of Pharmacy, shall be precluded from taking any additional disciplinary action against Respondent related to the conduct covered by this Consent Order.

F. This Consent Order is a final administrative order. The effective date of this Consent Order is the date the Director signs unless otherwise stated herein.

1/23/25
Date

Sean O'Connell
Department Attorney – Sean O'Connell

12/30/24
Date

PillPack LLC d/b/a PillPack by Amazon Pharmacy
– Respondent

12/30/24
Date

Respondent's Attorney

1/15/25
Date

Illinois State Board of Pharmacy Member

The foregoing Consent Order is approved in full.

DATED THIS 19th day of February, 2025.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY MARIO TRETO, JR.

Director Camile Lindsay
Division of Professional Regulation

Case No. 2023-00231
License No.: 054.021076

amazon pharmacy

December 03, 2025

VIA UPS OVERNIGHT

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno,NV 89521

RE: PillPack LLC dba PillPack by Amazon Pharmacy
Permit Number: PH03946

Dear Mr. Dave Wuest,

On November 24, 2025, PillPack by Amazon Pharmacy entered into a Settlement Agreement with The Ohio State Board of Pharmacy, as a follow-on to the Settlement entered into between PillPack LLC and the Office of Inspector General (OIG), related to voluntary self-disclosures to the OIG in 2022 and 2023, which was previously disclosed to this Board.

It should be noted that nothing in this Settlement Agreement impacts PillPack's ability to practice pharmacy or service customers. PillPack remains committed to patient safety and operating in full compliance with all applicable rules and regulations.

Very truly yours,

Kayleigh Shikrallah, Licensing Coordinator

Encls.

IN THE MATTER OF:

CASE NO. A-2024-0423

Pillpack by Amazon Pharmacy
250 Commercial Street, Suite 2012
Manchester, NH 03101

License No. 02-2362400

SETTLEMENT AGREEMENT WITH THE OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the Ohio Board of Pharmacy (Board) and Pillpack by Amazon Pharmacy (Pillpack) for the purpose of resolving all issues between the parties relating to the Board investigation of a settlement agreement between Pillpack and the Office of the Inspector General (OIG) of the U.S. Department of Health and Human Services (HHS) involving the dispensation of medication in excess of the prescribed quantity. Together, the Board and Pillpack are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.57 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit or refuse to grant or renew any license issued pursuant to Section 4729.54 of the Ohio Revised Code.

2. Pillpack by Amazon Pharmacy is a licensed Terminal Distributor of Dangerous Drugs under license number 02-2362400.

FACTS

1. The Board initiated an investigation of Pillpack by Amazon Pharmacy, Terminal Distributor of Dangerous Drugs license number 02-2362400, related to Pillpack's settlement agreement with the OIG of HHS involving the dispensation of medication in excess of the prescribed quantity.

2. On or about February 20, 2025, the Board sent a Notice of Opportunity for Hearing to Pillpack, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

3. On or about March 21, 2025, Pillpack, through counsel Hunter G. DeKoninck, timely requested an administrative hearing, which was subsequently scheduled for August 5, 2025. WHEREFORE,

the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Pillpack neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated February 20, 2025; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Pillpack agrees to pay to the Board a monetary penalty the amount of $5,000. This fine will be attached to your license record and must be paid no later than 180 days from the effective date of this Agreement. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. The Board hereby imposes a written reprimand on Pillpack's TDDD license, number 02-2362400.

5. Pillpack agrees and acknowledges that this Board action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

6. Pillpack agrees to comply with all federal and state requirements related to Terminal Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Pillpack of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted Pillpack by the Board and will NOT discharge Pillpack from any obligation under the terms of this Agreement.

7. Pillpack agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Pillpack understands that it has the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Pillpack will operate.

10. Pillpack explicitly withdraws its request for a hearing, waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code, and waives any right to an appeal.

11. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

12. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

13. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

14. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

15. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Bethany Francis

Bethany Francis, RPh, on behalf of Pillpack by Amazon, Respondent

11/21/25

Date of Signature

Robert P. Giacalone, Attorney for Respondent

11/21/25

Date of Signature

Jeff Huston, RPh, President, Ohio Board of Pharmacy

11/24/2025

Date of Signature

Officer List as of 06/18/2026

PillPack LLC

Officer Name:	Title:	Business Address:	Ownership
John Love Effective 3/1/22	CEO, President, & LLC Manager	410 Terry Avenue North Seattle, WA 98109	0%
Kelvin Downes Effective 11/21/22	VP, Treasurer, & Secretary	410 Terry Avenue North Seattle, WA 98109	0%
Tanvi Patel Effective 7/15/24	Vice President	399 Fairview Ave N Seattle WA, 98109	0%

amazon pharmacy

PILLPACK LLC DBA AMAZON PHARMACY #016
AMAZON CONFIDENTIAL



Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PILLPACK LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PILLPACK LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5282593 8300

SR# 20261570497

Authentication: 203550128

Date: 04-03-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler AMAZON PHARMACY #016

Pharmacy/Wholesaler License # (if applicable) 60068

Physical Address 6045 GIANT HIGHWAY SUITE 100

City RICHMOND State CA Zip 94806

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email POA3-LICENSING@PILLPACK.COM

Section 2: Personal Information

First NIKHIL Middle RAJESHKUMAR Last PATEL

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City UNION CITY State CA Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ☒ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
ROSEMAN UNIVERSITY OF HEALTH SCIENCES		08/10-06/13	
Address	**City**	**State**	**Zip**
11 SUNSET WAY	HENDERSON	NV	89014
Diploma/Degree obtained, if any			
PHARM.D			

School Name		From - To (MM/YY – MM/YY)	
LONG ISLAND UNIVERSITY		08/06- 01/09	
Address	**City**	**State**	**Zip**
1 UNIVERSITY PLZ	BROOKLYN	NY	11201
Diploma/Degree obtained, if any			
MASTER'S IN PHARMACOLOGY AND TOXICOLOGY			

School Name		From - To (MM/YY – MM/YY)	
L M COLLEGE OF PHARMACY (GUJARAT UNIVERSITY)			
Address	**City**	**State**	**Zip**
MG SCIENCE COLLEGE ROAD, UNIVERSITY AREA	AHMEDABAD, INDIA	GJ	380009
Diploma/Degree obtained, if any			
BACHELORS IN PHARMACY			

School Name		From - To (MM/YY – MM/YY)	
M B PATEL GYANJYOT HIGH SCHOOL		06/97- 06/02	
Address	**City**	**State**	**Zip**
GHATLODIA, RANNAPARK	AHMEDABAD, INDIA	GJ	380061
Diploma/Degree obtained, if any			
HIGH SCHOOL			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	
05/21- CURRENT	[redacted]	UNION CITY	CA	[redacted]
01/17-05/21		FREMONT	CA	
01/15- 01/17		SAN JOSE	CA	
From - To (MM/YY – MM/YY)	Address	City	State	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
AMAZON PHARMACY			09/24- CURRENT
Business Address	**City**	**State**	**Zip**
6045 GIANT HIGHWAY SUITE 100	RICHMOND	CA	94806
Phone	**Title**		**Number of Employed Hours**
347-968-7267	PHARMACIST IN CHARGE		3000
Description of Duties			
MANAGE AND LEAD PHARMACY OPERATIONS			

Business Name			From - To (MM/YY – MM/YY)
CVS HEALTH			07/24-10/24
Business Address	**City**	**State**	**Zip**
SAN JOSE	SAN JOSE	CA	95123
Phone	**Title**		**Number of Employed Hours**
831-247-4537	PART TIME FLOAT PHARMACIST		360
Description of Duties			
DISTRICT SUPPORT PHARMACIST			

Business Name			From - To (MM/YY – MM/YY)
SANTA CLARA VALLEY MEDICAL CENTER			09/23- 05/24
Business Address	**City**	**State**	**Zip**
777 TURNER DRIVE	SAN JOSE	CA	95123
Phone	**Title**		**Number of Employed Hours**
408-885-2300	PHARMACIST IN CHARGE		1360
Description of Duties			
MANAGE AND LEAD PHARMACY OPERATIONS			

Business Name			From - To (MM/YY – MM/YY)
CVS HEALTH			03/23- 08/23
Business Address	**City**	**State**	**Zip**
4020 FREMONT HUB	FREMONT	CA	94538
Phone	**Title**		**Number of Employed Hours**
510-791-9108	PHARMACY MANAGER		800
Description of Duties			
MANAGE AND LEAD PHARMACY OPERATIONS			

Business Name			From - To (MM/YY – MM/YY)
CVS HEALTH			01/22-03/23
Business Address	**City**	**State**	**Zip**
35080 NEWARK BLVD	NEWARK	CA	94560
Phone	**Title**		**Number of Employed Hours**
510-796-4050	PHARMACY MANAGER		2400
Description of Duties			
MANAGE AND LEAD PHARMACY OPERATIONS			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, NIKHIL RAJESHKUMAR PATEL, **certify that as the designated representative for**

AMAZON PHARMACY #016,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. NRP I am at least 21 years of age;
3. NRP I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. NRP I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. NRP I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. NRP I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. NRP I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

NIKHIL, PATEL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/08/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

NIKHIL, PATEL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/08/2026

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Alameda

I, Nikhil Patel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

06/09/2026

Date

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Subscribed and Sworn to before me this 9th day of June 2026.

Notary Public Signature

TRONG PHAM
Notary Public - California
Alameda County
Commission # 2537081
My Comm. Expires Oct 28, 2029

(Seal)

2578

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

- Controlled Substance Invoices - none yet
- Quarterly CII Reconciliation - no inventory
- POA – none currently set up
- DEA 106 - none
- Recalls/ Outdates - sequestered in safe
- PSE log - no pseudoephedrine
- Staff ratio; wearing name tags
- Records storage - electronic
- Rx Label - medication descriptions, patient centered labeling, generic reference, expiration dating
- Rx files / Daily logs - electronic
- Dispensing Process for prescription/product verification - Pharmacy Lite operating system QR code scan, Eyecon,
- Floor stock expiration date method
- Hazardous medications quarantine area designated
- Will Call area - same day delivery only
- Return to Stock Procedures - only shipments unable to be delivered are returned and quarantined for destruction
- Board of Pharmacy Subscriber Email List - POA3-Licensing@Pillpack.com
- Automated Dispensing - Parata Max with 220 cells
- Policy / Procedure - Technician Job Description, Theft/Diversion/Impairment
- Interpretive Services - Language Line
- Quality Assurance - PharmaPod system for medication related errors (MRE)

Education / Discussion:

- The latest edition (December 2024) of The Script is available at www.pharmacy.ca.gov
- **Recently Approved Changes in Regulations:**
  - CCR 1715.6 Reporting Drug Loss - within no later than thirty (30) days after the date of discovery:(A)For tablets, capsules, or other oral medication, 99 dosage units.(B)For single-dose injectable medications, lozenges, film, such as oral, buccal, and sublingual, suppositories, or patches, 10 dosage units.(C) For injectable multi-dose medications, medications administered by continuous infusion, or any other multi-dose unit, two or more multi-dose vials, infusion bags, or other containers.
  - CCR 1715.65(a) Inventory Activities of Controlled Substances - products containing the following substances in the following strengths per tablet, capsule, other unit, or specified volume, at least once every 12 months: Alprazolam 1mg and 2mg,Tramadol 50mg, Promethazine with Codeine
  - CCR 1715.65(e) – PIC must countersign the CII reconciliation report if done by another pharmacist.
  - BPC 4052.04 – Pharmacist may furnish COVID-19 oral therapeutics following a positive test.
    - "COVID-19 oral therapeutics" means drugs that are approved or authorized by the FDA for the treatment of COVID-19 and administered orally.
    - Prior to furnishing COVID-19 oral therapeutics, a pharmacist shall utilize relevant and appropriate evidence-based clinical guidelines published by FDA in providing these patient care services.
    - A pharmacist who furnishes COVID-19 oral therapeutics shall notify patient's PCP or enter appropriate information into patient record system shared with PCP, as permitted by that PCP. If the patient does not have a PCP, the pharmacist shall provide the patient with a written record of the drugs furnished and advise the patient to consult a physician of the patient's choice.
    - Document the kind and amounts of COVID-19 oral therapeutics furnished, as well as any information regarding testing services provided, in the patient's record in the record system maintained by the pharmacy.
    - Retain records for 3 years.
  - BPC 4113 – PIC authority to make staffing decisions
    - PIC may make staffing decisions to ensure sufficient personnel are present in the pharmacy to prevent fatigue, distraction, or other conditions that may interfere with a pharmacist's ability to practice competently and safely.
    - If PIC is not available, a pharmacist on duty may adjust staffing according to workload if needed.
    - PIC or pharmacist on duty shall immediately notify the store management of any conditions that present an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff. If the conditions are not resolved within 24 hours, the PIC or RPH on duty shall ensure the BOP is timely notified. Conditions that present an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff include, but are not limited to:
      - Workplace safety and health hazards that present an immediate risk of death, illness or irreparable harm to patients, personnel, or pharmacy staff.
      - Sustained temperatures that could impact ambient temperature drug stability according to manufacturer data on acceptable drug storage conditions.
      - Vermin infestation that poses a risk to the safety or efficacy of medicine.
  - BPC 4113.1 – Reporting medication errors within 14 days from discovery.

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

- Applies to "community pharmacies" – *i.e.*, any pharmacy that dispenses medication to an outpatient (but not including facilities of CDCR).
- Per the BOP's AB 1286 Implementation Statement, the reporting of medication errors under BPC 4113.1 will not be required until the BOP approves an entity to receive the reports.

• BPC 4113.6 – Chain community pharmacy subject to BPC 4113.5 must be staffed at all times with at least one clerk or pharmacy technician fully dedicated to performing pharmacy-related services. The BOP will not take action against a pharmacy for violation of this staffing requirement if any of the following conditions apply:

- RPH on duty waives the requirement in writing during specified hours based on workload need.
- The pharmacy is open beyond normal business hours (*i.e.*, before 8am, after 7pm). During the hours before 8am and after 7pm, the staffing requirement shall not apply.
- The pharmacy's prescription volume per day on average is less than 75 prescriptions per day based on the average daily prescription volume for the past calendar year. However, if the pharmacist is also expected to provide additional pharmacy services (such as immunizations or CLIA-waived tests) this exception does not apply.
- When staffing of pharmacist hours within a chain community pharmacy does not overlap sufficiently, scheduled closures for lunch time for all pharmacy staff shall be established and publicly posted, and included on the outgoing telephone message.

• BPC 4115 – Pharmacy technician may, under the direct supervision and control of a pharmacist, prepare and administer influenza and COVID-19 vaccines via injection or intranasally, prepare and administer epinephrine, perform specimen collection for tests that are CLIA waived, receive prescription transfers, and accept clarification on prescriptions under certain specified conditions.

• CCR 1732.5(b) Renewal Requirements for Pharmacists: At least two (2) of the thirty (30) hours required for pharmacist license renewal shall be completed by participation in a Board provided CE course in Law and Ethics. https://www.pharmacy.ca.gov/licensees/webinars/law_2022/2022_law_webinar.html

• BPC 4231 – CE required for pharmacists to renew their pharmacist license must now include at least one hour of participation in a cultural competency course which meets specified requirements.

• The Board has posted on its website the FAQ's to address the changes in pharmacy law related AB1286, dated 12/21/2023. Here's the link: https://pharmacy.ca.gov/publications/ab1286_faqs.pdf

DISCLAIMER:
Any issues referenced/discussed in this report are not intended to be an all-inclusive list of issues that may exist at your facility. Your facility is responsible for investigating and determining the causes of any issues and items to be corrected and for preventing their recurrence. Further review of items provided at inspection, may result in further communication after this report.

Scott Huhn, Inspector
California State Board of Pharmacy
2720 Gateway Oaks Drive
Sacramento, CA 95833
Phone: 707-239-2940
Fax: 916-702-6068
Email: scott.huhn@dca.ca.gov

For questions pertaining to pharmacy law, please contact the board Monday through Thursday from 9am to 1pm.
Email: ask.inspector@dca.ca.gov (Include name, organization, phone, and best time to call)
Fax: (916) 574-8618
Phone: (916) 518-3100

Licensee Remarks:

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

I have reviewed, discussed,understand and received a copy of this form.

Pharmacist (sign) _____

Pharmacist (print) NIKHIL R. PATEL

Inspector (sign) Scott Hsing

Inspector (print) Scott Hsing

Owner(sign) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

CALIFORNIA STATE BOARD OF PHARMACY
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3100

Renewal Certificate

Retail Pharmacy Permit

License No. PHY 60068
Receipt No. 52842040

Valid Until: 12/1/2026

AMAZON PHARMACY #016
6045 GIANT HWY #100
RICHMOND, CA 94806

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) administrator or pharmacist-in-charge.

This permit is valid only at the address shown.

The official status of this license can be verified at www.pharmacy.ca.gov

---- NON-TRANSFERABLE ----- POST IN PUBLIC VIEW -----

FORM WPHPHY (09/30/19) PHY

CALIC100 RENWALR 10122025 38732 6EQID02063

BOARD OF PHARMACY
2720 GATEWAY OAKS DR, SUITE 100
SACRAMENTO, CA 95833

****AUTO**ALL FOR AADC 945
AMAZON PHARMACY #016
6045 GIANT HWY #100
RICHMOND, CA 94806
T10 P2
02963

Scanned with CamScanner

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 60068

NAME: AMAZON PHARMACY #016

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

6045 GIANT HWY 100
RICHMOND CA 94806
CONTRA COSTA COUNTY

ISSUANCE DATE

DECEMBER 11, 2024

EXPIRATION DATE

DECEMBER 1, 2026

CURRENT DATE / TIME

JUNE 25, 2026
11:26:35 AM

LICENSE RELATIONSHIPS

NAME: PATEL, NIKHIL RAJESHKUMAR

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 70375 **PRIMARY STATUS:** CLEAR

4ZZ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00** fee with the application.) * Current license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☒ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Blue Rx

Physical Address: 124 Rose Lane Suite 401

City: Frisco State: Tx Zip: 75036

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 888 440 9694 Toll Free # (NAC 639.708, NRS 639.23286): 888 440 9694

Fax: 888 440 9694 Contact Email: info@blue-rx.com

Website: n/a

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Jonathan Hamer

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24134

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Jonathan Hamer	NV Pharmacist Registration #: 24134
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: n/a	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Texas

Parent Company (if any): Blue Rx LLC

Corporation/Organization Name: _____

Mailing Address: 124 Rose Lane Suite 401

City: Frisco State: Tx Zip: 75036

Telephone: 888 440 9694 Email: info@blue-rx.com

Contact Person Name: Harry Norsworthy

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Manager and PIC (title) for Blue Rx (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Jonathan Hamer

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

7/13/26

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Jonathan Hamer hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Manager and Pharmacist in Charg (title) for Blue Rx (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 13th day of July, 20 26

Brandi L Cook
Notary Public

BRANDI COOK
My Notary ID # 124713328
Expires November 6, 2027

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jonathan Hamer

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

Date 7/13/26

Board Use Only	Date Received: 7/27/26	Amount: $550.00

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Blue Rx LLC (file number 806406625), a Domestic Limited Liability Company (LLC), was filed in this office on January 23, 2026.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 15, 2026.

Jane Nelson
Secretary of State

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Harry Norsworthy

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 124 Rose Lane Suite 401

City Frisco State Tx Zip 75035

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 888 440 9694 Website _____

Licensing Company Email info@blue-rx.com

Section 2: Personal Information

First Harry Middle Clinton Last Norsworthy

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Mckinney State Tx Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Texas Southern University			08/06 - 05/10
Address	**City**	**State**	**Zip**
3100 Cleburn	Houston	Tx	77002
Diploma/Degree obtained, if any			
Doctorate of Pharmacy			

School Name			From - To (MM/YY – MM/YY)
Texas Tech University			08/02- 05/06
Address	**City**	**State**	**Zip**
2500 Broadway W	Lubbock	Tx	79409
Diploma/Degree obtained, if any			
Pre Pharmacy			

School Name			From - To (MM/YY – MM/YY)
Richard King High School			08/99 - 05/02
Address	**City**	**State**	**Zip**
5225 Gollihar	Corpus Christi	Tx	78412
Diploma/Degree obtained, if any			
Diploma			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/21 - current	[redacted]	Mckinney	Tx	[redacted]
04/16 - 02/21	[redacted]	Plano	Tx	[redacted]

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Aetna			04/22-07/26	
Business Address		**City**	**State**	**Zip**
151 Farmington Avenue		Hartford	CT	06156
Phone	**Title**		**Number of Employed Hours**	
1 800 872 3862	Aetna One Pharmacy Program Manager		10000	
Description of Duties				
Oversee adherence, provide comprehensive medication reviews and interdisciplinary care management to high risk members				

Business Name			From - To (MM/YY – MM/YY)	
US Bioservices			08/18 - 04/22	
Business Address		**City**	**State**	**Zip**
5025 Plano Pkwy		Carrollton	Tx	75010
Phone	**Title**		**Number of Employed Hours**	
888 517 7246	Program Manager		9000	
Description of Duties				
Managed an infusion and specialty pharmacy team				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Harry Norsworthy, certify that as the designated representative for

_____,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ___hn___ I am at least 21 years of age;
3. ___hn___ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ___hn___ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ___hn___ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ___hn___ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ___hn___ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Harry Norsworthy
Print Name (First, Last)

Harry Norsworthy
Original Signature (electronic, copies or stamps not accepted)

7/21/26
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Harry Norsworthy
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/21/26
Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Denton

I, Harry Norsworthy, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/21/26
Date

Subscribed and Sworn to before me this 21st day of July.

Brandi L. Cook
Notary Public Signature

BRANDI COOK
My Notary ID # 124713328
Expires November 6, 2027

(Seal)

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *BLUE RX* **License Number:**

Class of License: *A*

Inspection Information

Type: *Compliance* **Purpose:** *Pre-Inspection*

Date: *05/21/2026* **Arrival Time:** *8:45 AM* **Departure Time:** *9:30 AM*

Action Taken: *Pre-Inspection*

General Comments:

Inspection Checklist

Verify Owner/Owner's Representative ID *Not Applicable*

Name	Title
:	:

Verify PIC ID *Yes*

Name	Title
: *Harry Norsworthy*	: *PIC/Owner*

1. The prescription department has adequate space for the size and scope of the pharmaceutical services provided by the pharmacy.	*Yes*
2. Fixtures (i.e. shelving, countertops, etc.) for the storage of drugs, equipment, and supplies necessary to operate a pharmacy are installed.	*Yes*
3. Electrical supply exists.	*Yes*
4. A sink with hot and cold running water available exclusive of the restroom facilities.	*Yes*
5. Pharmacy arranged in an orderly fashion and kept clean.	*Yes*
6. The prescription department is complete and contains the following required equipment and supplies including, but not limited to:	*Yes*
6a. data processing system including a printer or comparable equipment;	*Yes*
6b. refrigerator to be maintained within a range compatible with the proper storage of drugs requiring refrigeration;	*Yes*
6c. adequate supply of child-resistant, light-resistant, tight, and, if applicable, glass containers;	*Yes*
6d. adequate supply of prescription labels with name, address, and telephone number of the pharmacy;	*Yes*

6e. appropriate equipment necessary for the proper preparation of prescription drug orders; *Yes*

6f. metric-apothecary weight and measure conversion charts; *Yes*

6g. if the pharmacy serves the public, the word "pharmacy" or similar word or symbol, as determined by the board, is displayed in a prominent place on the front of the pharmacy. *Yes*

Comment

Closed door pharmacy

7. A reference library is on site and current: *Yes*

7a. Texas Pharmacy Laws and Regulations (publication year: _____) *Yes*

Publication Year
: *2026*

7b. Drug Interactions Reference (publication year: _____) *Yes*

Publication Year
: *Online*

7c. General Information Reference (publication year: _____) *Yes*

Publication Year
: *Online*

7d. Chapter 795 of the USP/NF concerning Pharmacy Compounding Non-Sterile Preparations (if the pharmacy is compounding non-sterile preparations) *Not Applicable*

7e. General reference text on veterinary drugs (if the pharmacy dispenses veterinary prescriptions) *Yes*

Comment

Discussed available online references

7f. Basic Antidote Information and telephone number of the nearest Regional Poison Control Center. *Yes*

8.If the pharmacy is compounding sterile preparations, the following references are also required: *Not Applicable*

8a. United States Pharmacopeia/National Formulary or USP Pharmacist's Pharmacopeia containing USP Chapter 797, Pharmaceutical Compounding Sterile Preparations *Not Applicable*

8b. Chapter 71 of the USP/NF concerning Sterility Tests *Not Applicable*

8c. Chapter 85 of the USP/NF concerning Bacterial Endotoxins Test *Not Applicable*

8d. Chapter 1163 of the USP/NF concerning Quality Assurance in Pharmaceutical Compounding *Not Applicable*

8e. Handbook on Injectable Drugs (publication year: _____) *Not Applicable*

Publication Year
:

8f. Specialty reference text appropriate for the scope of pharmacy services provided by the pharmacy (e.g., if the pharmacy prepares hazardous drugs, a reference text on the preparation of hazardous drugs)	*Not Applicable*
9. Security Requirements can be met to assure the pharmacy will be locked by key, combination, or other mechanical or electronic means to prohibit unauthorized access when a pharmacist is not on-site.	*Yes*
10. Pharmacy has basic alarm system with the off-site monitoring and perimeter and motion sensors. (Alarm must be activated). *If your city requires an alarm permit, provide a copy of the permit.	*Yes*

Comment

Add a perimeter sensor to the bay door prior to using the pharmacy for drug storage.

11. Written policies and procedures/SOPs for the pharmacy's security system that meet the requirements of Rule 291.33(b)(2)(E)	*Yes*
12. An area suitable for confidential patient counseling, if the pharmacy serves the general public	*Not Applicable*
13. If compounding sterile preparations, the pharmacy has controlled area that meets the requirements in Rule 291.133 (d)(6)(A) if the pharmacy is compounding low-risk and medium-risk preparations or Rule291.133(d)(6)(B) if high-risk preparations are being compounded.	*Not Applicable*
14. Certified primary engineering control device (e.g., laminar airflow work benches, biological safety cabinets, compounding aseptic isolators, and compounding aseptic containment isolators).	*Not Applicable*
15. Certified clean room(s) (e.g. ante area, buffer area).	*Not Applicable*

Discussion Items

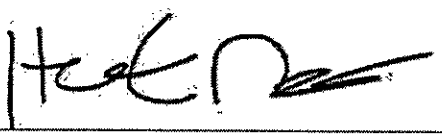
The requirements of TSBP Rule 291.11 and Section 565.0591 of the Pharmacy Act regarding the operation of a pharmacy within 6 months of becoming licensed.	*Yes*
Corresponding Responsibility and the Red Flags checklist using references from the DEA RPh Manual, the Texas Controlled Substances Act, and TSBP Rules 291.29 and 291.34 (b).	*Yes*
Pharmacy will need to conduct an opening inventory of all controlled substances on the first day of business.	*Yes*
Pharmacy will need to report all controlled substances to the PMP as required.	*Yes*

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and

- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).



Harry Norsworthy PIC



Terri Burrows

TEXAS STATE BOARD OF PHARMACY
1801 Congress Avenue, Suite 13.100
Austin, TX 78701-1319
(512) 305-8000

License Number: 36177

(Date PDF Version Generated: 5/28/2026)

HELPFUL PHARMACY INFORMATION

- Pharmacies are required to notify TSBP within 10 days of a discontinuance of service, change of location or closure. See the TSBP website here Pharmacy - Renew & Update (texas.gov) for changes.
- Renewals open about 60 days prior to your expiration date, renewal information can be found here Renew | Pharmacy (texas.gov).
- Change of Employment or Change of PIC information can be found here Update | Employment (texas.gov).
- Change of Ownership – Call (512) 305-8021 or see Apply | Change of Ownership (texas.gov).
- For questions or assistance regarding rules, contact TSBP Rules Queue line at (512) 305-8070 see www.pharmacy.texas.gov.
- Non-Resident Pharmacy questions call (512) 305-9127 or email NonResPhcy@pharmacy.texas.gov.

An up-to-date License Verification is always available on the Board's website: http://www.pharmacy.texas.gov/

CERTIFICATE OF REGISTRATION
BOARD OF PHARMACY

This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **36177** Expiration Date: **05/31/2028**

Balances: **0**

BLUE RX
124 ROSE LN STE 401
FRISCO, TX 75036

Daniel R. Carroll, Pharm.D.,
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 36177

BLUE RX

License Information

License Status Active
License # 36177
Expiration Date 05/31/2028
Date License Issued 05/27/2026

Address

124 ROSE LN STE 401
FRISCO, TX 75036
County DENTON
Phone (888) 440-9694

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Pharmacy
Type of Ownership LLC
Type of Pharmacy Community Independent
# of Hospital beds

Employment Information

Pharmacist in Charge
NORSWORTHY, HARRY CLINTON

Pharmacy Profile ¥

Accessible to disabled persons?	No
Participates in the Texas Medicaid program?	No
Translating services (Listed Below if Available)	

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and/or Inspection Reports

- 3636140 36177 BLUERX 2026-05 05-2031.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	No
Ship Prescription Out of State	Yes
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	No
Compounding Sterile-Risk Level Med	No
Compounding Sterile-Risk Level High	No
Compounding Non-Sterile	No
24 Hour Service	No
Closed Door	Yes
Compounding, Office Use	No
Home Delivery	Yes
Infusion	No
Pharmacist Administered Immunizations	No
Veterinary Prescriptions	No

2603

In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	No

Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
NORSWORTHY, HARRY CLINTON	49100	08/05/2010	09/30/2026	PIC	Active

Page 1 of 0 | 20 | View 1 - 1 of 1

Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status

Page 0 of 0 | 20 | No records to view

Texas Remote Pharmacy Information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 | 20 | No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
BLUE RX LLC	OWNER	,			
NORSWORTHY, HARRY CLINTON	OFFICER	,			

Page 1 of 1 | 20 | View 1 - 2 of 2

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

2604

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Blue Rx

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): _____

Physical Address: 124 Rose Lane Suite 401

City: Frisco State: Tx Zip: 75036

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 888 440 9694 Website: _____

Licensing Company Email: info@blue-rx.com

Section 2: Personal Information

First: Harry Middle: Clinton Last: Norsworthy

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: 124 Rose Lane Suite 401

City: Frisco State: Tx Zip: 75036

Telephone: [redacted] Email: info@blue-rx.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Texas Southern University		08/06-05/10	
Address	**City**	**State**	**Zip**
3100 Cleburn	Houston	Tx	77002
Diploma/Degree obtained, if any			
Doctorate of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Texas Tech University		08/02-05/06	
Address	**City**	**State**	**Zip**
2500 Broadway W	Lubbock	Tx	79409
Diploma/Degree obtained, if any			
Pre Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Richard King High School		08/99-05/02	
Address	**City**	**State**	**Zip**
5225 Golliar	Corpus Christi	Tx	78412
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]	City	State	[redacted]
03/21 - current		Mckinney	Tx	
From - To (MM/YY – MM/YY)	[redacted]	City	State	[redacted]
04/16 - 02/21		Plano	Tx	

From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Blue Rx LLC			12/1/25 - Current
Business Address	**City**	**State**	**Zip**
124 Rose Lane	Frisco	Tx	75035
Phone	**Title**		
888 440 9694	Managing Officer		
Description of Duties			
Start up Pharmacy			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Harry Norsworthy
Print Name (First, Last)

Harry C. Norsworthy IV — 7/21/26
Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Denton

I, Harry Norsworthy, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Harry C. Norsworthy IV — 7/21/26
Original Signature — **Date**

Subscribed and Sworn to before me this 21st day of July.

Brandi L. Cook
Notary Public Signature

BRANDI COOK
My Notary ID # 124713328
Expires November 6, 2027

(Seal)

4AAA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
■ Out-of-Nevada	■ Ownership Change*	☐ Hospital (# beds _____)	■ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: [redacted]
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	■ Non-sterile Compounding
			☐ Sterile Compounding
			■ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
			☐ Hospital
	* Current license #: PH 02939		☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Carepoint Healthcare, LLC dba Carepoint Pharmacy

Physical Address: 9 Commerce Drive

City: Schaumburg State: Illinois Zip: 60173

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 855-237-9112 Toll Free # (NAC 639.708, NRS 639.23286): 855-237-9112

Fax: 855-237-9113 Contact Email: CPIL@carepointrx.com

Website: carepoint.pharmacy

Nevada Business License # (if applicable) NV19361000084

Supervising/Managing Pharmacist Name (NRS 639.220): Sam Ibrahim

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 25203

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Sam Ibrahim	NV Pharmacist Registration #: 25203
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): N/A

Corporation Name: N/A

Mailing Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Contact Person Name: N/A

Date of SEC Registration: N/A | SEC Registration Number: N/A | Stock Exchange Symbol: N/A

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Illinois

Parent Company (if any): CPT Holding, LLC

Corporation/Organization Name: Carepoint Healthcare, LLC

Mailing Address: 9 Commerce Drive

City: Schaumburg State: Illinois Zip: 60173

Telephone: 855-237-9112 Email: CPIL@carepointrx.com

Contact Person Name: Bhavesh Patel

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Contact Person Name: N/A

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: N/A

Business Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chief Executive Officer (title) for Carepoint Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Bhavesh Patel

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

7/21/26

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Bhavesh Patel hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Chief Executive Officer (title) for Carepoint Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 21st day of July, 2026

Notary Public

Official Seal
PRITESH R PATEL
Notary Public, State of Illinois
Commission No. 1012301
My Commission Expires June 18, 2029

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bhavesh Patel

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

7/21/26

Date

Board Use Only	Date Received: 7/29/26	Amount: $500 ck 520721 ✓

Carepoint Healthcare LLC dba Carepoint Pharmacy
Owners/Officers and Addresses

Name	Title	Contact Address
Bhavesh Patel	Chief Executive Officer	9 Commerce Dr. Schaumburg, IL 60173
Pritesh Patel	Chief Operating Officer	9 Commerce Dr. Schaumburg, IL 60173
Melissa Meyers Barry	Secretary	800 Boylston Street, Suite 2200 Boston, MA 02199

File Number 0402694-2

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

CAREPOINT HEALTHCARE LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 07, 2012, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 9TH *day of* JULY *A.D.* 2026 .

SEAL OF THE STATE OF ILLINOIS — UNION — NATIONAL — SOVEREIGNTY — STATE — 1868 1818 — AUG. 26TH 1818

Authentication #: 2619002452 verifiable until 07/09/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Carepoint Healthcare LLC (dba Carepoint Pharmacy)

Pharmacy/Wholesaler License # (if applicable): PH02939

Physical Address: 9 Commerce Dr

City: Schaumburg State: IIL Zip: 60173

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 855-237-9112 Website: www.carepoint.pharmacy

Licensing Company Email: CPIL@carepointrx.com

Section 2: Personal Information

First: Samer Middle: Last: Ibrahim

Alias(es, nicknames, name changes, etc.): Sam Ibrahim

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: New Lenox State: IL Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Midwestern University - Chicago College of Pharmacy		09/07 - 03/11	
Address	**City**	**State**	**Zip**
555 31st St	Downers Grove	IL	60515
Diploma/Degree obtained, if any			
Doctorate of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
College of DuPage		08/04 - 05/07	
Address	**City**	**State**	**Zip**
425 Fawell Blvd	Glen Ellyn	IL	60137
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Downers Grove North High School		08/93 - 05/97	
Address	**City**	**State**	**Zip**
4436 Main St	Downers Grove	IL	60515
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/12 - 07/26	[redacted]	New Lenox	IL	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Carepoint Healthcare LLC			01/17 - 07/26	
Business Address		**City**	**State**	**Zip**
9 Commerce Dr		Schaumburg	IL	60173
Phone	**Title**		**Number of Employed Hours**	
855-237-9112	Compliance Manager		40/wk	
Description of Duties				
Oversees pharmacy regulatory compliance, multi-state licensure, accreditation readiness, policies, procedures, and training. Coordinates quality improvement, audits, corrective actions, complaint trending, and survey readiness.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Samer Ibrahim, **certify that as the designated representative for**

Carepoint Healthcare LLC (dba Carepoint Pharmacy),

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. SI I am at least 21 years of age;
3. SI I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. SI I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SI I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SI I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. SI I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Samer Ibrahim

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/22/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Samer Ibrahim

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/22/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Cook

I, Samer Ibrahim, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/22/2026

Date

Subscribed and Sworn to before me this 22nd day of July 2026.

Notary Public Signature

Official Seal
PRITESH R PATEL
Notary Public, State of Illinois
Commission No. 912301
My Commission Expires June 18, 2029

Inspections

Illinois Department of Financial and Professional Regulation (IDFPR) last inspected Carepoint Pharmacy in 2016. However, Carepoint Pharmacy has since been inspected by the National Association of Boards of Pharmacy (NABP), as recently as 2026. We have provided both for your review.

119

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION
Drug Compliance Unit
9511 Harrison Street, Suite LL50
Des Plaines, IL 60016-1563

Change of Address
Inspection-New
Location

PHONE NUMBER: 847-294-4900
FAX NUMBER: 847-294-4904

COMMUNITY PHARMACY

BUSINESS NAME	HOURS		DEA LICENSE	EXPIRES	DATE OF INSPECTION
CAREPOINT HEALTHCARE LLC DBA CAREPOINT PHARMACY	M	8a-6p	FC3505534	8/31/18	4/14/16
	T	8a-6p			
	W	8a-6p			
ADDRESS	TH	8a-6p	**ICSA LICENSE**	**EXPIRES**	**LICENSE NUMBER**
	F	8a-6p			
9 E. Commerce Dr	SAT	9a-3p	320.010401	3/31/18	054.018043
	SUN	Closed			
CITY / **ZIP CODE**	**OTHER HOURS EXCEP**		**TELEPHONE**		
Schaumburg / 60173			(855) 237-9112		

OWNERSHIP	OWNERS	TELEPHONE AFTER HOURS	E-MAIL ADDRESS
☐ Individual pharmacist ☐ Individual Non-pharmacist ☐ Partnership ☐ Corporation ☒ LLC	BHAVESH PATEL	( )	info@carepointrx.com
	PERSON IN CHARGE BHAVESH PATEL	**FAX NUMBER** (855) 237-9113	**COUNTY** Cook

NAME OF LICENSEE OR REGISTRANTS R Ph IN CHARGE	LICENSE/REGISTRATION NO.
BHAVESH PATEL	051.286786
See attached list	

PHARMACIST-IN-CHARGE OF WHAT OTHER PHARMACIES

	NAME	ADDRESS	PHONE NUMBER
1.	N/A		( )
2.			( )

SECTION	VIOLATIONS	YES	NO
225 ILCS 85/15 (d)	All required current licenses posted in a conspicuous location. -Discussed	☐	☐
225 ILCS 85/22	When a drug, medicine or poison is sold pursuant to a prescription a label must be affixed containing the following:		
	a) Pharmacy name and address	☐	☑
	b) Name, initials, and unique identification of the person authorized to dispense	☐	☑
	c) Date on which such prescription was filled	☐	☑
	d) The name of the patient	☐	☑
	e) Serial number of such prescription	☐	☑
	f) Last name of the prescriber who prescribed the same	☐	☑
	g) Directions for use	☐	☑
	h) Name of patient and name(s) of drug(s) and quantity, unless otherwise directed by practitioner	☐	☑
1330.30(m)	Registrants must wear identification bearing his or her name and designation. -Discussed	☐	☐
1330.500	The schedule during which pharmacy services are provided shall be conspicuously displayed.	☐	☑
	Whenever a pharmacy is open and a pharmacist is not present and available to provide pharmacy services, a sign stating that situation shall be conspicuously displayed.	☐	☑
	No prescription may be dispensed after one year from the date of the original issuance of the prescription by the prescriber. **Computer Software: Rx30**	☐	☑
1330.600	Security provisions must be provided for all drugs and devices during the absence of a pharmacist. **Alarm System: ADT (See Narrative)**	☐	☑
1330.610	All dispensing and drug storage areas of the pharmacy must be contiguous.	☐	☑
	The pharmacy area and all store rooms shall be well-lighted and properly ventilated.	☐	☑
	Refrigerators shall be for the exclusive use of prescription drugs. **Fridge for Drugs with Temperature Gauge**	☐	☑

SECTION	VIOLATIONS	YES	NO
	The pharmacy area shall not be used for storage of merchandise that interferes with the practice of pharmacy.	☐	☑
	Current reference books and copy of laws and rules in hard copy or readily available electronic data format. **Facts and Comparison and Lexi-Comp Online** , Tissell's IV check (IV compatibility) **Online Access to Pharmacy Acts and Rules**	☐	☑
1330.630	Pharmacy must be clean and sanitary.	☐	☑
	Pharmacy must have a sink with hot and cold water.	☐	☑
	Food and/or beverages shall be placed in designated area away from dispensing activities. -Break room area	☐	☑
1330.700	An offer to counsel shall be made on all prescriptions (new and refills Rxs). -Discussed	☐	☐
1330.730	Any prepackaged drugs must have a label affixed that contains the name and strength of the drug, the name of the manufacturer or distributor, beyond use date and lot number on each container. -Discussed	☐	☐
1330.750	Records for return drugs properly documented. **Reverse Distributor: Inmar (Amerisource Bergen)** -Discussed	☐	☐

CONTROLLED SUBSTANCES INSPECTION

BUSINESS NAME	DEA LICENSE	EXPIRES	INSPECTION NUMBER
CAREPOINT HEALTHCARE LLC DBA CAREPOINT PHARMACY	FC3505534	8/31/18	

ADDRESS	LICENSE NUMBER	EXPIRES
9 E. Commerce Dr	320010401	3/31/18

CITY	ZIP CODE	TELEPHONE NUMBER	INSPECTOR
Schaumburg	60173	(855) 237-9112	Aarti Parikh #852

OWNERSHIP	OWNERS	TELEPHONE AFTER HOURS	COUNTY
☐ Individual Pharmacist ☐ Individual Non-pharmacist ☐ Partnership ☐ Corporation	BHAVESH PATEL	( )	Cook
	PERSON IN CHARGE	FAX NUMBER	COUNTY CODE / DATE
	BHAVESH PATEL	(855) 237-9113	4/14/16

NAME OF LICENSEE OR REGISTRANTS	License/Registration NO.	DISCUSSION ITEMS	
R.Ph. in Charge BHAVESH PATEL	051.286786	DEA	X
		WDDLA	X
		REPACKAGING	X

	VIOLATIONS	YES	NO
570/306(a)	Invoices and records shall be properly maintained. - Discussed		
570/311	Duplicate prescription blanks must be returned to the Department of Alcoholism and Substance Abuse by the 15th of the following month.	N/A	
570/312	Controlled drug prescriptions must contain the following: 1) name and address of patient		
	2) date of issuance		
	3) practitioner's name and DEA number		
	4) dispensing pharmacist's written signature or initials		
	5) date of filing		
	6) no Schedule III, IV, V, filled or refilled more than 5 times nor more than 6 months	Discussed	
	7) a prescription form for a Schedule II controlled substance shall not be filled more than 7 days 90 after the date of issuance.		
570/312(h)	All controlled substances are dispensed in Good Faith		
570/312(c)(5)	A copy of the Records of the Sales of Schedule V Controlled Substances properly completed, must be forwarded to the Department of Professional regulation by the 15th of the following month. Rx only		✓

	VIOLATIONS	YES	NO
570/0112(c)(7)	Schedule V sales are made in good faith - Rx only		✓
3100.310	All registrants shall provide effective controls and procedures to guard against theft and diversion of controlled drugs.		✓
3100.410	Refills of schedule III-V controlled drugs shall bear the pharmacist's handwritten name or initials and date(s) or permissible refill(s). (RPh copy pack)		✓
3100.400(a)	The pharmacist shall provide all the information required on the official triplicate prescription blank.	N/A	
3100.430	The pharmacist completes a Pharmacy Inventory Control form after dispensing a Schedule II designated product from a conventional prescription form written by an out-of-state prescriber or Exempt Federal prescriber.	N/A	
1330.75(b)	Schedule II drugs are locked and secure		✓
21CFR S1304.13	Date last DEA biennial inventory taken: 2/17/16 Signed By: Stephanie Tristano		✓
S1304.04 21CFR	(d-1) Controlled drug prescriptions and records must be properly filed and maintained.		
S1301.76(b) 21CFR	When applicable, losses of controlled drugs must be reported to the proper authorities. (DEA 106)		
S1304.04 (h)(2) 21CFR	Schedule III-V prescriptions must bear the red letter "C" when required. C-stamp		

Discussed

☐ Narrative Attached ☐ To Be Reinspected

NARRATIVE

Rx/day: 7400/day

CII: Paper DEA 222 form (CII Perpetual Inventory kept

Vendors: Amerisource Bergen & directly from MFG.

Anticipated opening: 4/18/16 Move on 4/15/16 - 4/17/16

INVESTIGATOR'S SIGNATURE	DATE	LICENSEE'S OR REPRESENTATIVE'S SIGNATURE	SUPERVISOR'S REVIEW	DATE
Aarti #852 4/14/16	4/14/16			4/14/16

IL486-0732 5/97(ENF)

5/9

CONTROLLED SUBSTANCES INSPECTION (NARRATIVE)

BUSINESS NAME	DEA LICENSE	EXPIRES	INSPECTION NUMBER
CAREPOINT HEALTHCARE LLC DBA CAREPOINT PHARMACY	FC3505534	8/31/18	

ADDRESS	LICENSE NUMBER	EXPIRES
9 E. Commerce Dr	320010401	3/31/18

CITY	ZIP CODE	TELEPHONE NUMBER	INSPECTOR
Schaumburg	60173	(855) 237-9112	Aarti Parikh #852

Security:
Alarm System: ADT
-Keypad located front door entrance.
-Individual Alarm code with PIC Bhavesh Patel and Pritesh Patel
-If there is unauthorized access, contact PIC Bhavesh Patel (CEO), Pritesh Patel (COO), and Priti Patel.

Keys for pharmacy are with PIC Bhavesh Patel and RPh Jessica Sincheimer and all staff pharmacists

Entry points into pharmacy (See layout provided for Dept is Main file)
- There are 3 entry points into building + 2 double commercial glass door with magnetic sensor, deadbolt and biometric access. there is the dock doors w/ key entry and magnetic sensor. there is also a biometric access from lobby.
- There are 2 entry points in pharmacy dispensing area with biometric access. Inside of pharmacy leads to sterile compounding lab and shipping area.

Security Cameras: 1 → not installed yet
Motion Detectors: 3
Glass Break Sensor:

CII safe:
-Keys to safe with PIC Patel & staff rph.
-safe is a white cabinet under fixed cabinet with 2 key locks.
* → Please put steel plate along side of cabinet to prevent forced entry.
→ Send CII picture within 2 weeks.

NARRATIVE

This is a Change of Address and Sterile Compounding Pharmacy License Inspection by DCI Aarti Parikh on 4/14/16. Present for inspection is PIC Bhavesh Patel. This pharmacy is in a standalone building. This is a community pharmacy that provides retail, mail order, specialty pharmacy, compounding, and home infusion services. This pharmacy compounds non-sterile and sterile preparations (for home infusion patients). Currently, this pharmacy has non-resident licensing/permit in 41 states. (List provided by PIC which will be maintained in the Department's Main File.

**Must meet standards for USP 797 and USP 800 (when it becomes official) for Sterile Compounding and USP 795/800 for Non-sterile Compounding.

- R/I received and reviewed Hood Certifications which will be kept in the Department's Main File. This pharmacy has a positive pressure anteroom that leads into a negative pressure Chemo Room and HD storage room and a positive pressure IV room. There is an ISO Class 5 Biological Safety Cabinets (BSC) in a Chemo Room that exhaust out and a ISO Class 5 Laminar Flow Hood (LFH) in an IV room. The BSC passed the HEPA Filter Leak Test, Smoke Pattern Test, Airflow Balance and Air Velocity Profile in the chemo room. The LFH passed the HEPA Filter Leak Test, Smoke Pattern Test, and Velocity Profile Test in the IV room. The Particle Counts were performed and validate the IV room as ISO Class 7 Operational, Anteroom as ISO Class 7 Operational, and the Chemo Room as ISO Class 7 Operational. The Air Flow Survey shows the IV room, Chemo Room, and HD Storage Room has the required number of Air Changes Per Hour (ACH). *The Ante-room does not meet the required number of ACH.* ← Send R/I when re-certification occurs. ← → with 30 days. *
  - Baker SG400, Serial# SL 47180v (BSC)
  - Baker EG6252, Serial # 66909
- Risk Level of Compounding: Low to Medium
- Compounding with Cytotoxic drugs: Yes
- Computer Software: Rx30
- Vendors: Amerisource Bergen
- Reverse Distributors: Inmar (Amerisource)
- References: Facts and Comparison and Lexi-Comp Online, Medisca, Trissel's IV check thru Lexi-comp.
- Deliveries of prescriptions would be done by Fed-Ex or own employee.
- No bulk compounding or batch work.
- Complete Self Inspection for Community Pharmacy, Non-Sterile Compounding, and Sterile Compounding annually. (Section 1330.800)
- R/I reviewed policies and procedures for sterile compounding.

*Send Air/Surface Sampling to R/I → within 30 days.

- R/I viewed - temperature & humidity log.
  - pressure log
  - daily/weekly/monthly cleaning log
  - Actomix calibration log (Orange for TPN)
  - prefilter ~~log~~ cleaning log
  - temperature log for fridge.

INVESTIGATOR'S SIGNATURE AND DATE		LICENSEE OR REPRESENTATIVE'S SIGNATURE AND DATE	ILDFPR SUPERVISOR REVIEW AND DATE	
#852	4/14/16	4/14/16.		4/14/16

NARRATIVE

non-sterile

Training: Also training from American College of Apothecaries (on-site compounding)

- Initially ASHP Aseptic Compounding training: Personnel Assessment Checklist + ~~Calculation~~ Compounding Test.
  - ↳ Skills, Aseptic technique, gurbing...
- Annually: Personnel Assessment Checklist & and Compounding Test.
- Fingertip testing (glove) — Initially ex.
- Media fill testing — Initially, then every 6 months. ← Sterile comp. tech from now on rpns as well.
- ~~Environmental~~ Surface Testing - every 6 months.

Non-Sterile

- Ongoing equipment cleaning log → clean w/ every use.
- Ointment mill equipment cleaning log → w/ every used
- Balance: AND → Exalt Advanced Technologies
  - Model # ~~A&D~~ GH200
  - S/N # 1S108699
- Balance Calibration Log → done monthly.
- " Equipment cleaning log - w/ every use.
- non-sterile comp. training through ACA (mentioned above)
- RII viewed compounding worksheet.
- → *↳ Please add ingredient ID expiration date * ← Send RII

Master Formulation Sheets through Medisca.

* RII viewed Self-inspection forms from old location.

- No unlicensed personnel in the pharmacy area as discussed.

INVESTIGATOR'S SIGNATURE AND DATE		LICENSEE OR REPRESENTATIVE'S SIGNATURE AND DATE	ILDFPR SUPERVISOR REVIEW AND DATE	
Carli Parr #852	4/14/16	4/14/16		4/14/16

Carepoint Pharmacy - Ownership & Staff

Officer/Owner	Title	Address
Bhavesh Patel	President/Owner	[redacted]
Priti Patel	Owner	
Pritesh Patel	COO	

Directors	Title	Hours Per Week	Date Hired	CBC	Trning File
John Bellomo	Compliance Officer	40	11/3/2014	Y	X
Ashley Miller	Human Resources	40	3/7/2016	Y	

Sales Staff	License Number	Hours Per Week	Date Hired	Drug Test	CBC	Trning File
Marissa Copp	049.226494	40	10/27/2014	Y	Y	X
Vanessa Zepeda	N/A	40	8/12/2013	Y	Y	X
Salise, Paul	049.220612	40	7/21/2014	Y	Y	X

Staff Pharmacists	License Number	Hours Per Week	Expiration	Date Hired	Phone	Drug Test	CBC	Trning File
Bhavesh Patel ✓	051.286786	40	3/31/2017	10/1/2012	[redacted]	NA	NA	NA
Jennifer Hong	051.291531	40	3/31/2017	9/27/2013		Y	Y	X
Karen Kim	051.294872	40	3/31/2017	6/18/2015		Y	Y	X
Greg Noonkester	051.294905	40	3/31/2017	8/31/2015		Y	Y	X
Stephanie Tristano	051.296401	40	3/31/2017	7/14/2014		Y	Y	X
Jessica Sinsheimer	051.295751	40	3/31/2017	9/22/2014		Y	Y	X

Certified	Pharmacy Technicians	License Number	Hours Per Week	Expiration	Date Hired	Phone	Drug Test	CBC	Trning File
X	Acosta, Stephanie	049.223644	40	3/31/2017	8/10/2015	[redacted]	Y	Y	X
X	Allo, Kelly	049.228424	40	3/31/2017	7/27/2015		Y	Y	X
X	Almanza, Manuel	049.181514	40	3/31/2017	10/6/2014		Y	Y	X
	Altamirano, Noemi	049.227116	40	3/31/2017	1/12/2015		Y	Y	X
	Amaro, Jocelyn	049.223823	40	[redacted]	12/17/2014		Y	Y	X
X	Bellomo, Danielle	049.221493	40	3/31/2017	9/22/2014		Y	Y	X
X	Bloch Jennifer	049.178689	40	3/31/2017	10/28/2014		Y	Y	X
X	Bowling, Nicole	049.204350	40	3/31/2017	9/9/2014		Y	Y	X
X	Briganti, Jo Ann	049.092432	40	3/31/2017	9/22/2014		Y	Y	X
	Brosas, Maria	Accounts Receivable	40		9/8/2014		Y	Y	X
	Brown, Tiffany	049.237487	40	3/31/2017	11/9/2015		Y	Y	X
	Callarman, Dawn	Accounts Receivable	40		8/29/2014		Y	Y	X
X	Catalan, Juan	049.185564	40	3/31/2017	3/11/2013		Y	Y	X
X	Costello, Courtney	049.217161	40	3/31/2017	4/21/2014		Y	Y	X
	Diaz, Melissa	049.210607	40	3/31/2017	11/16/2015		Y	Y	X
X	Duray, Tiffanie	049.216727	40	3/31/2017	5/5/2014		Y	Y	X
X	Gonzalez, Mayra	049.225843	40	3/31/2017	9/22/2014		Y	Y	X
	Gunderman, Kayla	049.224462	40	3/31/2017			Y	Y	X
	Hernandez, Sara	049.232099	40	3/31/2017	8/31/2015		Y	Y	X
X	Holmes, Latasha	049.145887	40	3/31/2017	2/4/2013		Y	Y	X
	Hunter, Nicole	049.157670	40	3/31/2017	8/11/2014		Y	Y	X
	Johnson, Nathaniel	049.180443	40	3/31/2017			Y	Y	X
	Jungo Giovanni	049.228211	40	[redacted]	10/13/2014	[redacted]	Y	Y	X
X	Kuzmicki, Rebecca	049.118762	40	3/31/2017	2/18/2013		Y	Y	X
	Leon, Andrea	049.181651	40	3/31/2017	12/15/2014		Y	Y	X
	Lester, Joseph	049.237366	40	3/31/2017	10/27/2015		Y	Y	X
	Magana, Francisco Cruz	049.215585	40	3/31/2017	10/7/2015		Y	Y	X
X	Mateo, Francis Connie	049.215859	40	3/31/2017	6/23/2014		Y	Y	X
X	Michalec, Megan	049.189505	40	3/31/2017	1/12/2015		Y	Y	X
	Myers, Camille	049.224076	40	[redacted]	6/29/2015		Y	Y	X
	Nigliaccio, Peter	049.236778	40	3/31/2017	10/7/2015		Y	Y	X
X	Novak, Rachel	049.203803	40	3/31/2017	8/4/2014		Y	Y	X
X	Phachansiri, Marron	049.217835	40	3/31/2017	5/20/2013		Y	Y	X
X	Rodriguez, Mario	049.223821	40	3/31/2017	7/28/2014		Y	Y	X
	Samuelson, Jory	049.229979	40	3/31/2017	11/2/2015		Y	Y	X
	Sheth, Dimple	049.147197	40	3/31/2017	11/24/2014		Y	Y	X
	Soto, Daisy	049.225384	40	3/31/2017	11/3/2014		Y	Y	X
	Sulocha, Marcelina	049.228138	40	3/31/2017	9/29/2014		Y	Y	X
	Valenzuela, Arturo	049.235456	40	3/31/2017	8/24/2015		Y	Y	X
	Walters, Jessica Molina	Accounts Receivable	40		12/2/2012		Y	Y	X
	Winder, Alex	049.231145	40	3/31/2017	7/13/2015				
		049.000000	40	3/31/2016					
		049.000000	40	3/31/2016					
		049.000000	40	3/31/2016					

* failure to provide certificate

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
CAREPOINT HEALTHCARE LLC	Schaumburg, IL 60173	• DBA CAREPOINT PHARMACY

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
054018043	LICENSED PHARMACY	ACTIVE	09/25/2012	02/03/2026	03/31/2028	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
32*****01	LICENSED CONTROLLED PHARMACY SUBSTANCE (Schedules II III IV V)	ACTIVE	09/25/2012	02/03/2026	03/31/2028	N

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Business e-Profile ID:	707534		**Inspection Information**
Legal Business Name:	CarePoint Healthcare LLC	**Conference Call Date:**	N/A
Doing Business As (DBA):	Carepoint Pharmacy	**Start Time: 24-hour format (13:00)**	N/A
Address:	9 E Commerce Dr	**End Time: 24-hour format (13:00)**	N/A
City:	Schaumburg	**Onsite Inspection Date(s):**	01/21/2026 & 01/22/2026
State:	Illinois	**Start Time(s): 24-hour format (13:00)**	13:20 & 08:50
Zip Code:	60173	**End Time(s): 24-hour format (13:00)**	16:17 & 14:17
Telephone number:	855/237-9112	**Inspector Name(s):**	Lisa D. Ashworth, BS Pharm, RPh, BCSCP, FACA
Toll free number:	855/237-9112	**Inspection performed by (NABP, State, etc):**	NABP
Fax number:	855/237-9113	**Observer Name/Affiliation (if applicable):**	N/A
Website:	www.carepointrx.com and www.carepoint.pharmacy	**Observer Name/Affiliation (if applicable):**	N/A

Focused Information

The following, if any, are specific Section(s) and/or Question(s) to which the facility may want to consider further response. The facility is encouraged to read the inspection report in its entirety and carefully. As this Focused Information section is not all inclusive, there may be Section(s) and/or Question(s) not noted below to which the facility may want to consider further response.

General Pharmacy - 29.00, 37.05, 54.01, 69.00

Nonsterile - 1.0 - 1.14, 2.0 - 2.2, 3.0 - 3.3, 4.0, 5.0 - 5.2, 6.0, 6.4, 6.5, 6.7, 8.0, 8.5, 10.0, 10.2, 10.5, 15.0 - 15.7, 18.0 - 18.5, 20.0 - 20.3, 21.0, 23.0 - 23.5, 24.0 - 24.5, 25.0, 26.0, 26.2, 26.4, 26.5, 27.0, 27.2, 27.3, 28.0 - 28.4, 28.10, 29.0, 29.2, 29.13, 29.14, 29.16, 31.0, 31.1, 31.2, 31.4, 31.5, 31.6, 31.8, 36.0, 36.4, 36.5, 37.0, 42.0 - 42.4, 44.0, 44.1, 44.4, 44.7, 53.5, 54.0, 54.2, 55.0, 55.1, 58.0, 58.1, 58.4 - 58.7, 58.10, 58.13, 58.15, 61.0 - 61.2

Hazardous - 1.01, 4.00, 5.00, 6.00 - 6.02, 7.00, 8.00 - 8.07, 9.00, 10.00 - 10.03, 10.05 - 10.07, 12.00, 13.01 - 13.03, 13.05 - 13.10, 13.11.01, 13.11.03, 13.11.04, 13.11.05, 13.14.03, 13.15, 13.16, 13.17, 13.18, 13.21, 13.22.01 - 13.22.08, 14.00, 15.01, 15.02, 15.05, 16.00, 18.00, 20.00, 21.00, 22.00, 23.00 - 23.05, 23.07 - 23.09, 24.00, 25.00, 26.04, 26.07, 26.08, 26.09, 27.00, 30.00, 30.02, 30.04, 30.06, 31.00 - 31.02, 33.00, 33.01, 35.00, 36.00, 37.00 - 37.02, 39.01, 43.00, 43.02, 43.03, 44.00, 45.00, 49.00, 49.01, 65.00, 69.00, 70.00, 71.00, 72.02, 73.03, 78.00, 79.00 - 79.02, 80.00, 81.00, 82.00, 83.0084.00, 85.00, 86.00, 88.00, 89.00

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Additional information on NABP's Inspection website.

NABP Disclaimer: NABP can only verify the authenticity of an Inspection Report if it is transmitted directly from NABP to an intended recipient. NABP cannot verify the authenticity of an Inspection Report transmitted from any other party.

Pharmacy Hours of Operation	**Check if 24/7** ☐		
	Open		**Closed**
	Start Time: (24-hour format)	**End Time: (24-hour format)**	**(X)**
Sunday			X
Monday	7:00	19:00	
Tuesday	7:00	19:00	
Wednesday	7:00	19:00	
Thursday	7:00	19:00	
Friday	7:00	19:00	
Saturday	9:00	15:00	

Key Pharmacy Personnel	**Name**	**Contact (e-mail)**	**e-Profile ID**
Pharmacist in Charge	Bhavesh Patel	bpatel@carepointrx.com	166888
Nonsterile Designated person(s)	Sam Ibrahim	sibrahim@carepointrx.com	216707
Sterile Designated person(s)	N/A	N/A	N/A
Hazardous Designated person(s)	Sam Ibrahim	sibrahim@carepointrx.com	216707

Personnel Present at Time of Inspection	**Name**	**Title**	**License or registration available and current (Y/N)**
1	Bhavesh Patel	CEO and PIC	Y
2	Sam Ibrahim	Pharmacist, Pharmacy & Compliance Manager	Y
3	Maysa Farraj	HR or P&C Generalist	N/A
4	Jaqueline Villegas	HR or P&C Manager	N/A
5	Erin Osterman	Pharmacy Technician	Y
6	Angie Myers	Pharmacy Technician, Shipping	Y
7	Kristine Sevilla	Staff Pharmacist	Y
8	Vanessa Marrero	Pharmacy Technician, Compounding	Y
9	Karen Cho	Pharmacist	Y
10	Lilly Luna-Cano	Pharmacy Technician	Y

If more than 10, list the first 10 below, then list the title and number (eg: 4 pharmacists, 6 technicians, 2 technicians-in-training, 1 intern, 4 clerks, etc) for the additional personnel present (Doc02_PI).

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Business Licensure Information for State of Residence and Federal
(board of pharmacy, state controlled substance, DEA, FDA, etc)

License/Registration Agency	Business Name on License/Registration	Registration/License Type	Registration/License Number & Expiration Date
Drug Enforcement Administration	CarePoint Healthcare LLC dba Carepoint Pharmacy	Pharmacy	FC3505534 & 08/31/2027
Illinois Department of Financial and Professional Regulation - State Board of Pharmacy	CarePoint Healthcare LLC	Pharmacy	054018043 & 03/31/2026
Illinois Department of Financial and Professional Regulation - State Board of Pharmacy	CarePoint Healthcare LLC	Controlled Substance - Pharmacy	320010401 & 03/31/2026

Inspector Notes: List states in which Non-Resident licenses are in Doc01_PI. DEA registration says Retail Pharmacy in the registration / License Type. No ReliOn insulin is present. No market places or 3rd party bidding sites are used to purchase medications. The PIC introduced himself to this inspector shortly after arrival and had other appointments and visitors on campus. This inspector was told on day 2 that the group he was giving a tour to were investors. In the training documentation one of the pharmacists training stated she was a technician, when this inspector questioned whether she was a technician or pharmacist the compliance officer changed the document online, told the inspector it was fixed, and it still had the employee signature from 2014. This pharmacy recently completed an expansion and needs to send a new drawing / layout of the completed space they are now in. The pharmacy had a pharmacist who was the expert on compounding that has left. Since then, Sam Ibrahim has been trying to learn it.
Compounded BLT is sent to the providers office with a patient name but the patient name maybe the provider or an office employee and is used on multiple patients (Doc04_GP10.00).

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Documents collected as part of the inspection.
To obtain a copy of these documents please contact the facility directly. They are not included in the final report.

Document Name	Description
Doc01_PI; Doc02_PI; Doc03_PI; Doc04_GP10.00	State Dispensing Totals; Employee Roster; Top Rx labels dispensed; BLT Compound Label
Doc05_NS1.0; Doc06_NS1.0; Doc07_NS1.0; Doc08_NS27.0; Doc09_NS47.01.03; Doc10_NS47.01.03	SOP Nonsterile Compounding; SOP Review, Maintenance, and Approval; Nonsterile Compounding Training Guide; MFR and CR for: Minoxidil/Finasteride Spray 7-0.1% 60 mL, estradiol 0.01% cream (propylene glycol-free), fluorouracil 5%/calcipotriene 0.005% cream, toner hydroquinone 6%/citric acid 2% in 50% witch hazel 60 mL, and hydroquinone 8% cream; Certification report from Clean Air Flow Inc; Certification report from Clean Air Flow Inc
Photo01_PI; Photo02_GP37.01; Photo03_GP37.05; Photo04_GP37.05; Photo05_GP37.05; Photo06_GP41.00; Photo07_GP47.03; Photo08_GP47.03; Photo09_GP47.03; Photo10_GP54.01	Magnehelic gauges and nonsterile HD compounding suite layout; Ceiling light fixture; HD bins full; HD bins full; HD doffing trash not labeled as HD; Refrigerator temp logs and study; Dermatologic OTCs sold; Container of CLMD dermatologic base used in compounding; Multiple containers of CLMD dermatologic bases used in compounding; A consignment bay label
Photo12_NS8.5, Photo13_NS8.6; Photo14_NS10.5; Photo15_NS18.0; Photo16_NS18.3; Photo17_NS18.4; Photo18_NS18.5; Photo19_NS20.0 - Photo27_NS20.0; Photo28_NS29.5; Photo29_NS58.6; Photo30_NS61.0; Photo31_NS61.0	Drawer front in NS non-HD area; APIs and excipients in anteroom; Storage on floor (eg plastic bins); Spatulas yellowing; Ointment Mill; Scale in HD room; Scales in non-HD compounding area; Nine photos of APIs and excipients on shelf some repackaged; Compounding Tablet for in-process checks; 5-FU not labeled as HD; 70% IPA in an inappropriately labeled spray bottle; 70% IPA in an inappropriately labeled spray bottle
Photo32_HD13.17	Supply cart in HD prep room

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	Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply
Traditional retail	X	Central Fill/Processing/Shared Services	
Open to the Public	X	Nuclear Pharmacy	
Closed Door		Specialty Pharmacy	X
Drive-through window		White bagging/ clear bagging	X
Mail- in state (eg prescriptions are mailed through USPS or through common carrier) *See table below*	X	Outsourcing Facility	
Mail- out of state (eg prescriptions are mailed through USPS or through common carrier) *See table below*	X	FDA Registered Drug Establishment (eg Manufacturer, repackager, relabeler)	
Local Delivery (if out of state describe in note)		Wholesale Distributor	
Veterinary Pharmacy (occasionally dispenses prescriptions for animals)		Provide prescription drugs for "Office Use" (eg distributes)	X
Institutional (hospital or correctional facility)		Handles Medical Marijuana	
Long-Term Care (nursing home, residential care)		Nonsterile Compounding	X
Investigational Drugs, Clinical Trials/Research		Nonsterile Hazardous Drug Compounding	X
Telepharmacy		Sterile Compounding	
Internet Pharmacy		Sterile Hazardous Drug Compounding	

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Compounded Nonsterile Preparations (CNSPs) Type "X" for all that apply		Compounded Sterile Preparations (CSPs) Type "X" for all that apply	
CNSPs with controlled substance(s)	X	CSPs with controlled substance(s)	
CNSPs with vitamins or nutritional supplements	X	CSPs with vitamins or nutritional supplements (includes total parenteral nutrition)	
CNSPs sold to other pharmacies - If so, list to whom – instate, out of state, under common ownership/shared services – central fill agreement; and state if patient specific or distributed		CSPs sold to other pharmacies - If so, list to whom - in state, out of state, under common ownership/shared services - central fill agreement; and state if patient specific or distributed	
Patient specific (compounded preparation labeled for an individually identified patient):		**Patient specific** (compounded preparation labeled for an individually identified patient):	
CNSPs for animals		CSPs for animals	
CNSPs for human patients	X	CSPs for human patients	
Distributed (compounded preparation leaves the pharmacy without a patient-specific label eg non patient-specific):		**Distributed** (compounded preparation leaves the pharmacy without a patient-specific label eg non patient-specific):	
CNSPs for animals		CSPs for animals	
CNSPs for human patients		CSPs for human patients	
CNSPs to practitioners for office use		CSPs to practitioners for office use	
CNSPs to hospitals, clinics, or surgery centers		CSPs to hospitals, clinics, or surgery centers	

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Types of CNSPs:		Categories of CSPs:	
Aqueous	X	Category 1 CSPs	
Nonaqueous	X	Category 2 CSPs	
Specific types:		Category 3 CSPs	
Solid oral preparations	X	Types of CSPs:	
Liquid oral preparations	X	Allergenic extracts	
Otic preparations		Allergenic extracts in addition to prescription patient sets	
Rectal preparations	X (only made diltiazem rectal, hasn't made it in a long time)	Immediate Use	
Vaginal preparations	X	Proprietary bag and vial systems	
Topical preparations:	X (Solutions, creams, ointments, shampoo, and lotions)	Blood-derived or other biological material (eg autologous serum)	
Nasal and sinus preparations:		Sterile injections/ sterile infusions	
Other (please list):		Ophthalmic dosage forms	
		Baths and soaks for live organs and tissues	
		Implants/ Pellets	
		Other (please list):	

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	Facility Size in Square Feet *(can be approximated)* and Number of PECs		**Personnel**
Total Pharmacy size:	9,000 (internal expansion)	Total Pharmacists:	8
Nonsterile Compounding Room size:	150 (new area with remodel)	Number of Compounding Pharmacists:	7 (1 has been here 2 days and is in training)
Nonsterile Compounding powder hoods number:	N/A	Total Student Interns:	0
Nonsterile Hazardous Drugs (HD) Compounding Room size:	50 for the buffer room, 30 anteroom (it was the sterile compounding suite and has 3 rooms and an anteroom Photo01_PI)	Total Technicians:	40
Nonsterile HD Compounding CVE/BSC/CACI hoods number:	1 CVE	Number of Compounding Technicians:	4
Sterile Compounding Ante Room size:	N/A	Of technicians, how many are nationally certified?	all but 1 (some are ExCPP Illinois' own certification program and some are PTCB)
Sterile Compounding Clean/Buffer Room size:	N/A	Of technicians, how many are techs-in-training?	0
Sterile Compounding Number LAFW hoods/areas:	N/A	Total Other Unlicensed Personnel:	10 (IT, Accounting, HR (Personnel & Culture (P & C)) personnel)
Sterile Compounding Number BSC hoods:	N/A	Ratio #Technician(s) : #Pharmacist(s) present at time of inspection:	6:3 (Illinois has no ratio)
Sterile Compounding Number CAI/CACI hoods:	N/A	If multiple compounding suites are present under this licensed location (eg outsourcing facilities or hospital health systems), describe in notes other spaces where compounding occurs (eg location name, approximate size of space, and number and type of PECs:	N/A
Negative Pressure Sterile HD Room size:	N/A		
Sterile HD Compounding Number of BSC hoods:	N/A		
Sterile HD Compounding Number of CACI hoods:	N/A		

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Indicate the drug name, dosage or strength, and the size of the CSP sample obtained for testing. (N/A if no sample)	N/A
Indicate the areas/rooms of the pharmacy entered to perform the CSP inspection. If the inspector did not fully garb and enter buffer room(s), indicate reason.	N/A

	Volume Dispensed		Volume Distributed
Total Prescriptions Dispensed/day:	3,000 - 3,500	Total Orders Distributed/day:	0
% Veterinary Prescriptions	0%	% Veterinary Orders	0%
% Controlled Substance Prescriptions	<1%	% Controlled Substance Orders	0%
% Nonsterile Compounded Prescriptions	<1%	% Nonsterile Compounded Orders	0%
% Sterile Compounded Prescriptions	0%	% Sterile Compounded Orders	0%
% Hazardous Drugs (HD) Prescriptions	<1%	% Hazardous Drugs (HD) Orders	0%

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Definitions: DISPENSE means to provide a prescription drug or compounded preparation pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription drug or compounded preparation to a prescriber, another pharmacy, or health care entity for office use or stock and is NOT patient-specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription drugs and volume dispensed, and volume distributed per day (or week or month):

Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
Alabama (AL)	614	0	December 2025
Alaska (AK)	105	0	December 2025
Arizona (AZ)	1,101	0	December 2025
Arkansas (AR)	894	0	December 2025
California (CA)	3,527	0	December 2025
Colorado (CO)	812	0	December 2025
Connecticut (CT)	511	0	December 2025
Delaware (DE)	331	0	December 2025
District of Columbia (DC)	143	0	December 2025
Florida (FL)	3,367	0	December 2025
Georgia (GA)	1,784	0	December 2025
Hawaii (HI)	252	0	December 2025
Idaho (ID)	411	0	December 2025
Illinois (IL)	4,029	0	December 2025
Indiana (IN)	2,366	0	December 2025
Iowa (IA)	1,923	0	December 2025
Kansas (KS)	606	0	December 2025
Kentucky (KY)	1,754	0	December 2025
Louisiana (LA)	1,480	0	December 2025
Maine (ME)	188	0	December 2025
Maryland (MD)	1,536	0	December 2025
Massachusetts (MA)	662	0	December 2025
Michigan (MI)	2,110	0	December 2025
Minnesota (MN)	1,407	0	December 2025
Mississippi (MS)	571	0	December 2025
Missouri (MO)	2,829	0	December 2025
Montana (MT)	157	0	December 2025

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Definitions: DISPENSE means to provide a prescription drug or compounded preparation pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription drug or compounded preparation to a prescriber, another pharmacy, or health care entity for office use or stock and is NOT patient-specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription drugs and volume dispensed, and volume distributed per day (or week or month):

Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
Nebraska (NE)	1,465	0	December 2025
Nevada (NV)	374	0	December 2025
New Hampshire (NH)	183	0	December 2025
New Jersey (NJ)	2,572	0	December 2025
New Mexico (NM)	249	0	December 2025
New York (NY)	2,201	0	December 2025
North Carolina (NC)	1,609	0	December 2025
North Dakota (ND)	141	0	December 2025
Ohio (OH)	3,782	0	December 2025
Oklahoma (OK)	941	0	December 2025
Oregon (OR)	605	0	December 2025
Pennsylvania (PA)	1,657	0	December 2025
Rhode Island (RI)	155	0	December 2025
South Carolina (SC)	1,345	0	December 2025
South Dakota (SD)	323	0	December 2025
Tennessee (TN)	2,517	0	December 2025
Texas (TX)	4,289	0	December 2025
Utah (UT)	2,026	0	December 2025
Vermont (VT)	59	0	December 2025
Virginia (VA)	1,466	0	December 2025
Washington (WA)	0	0	December 2025
West Virginia (WV)	9	0	December 2025
Wisconsin (WI)	9	0	December 2025
Wyoming (WY)	9	0	December 2025
Other:			

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding, Sterile Compounding Inspections, and Hazardous Drug Compounding are based on USP Chapters <795>, <797>, and <800>.

An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
	General Pharmacy		
1.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty*	Yes	01/21/2026 (Day 1) the PIC, Bhavesh Patel, was onsite, introduced himself and had visitors to the pharmacy that he was with. 01/22/2026 (Day 2) he was seen touring with visitors. This inspector spent most of the time with Sam Ibrahim, Compliance Officer and pharmacist.
2.00	Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite*	Yes	Works 40 plus hours a week.
3.00	Are there any other businesses located at this address? *If yes, note type of business and name*	No	
4.00	Does the pharmacy have any other websites? *Provide list of other names/URLs*	No	
4.01	Does the pharmacy hold .pharmacy verification?	Yes	Expires 05/25/2026.
5.00	Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list*	No	
6.00	Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)?	Yes	A patient app can be used that is on the website and what the patient enters is translated to the Scriptly system.
7.00	Are patients able to order or refill prescriptions through the website? *If yes, describe*	Yes	A patient app can be used that is on the website and what the patient enters is translated to the Scriptly system.
8.00	Are photographs allowed during the inspection (no PHI)?	Yes	
9.00	List of additional personnel **interviewed as part of the inspection, including name and title:**		Sam Ibrahim, Compliance Officer and pharmacist.

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		Observation	Notes
	Types of Practice Additional Questions **If any part of a question is no, enter "No" and explain the observation.**		
10.00	If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.*	Yes	<1%. Manufactured product is sent to a provider office labeled patient specific such as Levulan that has to have a blue light applied with the treatment in a providers office. Ycanth is also sent patient specific to the provider for administration in the office only. Compounded BLT is sent to the providers office with a patient name but the patient name maybe the provider or an office employee and is used on multiple patients (Doc04_GP10.00). They also compound Cantharidin in different strengths than the commercial Ycanth that is sent to providers as office use.
11.00	Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.*	Yes	<1 %. Manufactured product is sent to a provider office labeled patient specific such as Levulan that has to have a blue light applied with the treatment in a providers office. Ycanth is also sent patient specific to the provider for administration in the office only. Compounded BLT is sent to the providers office with a patient name but the patient name maybe the provider or an office employee and is used on multiple patients (Doc04_GP10.00). They also compound Cantharidin in different strengths than the commercial Ycanth that is sent to providers as office use.
12.00	Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?	Yes	<1 %. Manufactured product is sent to a provider office labeled patient specific such as Levulan that has to have a blue light applied with the treatment in a providers office. Ycanth is also sent patient specific to the provider for administration in the office only. Compounded BLT is sent to the providers office with a patient name but the patient name maybe the provider or an office employee and is used on multiple patients (Doc04_GP10.00). They also compound Cantharidin in different strengths than the commercial Ycanth that is sent to providers as office use.

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		Observation	Notes
13.00	If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales*	Yes	<1 %. Manufactured product is sent to a provider office labeled patient specific such as Levulan that has to have a blue light applied with the treatment in a providers office. Ycanth is also sent patient specific to the provider for administration in the office only. Compounded BLT is sent to the providers office with a patient name but the patient name maybe the provider or an office employee and is used on multiple patients (Doc04_GP10.00). They also compound Cantharidin in different strengths than the commercial Ycanth that is sent to providers as office use.
14.00	If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales*	Yes	<1%.
	General Operations and Licensure **If any part of a question is no, enter "No" and explain the observation.**		
15.00	Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc*	Yes	
16.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board*	Yes	The only time the Illinois SBoP has inspected this location was 04/15/2016 to 04/17/2016 when the pharmacy moved to this location.
17.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected*	No	No deficiencies noted.
18.00	Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.*	No	

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		Observation	Notes
19.00	Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states*	No	
20.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction*	No	
21.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance*	No	On their 12/2024 inspection they reported 6 state waivers for PDMP. When this inspector inquired it was stated they no longer have waivers with any states.
22.00	Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc)? *If yes, note the agency and additional item*	No	They are preparing for Bhavesh Patel and Sam Ibrahim to take the CA pharmacist licensure exam with CA requiring any out-of-state licensed pharmacy to also have a pharmacist licensed in CA by 07/01/2025.
23.00	Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA*	No	

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e-Profile ID: 707534

Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
24.00	Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA*	Yes	FDA visit 07/17/2017 to 07/21/2017 and again on 07/27/2017, 08/02/2017, and 08/24/2017. No subsequent visits have taken place since 2017. A Form 483 was issued and the findings were related to sterile compounding which is no longer performed at this facility. Findings were as follows: 1) Pharmacy technician donning of gown improperly; 2) Pharmacy technician donning of sterile gloves improperly; 3) Pharmacy technician was observed leaning into the laminar flow hood; 4) Pharmacy technician did not allow alcohol to dry on gloves prior to commencing of compounding; 5) Failure of pharmacy technician to observe proper aseptic techniques; All issues were resolved and FDA was given a response on 08/24/2017.
25.00	Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.*	Yes	NABP Digital Pharmacy Accreditation on 5/26/2023, expires 05/25/2026; ACHC DMEPOS on 02/18/2023 expires 02/07/2026.
26.00	Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.*	Yes	ACHC expires 02/7/2026 and they were awaiting their arrival for inspection when this inspection occurred. Based on their business model they determined that URAC for specialty pharmacy and The Joint Commission are no longer needed.
27.00	Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc? *Verify that the lab director is current (usually the PIC is the lab director named). If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.*	No	They have a patient or two on Freestyle strips. They also dispense lancets. They do not dispense diabetic testing machines.
28.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?*	Yes	All prescription information is stored on Scriptly servers and in the cloud in perpetuity. Invoices are scanned in and saved electronically in their purchasing system.

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Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
28.01	Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?*	Yes	All prescription information received on paper, e-fax is scanned into Scriptly (formerly known as CP Hub by CP Hub LLC with a name change on 04/1/2021) and stored on its servers and in the cloud in perpetuity.
28.02	Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy)*	Yes	All prescription information received on paper, e-fax is scanned into Scriptly (formerly known as CP Hub by CP Hub LLC with a name change on 04/1/2021) and stored on its servers and in the cloud in perpetuity.
28.03	Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy)*	Yes	All prescription information received on paper, e-fax is scanned into Scriptly (formerly known as CP Hub by CP Hub LLC with a name change on 04/1/2021) and stored on its servers and in the cloud in perpetuity.
28.04	Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy)*	Yes	All prescription information received on paper, e-fax is scanned into Scriptly (formerly known as CP Hub by CP Hub LLC with a name change on 04/1/2021) and stored on its servers and in the cloud in perpetuity.
28.05	If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable?	N/A	
29.00	Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details*	No	Tracking of state law changes are done through the NCPDP RxRecon regulatory tracker system. Sam Ibrahim (Compliance Officer) gets daily emails. The QMC / PIC committee meets quarterly to review and approve changes necessary to P & Ps. Sam Ibrahim did not know that there was a new USP <795> or date when it became official and did not have access to current versions of USP <795> or USP <800>.

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Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
	Personnel **If any part of a question is no, enter "No" and explain the observation.**		
30.00	Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented*	Yes	P & C (HR) uses PRS Compliance Tracker to check all licenses. It notifies them in real time if a license status changes.
31.00	Is there a process for periodic verification of validity of licenses? *Describe the process*	Yes	Licenses are checked at a minimum of semi-annually and in conjunction with PRS Compliance Tracker. Illinois technician and facility licenses are renewed annually and pharmacists license renewed in the even year. All expire on 03/31 of the designated year.
32.00	If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no patient services that require additional training/certification. If yes, list certifications and if current?*	N/A	
33.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident state. Indicate ratio used and the maximum number of staff who work at the same time*	N/A	Illinois does not have a ratio requirement.
	Facility and Security **If any part of a question is no, enter "No" and explain the observation.**		
34.00	Does the pharmacy have a working security/alarm system in place? *If yes, describe*	Yes	ADT provides 24/7 monitoring. There are cameras inside and outside of the building, window breakage detectors, and biometric access. Access is granted per the employee role(s) performed.
35.00	Are Schedule II controlled substances secured in a locked cabinet or safe? *If not describe how controlled substances are secured or stored*	Yes	Locked in a cabinet via key by pharmacists only. Except the newest one pharmacist who has to go through 90 day training period before getting access.

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		Observation	Notes
36.00	Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled*	Yes	Emergency continuity plan that starts with Bhavesh Patel. Have shelter in place break area inside the building that has a steel wall behind it that is not an outside wall where employees would go. The fire department is next door. Refrigerated drugs could be put into coolers and RT drugs would be put in totes and taken to the fire department for secure storage in a temperature controlled room if the area of the building next door is also compromised. The entire building is owned by the pharmacy owners. They also have a secondary refrigerator that could be used if the refrigerator is the only thing down. Any medications stored outside of 24 hours in a cooler would be discarded through Inmar. Controlled substances would be placed in a small safe they have and securely stored at the fire department.
37.00	Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo*	Yes	
37.01	Is the working area well lit and free of tripping hazards? *If no, document with photo*	Yes	Their recent renovation expanded their fulfillment and shipping areas by at least double and allows for better workflow and storage of materials and medications. New light fixtures are thin but put out a lot of light (Photo02_GP37.01).
37.02	Is there a sink with hot and cold running water?	Yes	
37.03	If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site*	N/A	

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		Observation	Notes
37.04	Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used*	Yes	Rarely return to a manufacturer, they mostly go back to wholesaler like Amerisource (Cencora) or reverse distributor Inmar. The pharmacy packages up returns for their reverse distributor Inmar who generates a FedEx label for shipping. Most of their returns are the result of packages that didn't make it to the patient in shipment and because they don't know how they were stored during shipment, when they come back they are destroyed through the Inmar system.
37.05	Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used*	Unknown	This inspector was told that Stericycle picks up when they call them. There were several full bins in the HD Nonsterile compounding room (Photo03_GP37.05 and Photo04_GP37.05). A trash can for doffing trace contaminated garb in the anteroom was not labeled for HD waste (Photo05_GP37.05).
38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe*	Yes	There is a pickup window in the front lobby where counseling can occur.
39.00	Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection*	Yes	Temperature is measured by the HVAC system only and this inspector was unable to see the current temperature. If the temperature is above or below 77-67°F or the RH above 45% for more than 15 minutes the system alerts the IT dept and they alert Bhavesh. There was a situation in July 2025 when a condenser tray froze and resulted in a water drip leak in the pharmacy that had to be repaired. The temperature did not go above 77°F during the downtime. With their recent remodel they have an 'excess storage' room for medications that does not have a temperature probe installed at this time so the door is being left open. The control box was installed in the wall outside of the room while this inspection was in progress and the probe is to be installed in the room later. The room is not on an outside wall and the temperature when this inspector was standing in it was pleasant.

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39.01	Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process*	Yes	Temperature is measured by the HVAC system only. If the temperature is above or below 77-67°F or the RH above 45% for more than 15 minutes the system alerts the IT dept and they alert Bhavesh. There was a situation in July 2025 when a condenser tray froze and resulted in a water drip leak in the pharmacy that had to be repaired. The temperature did not go above 77°F during the downtime.
39.02	Are excursion action plans in place including evaluating excursion effects on drug product integrity?	Yes	Emergency continuity plan starts with Bhavesh. They have shelter in place break area inside the building that has a steel wall behind it that is not an outside wall where employees would go. The fire department is next door. Refrigerated drugs could be put into coolers and RT drugs would be put in totes and taken to the fire department for secure storage in a temperature controlled room if the area of the building next door is also compromised. The entire building is owned by the pharmacy owners. They also have a secondary refrigerator that could be used if the refrigerator is the only thing down. Anything medications stored outside of 24 hours in a cooler would be discarded through Inmar. Controlled substances would be placed in a small safe they have and securely stored at the fire department.
40.00	Are the refrigerator and freezer restricted to drug products only (no food)?	Yes	
41.00	Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	Yes	Temperature is measured by IT through an inhouse developed system. If the temperature is above or below 36-46°F for more than 15 minutes the system alerts the IT dept and they alert Bhavesh. Any refrigerated medications in temperature above 46°F more than 4 hours are considered compromised and unusable. This was suggested from URAC standards. Hydroquinone starts degrading fast. The refrigerator has had temperature mapping performed and each probe temperature is logged (Photo06_GP41.00).

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

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Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy

e-Profile ID: 707534

Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
41.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection*	Yes	39.9°F on one probe at the time of inspection.
42.00	Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	N/A	For ice packs only. Not monitored.
42.01	Is the temperature in the freezer within the USP range (between −25° to −10°C or −13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection*	N/A	
43.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process*	Yes	Emergency continuity plan starts with Bhavesh Patel. They have shelter in place break area inside the building that has a steel wall behind it that is not an outside wall where employees would go. The fire department is next door. Refrigerated drugs could be put into coolers and RT drugs would be put in totes and taken to the fire department for secure storage in a temperature controlled room if the area of the building next door is also compromised. The entire building is owned by the pharmacy owners. They also have a secondary refrigerator that could be used if the refrigerator is the only thing down. Anything medications stored outside of 24 hours in a cooler would be discarded through Inmar. Controlled substances would be placed in a small safe they have and securely stored at the fire department.

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e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes*	Yes	Martin Enterprises is the local HVAC servicer. Emergency continuity plan starts with Bhavesh. They have shelter in place break area inside the building that has a steel wall behind it that is not an outside wall where employees would go. The fire department is next door. Refrigerated drugs could be put into coolers and RT drugs would be put in totes and taken to the fire department for secure storage in a temperature controlled room if the area of the building next door is also compromised. The entire building is owned by the pharmacy owners. They also have a secondary refrigerator that could be used if the refrigerator is the only thing down. Anything medications stored outside of 24 hours in a colder would be discarded through Inmar. Controlled substances would be placed in a small safe they have and securely stored at the fire department.
45.00	Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?	Yes	Refrigerated medications will automatically be discarded if storage temperature is out of range for greater than 4 hours.
46.00	Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc)? *List numbers and types*	Yes	1 - BD Parata Max 2.
46.01	If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products?	Yes	Each cell gets cleaned with IPA if lot # changes. There is a filter at the bottom of each of the cells that filters out dust No HDs are dispensed from this machine. Only Metformin ER 750 mg & 500 mg tablets, Bupropion ER or EX 150 mg & 300 mg tablets and Naltrexone 50 mg tablets are dispensed from this machine.

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General Pharmacy Inspection

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Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
	Product Receipt and Inventory **If any part of a question is no, enter "No" and explain the observation.**		
47.00	Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe*	Yes	InfiniTrak is used for DSCSA monitoring checks for proof of licensure and FDA registration and a report is generated that Sam reviews.
47.01	Does the pharmacy purchase all prescription drugs directly from the manufacturer?	Yes	
47.02	Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchase*	No	
47.03	Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources*	Yes	Amerisource (Cencora), Anda, Southpoint, Republic, Bluepax, Medisca, PCCA, Letco, CLMD Dermatology bases unused for compounding and sold as part of treatment packages order per provider, unsure where they are purchased from (Photo07_GP47.03, Photo08_GP47.03, Photo09_GP47.03).
47.04	Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?*	Yes	Vendors must have an NABP Drug Distributor Accreditation.
47.05	Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)*	No	

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General Pharmacy Inspection

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e-Profile ID: 707534

Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
47.06	Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.*	Yes	InfiniTrak is used for DSCSA monitoring checks for proof of licensure and FDA registration and a report is generated that Sam reviews.
47.07	Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.*	Yes	InfiniTrak is used for DSCSA monitoring checks for proof of licensure and FDA registration and a report is generated that Sam reviews.
47.08	Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.*	Yes	The Scriptly system uses a 2D scanner to translate data from the data matrix QR code that is read on the medication box and any product that doesn't read correctly is quarantined until resolved.
47.09	Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details, including the drug, circumstances, outcome, and identification of agencies to whom reported.*	No	They haven't needed to.
47.10	Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchases to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.*	Yes	The InfiniTrak system does this.
47.11	Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?	Yes	
48.00	Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who has the authority (Power of Attorney) to sign the DEA-222 forms?*	No	

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e-Profile ID: 707534

Inspection Date: 01/21/2026 & 01/22/2026

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49.00	Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?*	Yes	Bhavesh Patel is the only person who can order through CSOS.
50.00	Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.*	Yes	
51.00	Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?	Yes	
52.00	Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.*	Yes	
53.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity)*	No	
54.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc)*	Yes	CII inventory is performed monthly and is manual kept in a 3 ring binder. Bi-annual inventory for CIII-Vs is performed. Amphetamines and hydrocodone / APAP are the only CIIs they stock.

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General Pharmacy Inspection

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e-Profile ID: 707534

Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
54.01	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made*	No	An annual inventory is taken each June of noncontrolled medications that resets the system. Majority of products are topical. There is some consignment inventory for manufacturers and programs such as ALK, Primus Pharmaceuticals, ACCURFek, Arcutis Pharmaceuticals, Anzupgo, ALK, Planned Parenthood, Blink, Phil, River, Sequence (umbrella for Weight Watchers), etc. that have contracts directly with the manufacturer or payer and these have to be reconciled monthly because the Scriptly system doesn't have the capability to discern consignment product from non-consignment product. Example of Bay 1 products: Photo10_GP54.01 and Planned Parenthood. The last operating day of the month an inventory of the top 500 volume movers that may also be the most expensive by purchasers is performed. The Parata keeps a perpetual count for calibration. They are the only dispensing pharmacy for Levulan and recently Enbumycist (Budesonide) for CHF.
55.00	Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?	Yes	
56.00	Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.*	Yes	Monthly on paper.
57.00	Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years)*	Yes	Last performed 06/13/2025.
57.01	Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)?	Yes	
58.00	Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook.	No	

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e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
58.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states*	N/A	
59.00	Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types*	No	
59.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states*	N/A	
60.00	Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?*	Yes	Quarantine is in pharmacy in a bin that sits in an area outlined by red tape. Most returns are prescriptions shipped that did not make it to the patient and because the pharmacy does not know how it was stored it is destroyed through Inmar.
60.01	Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer*	Yes	
60.02	How often is active-stock examined for drugs past the expiration date?		
61.00	Does the pharmacy **prepackage** bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?*	No	

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e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
62.00	Does the pharmacy **prepack** multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?*	No	
63.00	Does the pharmacy return to stock prescription drugs that were filled but never picked up?	Yes	Patient label is removed and a label that has the drug name, strength, lot #, expiration, etc. is applied to the bottle.
63.01	If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?	Yes	
	Prescription Processing **If any part of a question is no, enter "No" and explain the observation.**		
64.00	**Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?*	Yes	Patients can enter information when they register in the patient app. The app has a lock 3 ID system of username, birthdate and last 4 of phone # to verify the patient authentic - there is no autologin to the app. The majority is handled by a customer service rep (CSR) who updates the profile during each call with a patient for a new prescription or refill or as requested. All licensed personnel can perform patient profile updates.
64.01	If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?*	N/A	
65.00	**Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Staff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.*	Yes	

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e-Profile ID: 707534

Inspection Date: 01/21/2026 & 01/22/2026

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65.01	Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process*	Yes	Haven't had any. If so, they would contact the provider and law enforcement if necessary.
65.02	Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?*	Yes	TwentyEightHealth (28H) Portal system and several other programs are used where the provider assesses the patient and each prescription comes directly from the physician hub center not from 28H or other program websites.
65.03	Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.*	Yes	Both. Electronic prescriptions have a disclaimer on them that it met the CS transmission requirements.
65.04	If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations?	Yes	
66.00	**Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.*	Yes	By the entering licensed personnel.
67.00	**DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?*	Yes	PV2 is where the DUR is performed by a pharmacist through the Scriptly dispensing system.

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e-Profile ID: 707534

Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
67.01	Does the DUR include: • drug-drug interaction (Prescription and OTC), • drug-allergy interaction, • therapeutic duplication, • under- or over-utilization (including clinical abuse/misuse), • disease state or condition contraindication, • Incorrect dosage or duration of therapy, and • gender or age related contraindications. *Indicate if there are other parameters routinely included in the DUR.*	Yes	Days between refills.
67.02	In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe*	No	Scriptly system with Gold Standard Drug Database (GSDD).
67.03	Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?	Yes	
67.04	Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe*	Yes	This happens within Scriptly. On left hand side of screen the PMP status can be seen as last zero report or last report to state. Monitored every morning and PMP clearing house can see if they are being accepted. Sam or the compliance specialist Munezah Iqtidar, Technician checks this daily because sometimes things don't go through and it will say why so that it can be corrected to go through to the state before they get a delinquency notice. Sam stated they do not ship controls outside of Illinois. Most are for family members of employees. IL PDMP is checked with each prescription and a note can be added in Scriptly that it was checked in PDMP. DL is in their profile. Won't allow to dispense without DL info.
67.05	Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.*	Yes	

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e-Profile ID: 707534

Inspection Date: 01/21/2026 & 01/22/2026

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67.06	Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability*	Yes	Pharmacist are the only staff that can override a DUR and it is documented in the Scriptly system.
67.07	Is the DUR process performed electronically by the computer system? ***Identify integrated drug database used.***	Yes	Gold Standard Drug Database (GSDD) is used.
67.08	If the DUR is manual, is there a system to document: • How manual DUR is performed • Specific issues that were identified • Pharmacist that considered the identified issues and gave the okay to proceed	N/A	
67.09	If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing manual DUR*	N/A	
68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented*	Yes	PV2 is universally used as both the PV1 and PV2 check. They are working on separating PV1 system entries and PV2 product verification. REMS drugs like Isotretinoin, controls, and ophthalmics are only entered by a pharmacist.
69.00	Are filled prescriptions appropriately labeled? *Describe*	No	There is not a phone number for the pharmacy on each prescription label. When there is they are different depending on the program the patient is receiving their treatment under because the program answers all questions for the patient, not the pharmacy.

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e-Profile ID: 707534

Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
70.00	**Confidentiality**: Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used*	Yes	The Scriptly system is used. It is set up for job type. Technicians cannot do PV1 or PV2 job duties.
70.01	Does the pharmacy destroy PHI including labeled prescription vials?	Yes	
71.00	**Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?	Yes	No HD labeling on the outside of packets or boxes used to ship. Each box and bag is sealed with tamper evident tape even if not a CS. Users UPS, USPS and FedEx. USPS is not used for overnight shipments. USPS picks up 1 time per day and FedEx and USP pick up at least twice a day. USP datalogger was used and encased in Styrofoam for packaging study. They have a connection to 'open weather' in Scriptly that determines where the package is going, prints the temperature range (ex. 70 - 78 degrees) on the shipping instructions and that tells the technician how many ice packs to use. Whether they use a bubble mailer or a box for shipping is determined by the program the patient is in and that prints on the label.
72.00	**Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.***	Yes	Remote system is VPN secured. Have to put in credentials (UN and PW) and multi-factor authorization is sent to their phone. After 15 min of nonuse the VPN disconnects.

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Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
72.01	If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.*	Yes	Attestation that policy has been read is signed by each employee working remotely. Equipment at home is related to work and has property barcode on it. When a person quits or get terminated their access can be shut down remotely. Patient profiles can only be accessed via VPN access.
72.02	If yes, is that location in a different state than this facility? *If so, explain.*	Yes	W2 and live in Illinois.
72.03	If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?	Yes	
73.00	**Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.*	No	
73.01	Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored: non-patient specific?*	N/A	
74.00	**Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc? *Note types and locations.*	No	
74.01	If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.*	N/A	
74.02	Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored: non-patient specific?*	N/A	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding, Sterile Compounding Inspections, and Hazardous Drug Compounding are based on USP Chapters <795>, <797>, and <800>.

An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy

e-Profile ID: 707534

Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
	Patient Counseling and Communication **If any part of a question is no, enter "No" and explain the observation.**		
75.00	Does the pharmacist provide counseling for all new prescriptions picked up at the pharmacy (proactively, no "offer")?	Yes	
75.01	Is an "offer" to counsel made for all new prescriptions picked up at the pharmacy? *Indicate who makes the "offer"*	N/A	
76.00	Does the pharmacist provide counseling for all refilled prescriptions picked up at the pharmacy (proactively, no "offer")?	No	
76.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy? *Indicate who makes the "offer"*	Yes	Pharmacy technician.
77.00	Does the pharmacist provide counseling for refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")?	Yes	Proactively performed prior to filling.
77.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer"*	N/A	

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		Observation	Notes
78.00	Is patient counseling provided for delivered prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how*	Yes	A sheet of paper is included with each prescription with instructions on how the patient can contact the pharmacy including the toll-free number.
79.00	Is patient counseling provided for mailed prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how*	Yes	Offer to counsel is presented in the App and if the patients says yes, Scriptly will populate the Rx # with any info like clinical or billing or blank that goes right to a pharmacist queue and they call the patient. Can be viewed by any associate but only a pharmacist can counsel. A sheet of paper is included with each prescription with instructions on how the patient can contact the pharmacy including the toll-free number.
80.00	Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc)? *Describe how*	Yes	Many come in the box with the drug product.
81.00	Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc)? *Describe how*	No	Each program they are contracted with performs the education with the patient.
82.00	Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for isotretinoin, or Tikosyn)*	Yes	Misoprostol and Mifepristone for IL, MI, and MD only. Patient receives MedGuide at the in-office visit with the prescriber. This dispensing is a contracted service per state and MI sent them a 90 d termination letter as they are changing suppliers due to cost of the service. No money is collected from the patient. Isotretinoin is also dispensed.
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how*	Yes	If refused in the patient ap it transferers to Scriptly. If refused over the phone it is documented in Scriptly by the person who spoke with the patient.

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		Observation	Notes
84.00	Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state.* *Describe how (such as posted contact information and hours of operation)*	Yes	After business hours the phone prompts to 1) go to the ER or call 911, 2) if it is a nonemergency the pharmacy will call the patient the next day, and 3) asks if they would you like to be connected to the on call pharmacist and if so the call is routed to the on call center who will take information and call Bavesh who triages with a staff pharmacist to contact the patient.
85.00	Are processes in place to handle a drug recall?	Yes	Sam Ibrahim and personnel in distribution receive recall information from wholesalers, manufacturers, State Boards of Pharmacy (SBoPs), email to info@carepointrx.com, fax, and hard copy. and goes to the pharmacy to check lot # or gives to pharmacists to also check. If there is any product in stock 2 copies of the recall are printed and one goes into quarantine with the product and the second one if for their own documentation purposes. The recalled product would be returned to Inmar with the recall information. It has been a couple of years since they had a product in stock that was being recalled. If it is a Class I recall they notify the patties to let them know just in case it evolves further or they want to return their medication and get a new refill.
86.00	Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?	No	
86.01	Does the take-back program include controlled substances?	N/A	
86.02	Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list*	N/A	

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Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
	Quality Assurance/Quality Improvement Program **If any part of a question is no, enter "No" and explain the observation.**		
87.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program*	Yes	Overseen by Sam Ibrahim, Pharmacy Compliance Officer.
87.01	Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both*	Yes	Electronic. Sam Ibrahim is the only one with ability to make changes. They are reviewed every 12 months or sooner if necessary. Approved by QMC committee before published.
87.02	"Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to): 1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions; 2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse. 3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.	Yes	Any intake personnel has the ability to take a complaints. They alert compliance via cases in Scriptly - package damage, incorrect recipient, etc. Must be reviewed within 24 hours of first contacted of the issue by compliance. Resolution must be within 14 calendar days or if more severe within 5 calendar days. More severe is if there is potential for patient harm like they received the wrong drug. Most are not severe such as a missing package. They are viewed as often as needed and at quarterly CQM / PIC meetings. Root cause analysis is performed to see if there is a trend, most of the time it is a training issue, not meeting the call matrix times, dispensing turnaround times or wrong packaging used. A system issue would result in a CAPA that is built to be completed in 30 days and to determine if it is a personnel or technology issue.
87.03	There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.*	Yes	

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Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
88.00	**Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic*	Yes	SQL reporting system is used for Metrix evaluation from the Twilio phone system that is integrated with Scriptly by phone #. Sr. Data analyst assures reporting is accurate. CAPAs are written in Excel or Word outside of the SQL system.
88.01	Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.	Yes	
88.02	Documentation includes documenting the type of QRE details and how/who discovered the QRE.	Yes	
88.03	Documentation incudes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time.	Yes	
88.04	Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient.	Yes	
89.00	**QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc)*	Yes	Reviewed as necessary and at the quarterly CQM / PIC meeting.
89.01	The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients.	Yes	

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Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
89.02	For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients.	Yes	
90.00	**Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.	Yes	
90.01	The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.	Yes	
90.02	Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.	Yes	Personnel files have retraining and attestations. Stored in ADP personnel and payroll system.
91.00	**Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy*	Yes	PIC reviews first. Depending on the event it could be reported to MedWatch, if necessary or the manufacturer. Any complaint to the SBoP is dealt with within 5 days.
91.01	Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc?	Yes	

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Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
91.02	Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc) are documented and reported to the manufacturer or distributor.	Yes	
92.00	**Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.	Yes	Processing audits that check for near misses in Scriptly is considered an error caught by RPh. CAPA would be built if necessary. Billing practices are also audited.
93.00	**Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time.	Yes	The patient receives a text message when a medication is delivered that has a survey link that goes to a third party company Qualtrex so that the data is anonymous. The survey asks 5 - 6 questions on a 1 - 5 scale if the patient is satisfied and has the ability to add comments. Also if a patient has a prescription with CarePoint they can submit comment anytime. The results are reviewed at quarterly QMC meetings.
94.00	**Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.	Yes	Most are that a 'person was rude' or they 'didn't get shipment overnight like they paid for because it came 2 days later', nothing detrimental.

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National Association of Boards of Pharmacy®
Verified Pharmacy Program Inspection Form

Nonsterile Compounding Inspection for USP <795>

Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Inspector Notes	USP Reference(s)
	Standard Operating Procedures for Compounded Nonsterile Preparations (CNSPs)		**Please note NABP did not review each SOP for alignment on USP <795>. The SOP(s) described below is/are a reflection of any self-assessment completed by the pharmacy and/or shared with the inspector during the onsite inspection.**	
1.0	Does the pharmacy have standard operating procedures (SOPs) on all aspects of the compounding operation that cover the minimum topic requirements in USP <795> standards? *If no, document "missing" in Inspector Notes* *If yes, document the name, number, and version of each SOP in the Inspector Notes.*	No	Policies are not compliant with the current USP <795> standards. This inspector was provided the following SOPs: Doc05_NS1.0 Compounding (Non-Sterile Preparation) 5.1; Doc06_NS1.0 Policy Review, Maintenance, and Approval; Doc07_NS1.0 Carepoint Non-Sterile Compound Training Guide	11
1.1	**Buildings and Facilities:** The pharmacy has an SOP for the compounding facility. ***Inspector note: Per USP <795>, there is a written SOP for "the method of designation" for the area designated specifically for nonsterile compounding and processes for maintaining, cleaning, and sanitizing the compounding area and equipment.***			4.1, 5, 11
1.2	**Personnel Training and Evaluation:** The pharmacy has an SOP describing the training program, the frequency of training, and the process for evaluating the competency of personnel. ***Inspector note: Per USP <795>, "Facility SOPs must describe procedures for monitoring and observing of compounding activities and personnel."***			2, 11

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		Observation	Inspector Notes	USP Reference(s)
1.3	**Personal Hygiene and Garbing:** The pharmacy has an SOP regarding personal hygiene, glove, and garbing requirements consistent with compounding activities. ***Inspector note: Per USP <795>, "Garbing requirements and frequency of changing garb must be determined by the facility and documented in the facility's SOPs."***			3.3, 11
1.4	**Components:** The pharmacy has an SOP describing selection, handling, storage, and inventory control of all components used in compounding. ***Inspector note: Per USP <795>, "The compounding facility must have written SOPs for the selection and inventory control of all components from receipt to use in a CNSP."***			6.2, 11
1.5	**Temperature Monitoring:** The pharmacy has an SOP regarding temperature monitoring and handling of excursions. ***Inspector note: Per USP <795>, "The compounding facility must adhere to SOPs to detect and reduce the risk of temperature excursions within the storage area(s)."***			4.2, 11
1.6	**Equipment**: The pharmacy has an SOP for assessment of need for closed system processing devices (based on the types of CNSPs prepared). ***Inspector note: Per USP <795>, "Weighing, measuring, or otherwise manipulating components that could generate airborne chemical particles (e.g., active pharmaceutical ingredients [APIs], added substances, and conventionally manufactured products) must be evaluated to determine if these activities must be performed in a closed-system processing device to reduce the potential exposure to personnel or contamination of the facility or CNSPs. Examples of closed-system processing devices include containment ventilated enclosures (CVEs), biological safety cabinets (BSCs), and single-use containment glove bags. The process evaluation must be carried out in accordance with the facility's SOPs, and the assessment must be documented."***			6.1, 11

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		Observation	Inspector Notes	USP Reference(s)
1.7	**Safety Data Sheet (SDS)/Spill Management:** The pharmacy has an SOP describing spill management and disposal. ***Inspector note: Per USP <795>, "The management and documentation of nonhazardous component spills and disposal must be described in the facility's SOPs."***			6.2.5, 11
1.8	**Master Formulation Records (MFR):** The pharmacy has an SOP on the process for MFR creation and content. ***Inspector note: Per USP <795>, "Any changes or alterations to a Master Formulation Record are approved and documented in accordance with the facility's written SOP."***			7.1, 11
1.9	**Labeling:** The pharmacy has an SOP on the processes for labeling, label verification (confirming against the prescription or medication order, the MFR, and the compounding record (CR)) in order to prevent errors and CNSP mix-ups and required displayed information. ***Inspector note: Per USP <795>, "Labeling procedures must be followed as described in the facility's SOPs to prevent labeling errors and CNSP mix-ups."***			9, 11
1.10	**Quality Assurance (QA)/Quality Control (QC) Program:** The pharmacy has an SOP regarding its QA and QC program, including roles of the designated person(s), trainers, compounding personnel; adherence to procedures; and prevention and detection of errors and quality issues. ***Inspector note: Per USP <795>, "QA and QC programs must be formally established and documented in SOPs that ensure that all aspects of the preparation of CNSPs are conducted in accordance with this chapter, and laws and regulations of the applicable regulatory jurisdiction."***			11, 12 USP <1163>

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		Observation	Inspector Notes	USP Reference(s)
1.11	**QA/QC Program Complaint Handling and Adverse Event Reporting:** The pharmacy has an SOP for evaluation of complaints and adverse events, including investigations and corrective actions. ***Inspector note: Per USP <795>, the pharmacy, "must develop and implement SOPs for complaint handling." SOPs are to include any state or federal requirements for reporting to government agencies (example adverse event reporting). Further, "Consider whether to initiate a recall of potentially affected CNSPs and whether to cease compounding until problems have been identified and corrected."***			1.1.3, 11, 12.1, 12.2, 12.3
1.12	**Packaging:** The pharmacy has an SOP describing packaging CNSPs. ***Inspector note: Per USP <795>, "SOPs must describe packaging of CNSPs."***			11, 13.1
1.13	**Transporting:** The pharmacy has an SOP describing transporting CNSPs. ***Inspector note: Per USP <795>, there must be "written SOPs to describe the mode of transportation, any special handling instructions, and whether temperature monitoring devices are needed."*** ***If the pharmacy does not transport CNSPs, inspector should answer statement as N/A.***			11, 13.2

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		Observation	Inspector Notes	USP Reference(s)
1.14	**Recalls:** The pharmacy has an SOP describing minimum requirements for recalls. ***Inspector note: Per USP, "The facility must have procedures in place to:*** ***- Determine when recalls must be initiated, which should include procedures to immediately notify the prescriber of a failure of specifications with the potential to cause patient harm (eg, strength, purity, or other quality attributes)*** ***- Recall any unused dispensed CNSPs and quarantine any stock remaining in the pharmacy*** ***- Investigate if other lots are affected and recall if necessary*** ***An SOP for recall of dispensed CNSPs must contain:*** ***- Procedures to determine the severity of the problem and the urgency for implementation and completion of the recall*** ***- Procedures to determine the distribution of any affected CNSP, including the data and quantity of distribution*** ***- Procedures to identify patients who have received the CNSP*** ***- Procedures for disposal and documentation of the recalled CNSP (and)*** ***- Procedures to investigate and document the reason for recall."***			12.1
	Designated Person(s) and Personnel Training Program **Inspector must complete the <795> Records Review module to complete this section.**			
2.0	Does the pharmacy have a designated person(s) who meets the requirements in USP <795> standards? ***Inspector note: Per USP, "The compounding facility must designate one or more individuals to be responsible and accountable for the performance and operation of the facility and personnel in the preparation of CNSPs."*** *If no, go to compliance statements.*	No	DP has not been trained in the new standards for USP <795>.	1.1.4

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		Observation	Inspector Notes	USP Reference(s)
2.1	The designated person(s) (for the QA program) has the training, experience, responsibility, and authority to perform the duties required of them.	No		1.1.4, 12
2.2	The designated person(s) reviews facility SOPs at least every 12 months to ensure that they reflect current practice and such review is documented. ***Inspector note: Per USP, "The facility's SOPs must describe the roles, duties, and training of the personnel responsible for each aspect of the QA program... The overall QA and QC program must be reviewed at least once every 12 months by the designated person(s). The results of the review must be documented, and appropriate action must be taken if needed."***	No		1.1.4, 12
2.3	The designated person(s) is responsible for overseeing a training program to ensure competency of personnel involved in compounding, handling, and preparing CNSPs.	Yes		1.1.4, 2
2.4	The designated person(s) is responsible for selecting components used by the pharmacy.	Yes		1.1.4, 6.2.1
2.5	The designated person(s) is responsible for monitoring and observing compounding activities and taking immediate corrective action if deficient practices are observed.	Yes		1.1.4

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National Association of Boards of Pharmacy®
Verified Pharmacy Program Inspection Form

Nonsterile Compounding Inspection for USP <795>

Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Inspector Notes	USP Reference(s)
2.6	The designated person(s) is responsible for ensuring SOPs are fully implemented and following up if problems, deviations, or errors are identified.	Yes		1.1.4, 11
2.7	The designated person(s) is responsible for establishing, monitoring, and documenting procedures for the handling and storage of CNSPs and/or components of CNSPs.	Yes		1.1.4
3.0	Has the pharmacy created and implemented a training program that is in compliance with USP <795> standards? ***Inspector note: Per USP, "Training and competency of personnel must be documented."*** ***Inspector is to review a minimum of five personnel records and document their observations (see <795> Records Review module).*** ***If no, go to compliance statements.***	No		2, 14
3.1	All personnel who compound CNSPs have been initially trained and qualified before being allowed to independently compound (eg, perform their job functions). ***Inspector note: Per USP, compounding personnel are defined as "Personnel trained to compound or oversee compounding of preparations."*** ***If questions 1.0-1.12 in the records review tab for compounding personnel are answered "no" or "missing," this statement should be answered as no. For details, see Records Review module.***	No		2, 14

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		Observation	Inspector Notes	USP Reference(s)
3.2	All personnel who have direct oversight, perform in-process checks, final verification of a CNSP, and/or dispense a CNSP have been initially trained and qualified (according to SOPs) being allowed to independently perform their job functions. ***If questions 1.0-1.12 in the records review tab for compounding personnel are answered "no" or "missing," this statement should be answered as no. For details, see Records Review module.***	No		2, 14
3.3	All compounding personnel, including those who have direct oversight of compounding personnel, have completed an initial training and at least every 12 months thereafter. ***Inspector note: Per USP, "Other personnel, who do not compound and only perform functions such as in-process checks, final verification, or dispensing of CNSPs must undergo training as required by the facility's SOPs."*** ***If questions 2.0-2.12 in the records review tab for compounding personnel or personnel who have direct oversight over compounding personnel are answered "no" or "missing," this statement should be answered no. For details, see the Records Review module.***	No		2, 14
4.0	Does the designated person(s) have a documented (periodic) evaluation of their direct observations for compounding activities and documentation of any deficiencies in the record? ***Inspector note: Per USP, this is a recommendation, "the designated person(s) should monitor and observe compounding activities and must take immediate corrective action if deficient practices are observed. Facility SOPs must describe procedures for monitoring and observing compounding activities and personnel."*** ***Inspector should complete the <795> Records Review module question 3.0.***	No		2, 14

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		Observation	Inspector Notes	USP Reference(s)
	Compounding Personal Hygiene and Garbing			
5.0	Does the pharmacy have a process to ensure all personnel entering the compounding area adhere to restrictions intended to minimize the risk of contamination in compliance with USP <795> standards? *If no, go to compliance statements.*	No		3
5.1	Compounding personnel are required to report to the designated person(s)conditions that may contaminate the compounding preparation area. ***Inspector note: Per USP <795>, examples of conditions that have a higher risk of contaminating the CNSP include: rashes, recent tattoos, open sores, conjunctivitis, and active respiratory infection.***	Unknown		
5.2	The designated person(s) is responsible for evaluating whether compounding personnel should be excluded from working in the compounding areas before their conditions have resolved.	Unknown		3
5.3	Personnel removes any unnecessary items (outer garments, jewelry that could interfere with garbing, and earbuds/headphones) before entering the compounding area. ***Inspector note: Inspector should also observe compounding area to identify any items stored that do not belong (ie, dirty garments, jackets, or electronics).***	Yes		3.1
5.4	If personnel do not remove an item, the designated person has determined that the quality of the environment and CNSPs are not adversely affected by the accommodation.	N/A		3.1

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		Observation	Inspector Notes	USP Reference(s)
6.0	Do personnel perform hand hygiene, wear required garb and gloves, and follow requirements in compliance with USP <795> standards? ***If no, go to compliance statements.***	No		3.3
6.1	All personnel entering the compounding area complete hand hygiene procedures.	Yes		3.2 Box 1
6.2	Garb is used for all compounding activities. ***Inspector note: Per USP <795>, gloves are mandatory garb for all compounding activities.***	Yes	There are ASTM rated impermeable gowns that were worn. There are also yellow gowns that are permeable available. When this inspector asked the technician which one they wear it was stated it is the compounders choice.	3.2, 3.3 Box 1
6.3	Pharmacy uses SDS to determine other garb requirements for the components and compounding activity.	Yes		3.3
6.4	Additional garb (shoe covers, hair and facial hair covers, face masks, gowns) is worn as needed for protection of the personnel/CNSPs. ***If no, please list the garb worn for the type of component and compounding activity.***	No	Two shoe covers were not worn.	3.3
6.5	The garb purchased by the pharmacy is appropriate for the type of compounding being performed.	No		3.3

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		Observation	Inspector Notes	USP Reference(s)
6.6	Garb is stored in manner that minimizes risk of contamination (away from sinks to avoid splashing, etc).	Yes		3.3
6.7	Gowns that are reused do not leave the compounding area.	No	Gowns are only worn in the HD compounding area. The technician hung up the HD gown after compounding.	3.3
6.8	Visibly soiled garb or garb with tears or punctures are changed immediately (are not reused).	Yes		3.3
6.9	Soiled garb is disposed of or sent for laundering.	Yes		3.3
6.10	Shoe covers, hair and facial hair covers, face masks, and head covers are not reused once personnel have left the compounding area.	Yes		3.3
7.0	Are non-disposable garb such as goggles cleaned then sanitized with 70% isopropyl alcohol before re-use?	N/A	Goggles are not worn.	3.3
	Buildings and Facilities			
8.0	Does the compounding area meet the facility requirements in compliance with USP <795> standards? *If no, go to compliance statements.*	No		4.1
8.1	The pharmacy has a designated compounding space for nonsterile compounding.	Yes		4.1

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		Observation	Inspector Notes	USP Reference(s)
8.2	The compounding area is well lit.	Yes		4.1
8.3	The compounding area is clean and sanitary.	Yes		4.1
8.4	The compounding area is orderly (eg, clutter free, no tripping hazards).	Yes		4.1
8.5	The compounding area is in a good state of repair.	No	Photo12_NS8.5 front of drawer peeling.	4.1
8.6	The compounding area is designed for orderly placement of equipment and materials to prevent mix- ups among components, containers, labels, in-process materials, and finished CNSPs.	Yes	All of the chemicals in the application photo on page 18 have been moved to the dirty side of the anteroom in the compounding suite (Photo13_NS8.6).	4.1
8.7	The compounding area is not being used for other activities at the same time that it is used for compounding.	Yes		4.1
8.8	The compounding area is designed, arranged, and used in a manner that minimizes cross contamination from non-compounding areas.	Yes		4.1
9.0	Is the compounding area free of carpet?	Yes		4.1

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		Observation	Inspector Notes	USP Reference(s)
10.0	Does the pharmacy's storage area (for CNSPs, components, equipment, and containers) meet requirements in compliance with USP <795> standards? *If no, go to compliance statements.*	No	All of the chemicals in the application photo on page 18 have been moved to the dirty side of the anteroom in the compounding suite. (Photo13_NS8.6).	4.2
10.1	The pharmacy records the temperature of the compounding storage area on days when the pharmacy is open. ***Inspector note: Per USP, "Compounding personnel must monitor temperatures in the storage area(s) either manually at least once daily on days that the facility is open, or continuously with a temperature recording device to ensure the temperature remains within the appropriate range for the CNSPs and components."*** ***If pharmacy does not use a continuous recording system, describe the frequency of temperature recording in the notes.***	Yes	Temperature is measured by the HVAC system only. If the temperature is above or below 77 - 67°F or the RH above 45% for more than 15 minutes the system alerts the IT dept and they alert Bhavesh. There was a situation in July 2025 when a condenser tray froze and resulted in a water drip leak in the pharmacy that had to be repaired. The temperature did not go above 77°F during the downtime.	4.2
10.2	The pharmacy's temperature monitoring records are readily retrievable. ***Inspector note: Per USP, "The results of the temperature readings must be documented on a temperature log or stored in the continuous temperature recording device and must be retrievable."***	No	All in the HVAC system monitored by IT.	4.2
10.3	Temperature monitoring devices are verified for accuracy at least every 12 months or as required by the manufacturer. ***Inspector note: Per USP, "All temperature monitoring equipment must be calibrated or verified for accuracy as recommended by the manufacturer or every 12 months if not specified by the manufacturer." USP reports that these devices may be verified against a calibrated device.*** ***Monitoring devices are typically calibrated or replaced.***	Yes		4.2

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		Observation	Inspector Notes	USP Reference(s)
10.4	Pharmacy has a process to evaluate temperature excursions. ***Inspector note: Per USP, "When it is known that a CNSP or component has been exposed to temperatures either below or above the storage temperature limits for the CNSP or component, personnel must determine whether the CNSP or component integrity or quality has been compromised and if so, the CNSP or component must be discarded."***	Yes		4.2
10.5	CNSPs, components, equipment, and containers are stored off the floor.	No	Photo14_NS10.5 storage on the floor in room 1 of the compounding suite.	4.2
10.6	CNSPs, components, equipment, and containers are stored in a manner that permits inspection and cleaning of the storage area(s).	Yes		4.2
10.7	CNSPs, components, equipment, and containers are stored in a clean environment (free of dirt, dust, and debris, and rodent/pest/insect free) to prevent contamination.	Yes		4.2
11.0	What is the current temperature of the nonsterile compounding storage area? ***Record in the Inspector Notes.***		Monitored by the HVAC system that IT monitors.	4.2
12.0	Are plumbing fixtures, water sources, and cleanliness of sink in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		4.3
12.1	The pharmacy staff can easily access a sink within or nearby the nonsterile compounding area.	Yes		4.3

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		Observation	Inspector Notes	USP Reference(s)
12.2	There is hot and cold running water available at the sink within or nearby the nonsterile compounding area.	Yes		4.3
12.3	The sink is emptied of all items unrelated to compounding and before being used to clean any equipment used in nonsterile compounding.	Yes		4.3
12.4	The sink is cleaned when visibly soiled (before being used to clean equipment used in nonsterile compounding).	Yes		4.3
12.5	The plumbing system is free of any defects that may contribute to contamination of CNSPs.	Yes		4.3
13.0	Is purified water, distilled water, or reverse osmosis water used for rinsing equipment and utensils used in nonsterile compounding? ***Inspector note: This is a USP recommendation.***	No		4.3 USP <1231>
	Cleaning and Sanitizing			
14.0	What agent(s) are used for cleaning and sanitizing the nonsterile compounding area? ***Inspector note: Per USP <795>, "agents must be selected and used with consideration of compatibilities, effectiveness, and minimal potential to leave residues."*** ***List the agents in the Inspector Notes.***			5
15.0	Does the pharmacy perform cleaning and sanitizing activities on all surfaces at the minimum frequency per Table 1 and documented in a log or other record in compliance with USP <795> standards? ***Review compounding cleaning logs.*** ***If no, go to compliance statements.***	Unknown	Inspector requested cleaning logs be sent to NABP.	5 Table 1

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		Observation	Inspector Notes	USP Reference(s)
15.1	All work surfaces are cleaned and sanitized at the **beginning of each shift** on days when compounding occurs.	Unknown		5 Table 1
15.2	All work surfaces are cleaned and sanitized at the **end of each shift** on days when compounding occurs.	Unknown		5 Table 1
15.3	All work surfaces are cleaned and sanitized **between compounding CNSPs with different components**.	Unknown		5 Table 1
15.4	Floors are cleaned and sanitized daily on days when compounding occurs.	Unknown		5 Table 1
15.5	Walls and ceilings are cleaned and sanitized when visibly soiled. ***Inspector note: No specific frequency is specified by USP. View compounding area walls and ceilings. If inspector observes soiled walls or ceilings, inspector should answer statement as no.***	Unknown		5 Table 1
15.6	All work surfaces, floors, walls, ceilings and storage shelving are cleaned and sanitized when surface contamination (eg, splashes) or spills are known or suspected.	Unknown		5 Table 1
15.7	Storage shelving is cleaned and sanitized at least every three months.	Unknown		5 Table 1
16.0	Are floors in the compounding area easily cleanable, non-porous, and non-particle generating? ***Inspector note: This is a USP recommendation. Per USP, "Surfaces should be resistant to damage by cleaning and sanitizing agents."***	Yes		5

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		Observation	Inspector Notes	USP Reference(s)
	Equipment and Components FDA defines manufacturer... as used in section 510 of the Federal Food, Drug, and Cosmetic Act, includes the activities of relabelers, repackers, and salvagers. When not modified by "domestic" or "foreign," the term includes both domestic manufacturers and foreign manufacturers.			
17.0	Does the pharmacy use a closed-system processing device (eg, CVE, BSC, and single-use containment glove bags)? ***Inspector note: Per USP, examples of closed-system processing devices include: containment ventilated enclosures (CVEs), biological safety cabinets (BSCs), and single-use containment glove bags.*** ***If yes, list the type(s) in the Inspector Notes.***	Yes	BSC is used for compounding HDs. No CVE is used for compounding non-HDs.	6.1
18.0	Does the pharmacy select, store, clean, and maintain equipment in compliance with USP <795> standards? ***Inspector note: Per USP <795>, "Equipment surfaces that contact components are not reactive, additive, or sorptive, and must not alter the quality of CNSPs."*** ***Review certification reports, calibration records, and cleaning logs.*** ***If no, go to compliance statements.***	No	Yellowing spatulas (Photo15_NS18.0).	6.1
18.1	Equipment and supplies are readily available at the pharmacy for the types of CNSPs prepared. ***Inspector note: For example, if the pharmacy compounds with API as a component, which must be weighed, a scale or balance would be expected.***	No	The right kind of scales that have been calibrated are not available.	6.1

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		Observation	Inspector Notes	USP Reference(s)
18.2	Pharmacy has evaluated and documented the nonsterile compounding pharmacy activities for weighing, measuring, and otherwise manipulating for an assessment of risk. ***Inspector note: Per USP, "components that could generate airborne chemical particles (eg, active pharmaceutical ingredients [APIs], added substances, and conventionally manufactured products) must be evaluated to determine if these activities must be performed in a closed-system processing device to reduce the potential exposure to personnel or contamination of the facility or CNSPs."*** ***If no, inspector should describe observations.***	No	There were no assessment of risks performed.	6.1
18.3	The equipment and devices used for compounding CNSPs are clean and stored in a manner and frequency that minimizes the risk of contamination. ***Inspector note: Per USP <795>, "After compounding, the equipment must be cleaned to prevent cross contamination of the next preparation." Additionally, per Table 2:*** ***- CVE/BSC are cleaned and sanitized at the beginning and end of each shift when compounding occurs, after spills, and when surface contamination (e.g., from splashes) is known or suspected;*** ***- CVE/BSC horizontal surfaces are cleaned and sanitized between compounding of different components;*** ***- Under the work surface of a BSC is cleaned and sanitized at least monthly; and*** ***- Other devices and equipment used in compounding are cleaned before initial use, in between compounding CNSPs with different components, and following manufacturer recommendations.*** ***If no, inspector should describe observations.***	No	Yellowing spatulas (Photo15_NS18.0). Ointment mill was 'cleaned' with 70 % IPA only after milling BLT cream (Photo16_NS18.3). No cleaning documentation for the BSC was provided.	6.1 Table 2

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Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Inspector Notes	USP Reference(s)
18.4	Equipment and devices used in compounding or testing of CNSPs are inspected prior to use (to ensure they are in good working order). ***Inspector note: For example, the pharmacy may need to tare a scale and/or balance prior to use.***	No	The scale in the HD compounding room had to be tared several times to be ready for weighing (Photo17_NS18.4). The scale in the HD room and non-HD area with cover protection are AND GH-200, the small scale is a Fuzion.	6.1
18.5	Equipment and devices are verified for accuracy as recommended by the manufacturer (at the frequency recommended by the manufacturer or at least every 12 months, whichever is more frequent). ***If the pharmacy does not compound CNSPs that require equipment or devices that must be calibrated for accuracy (such as ones needed for weighing or measuring), the inspector should answer this statement as N/A.***	No	Photo17_NS18.4, Photo18_NS18.5 scales have not been calibrated. There was another scale on a shelf in the nonsterile compounding area not in use that came from a location that had been closed. It is not being used and has also not been calibrated.	6.1
18.6	If a CVE or BSC is used by the pharmacy, it is certified at least every 12 months, according to the manufacturer specifications or regulations of the applicable regulatory jurisdiction. ***If the pharmacy does not have the record or documentation of the certification and maintenance of the CVE/BSC, the inspector should answer this statement as no. If the pharmacy does not have a CVE or BSC, the inspector should answer this statement as N/A.***	Yes		6.1
19.0	Does the pharmacy compounding CNSPs use APIs?	Yes		6.2

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		Observation	Inspector Notes	USP Reference(s)
20.0	Does the pharmacy select APIs that comply with the requirements in USP <795> standards? *Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products.* *If no, go to compliance statements.*	Unknown	Some are in the original containers and others have been repackaged. Salicylic acid is precrushed in the Maz mixer and packaged into smaller container (Photo19 - Photo25_NS20.0).	6.2.1
20.1	APIs comply with criteria in the USP-NF monograph, if one exists. ***If the pharmacy does not compound any CSPs that have an available USP monograph, the inspector should answer this statement as N/A.***	Unknown		6.2.1
20.2	All APIs used have a COA that includes the specifications (eg, compendial requirements for quality) and that the test results for the component show the API meets expected quality. ***Inspector note: Per USP, the API should be checked to ensure it is pharmaceutical grade and meets the requirements in the chemical monograph. COA will report an assay has been performed and will include water content (so any corrections/calculations can be performed).***	Unknown	Inspector requested COAs be sent to NABP. Documents were not received prior to submission of the Inspection Report.	6.2.1
20.3	All APIs used are manufactured by an FDA-registered facility. ***Inspector note: This is a Federal Food, Drug, and Cosmetic Act, Section 503A, requirement as well. Inspector should verify the pharmacy looks up the name of the manufacturer listed on the COA to determine if they are registered as an FDA drug establishment https://dps.fda.gov/decrs.***	Unknown		6.2.1

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Nonsterile Compounding Inspection for USP <795>

Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Inspector Notes	USP Reference(s)
21.0	When formulations indicate the inclusion of water, is purified water or better quality (eg, sterile water for irrigation) used in compliance with USP <795> standards?	No		6.2.1
22.0	What type(s) of water is used for compounding CNSP? ***List the type(s) in the Inspector Notes.***		No sterile water for irrigation or injection was seen nor was distilled water and there is no reverse osmosis system for water.	6.2.1
23.0	Do the pharmacy's component receipt processes comply with the requirements in USP <795> standards? ***If no, go to compliance statements.***	No		6.2.2
23.1	For non-conventionally manufactured components, the COA is reviewed upon receipt. ***Inspector note: Per USP, "the COA must be reviewed to ensure that the component has met the acceptance criteria in an appropriate USP–NF monograph, if one exists." Pharmacy's review should be documented. Alternatively, the pharmacy can demonstrate how it's been reviewed (for example, there are notes to show a water content calculation back to 100% based on the specific COA). Inspector can verify the COA is retrievable.***	Unknown	COAs were not provided during the inspection. The inspector requested them be sent to NABP. Documents were not received prior to submission of the Inspection Report.	6.2.2
23.2	The pharmacy documents specific information according to the facility's SOP, including: receipt date, quantity received, supplier name, lot number, expiration date, and the results of any testing performed (whether performed in-house or through a third-party).	Unknown		6.2.2, 14

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23.3	For all components that lack a vendor expiration date, the pharmacy clearly and indelibly marks on each packaging system received the date the component must no longer be used by the pharmacy. ***Inspector note: Per USP, "Packaging systems of components (i.e., API and added substances) that lack a vendor's expiration date must not be used by the compounding facility after 3 years from the date of receipt. A shorter expiration date must be assigned according to Pharmaceutical Compounding—Sterile Preparations 797 , 9.3.2 Component receipt if the same component container is also used in sterile compounding or if the ingredient is known to be susceptible to degradation."***	No	There is an opened date on the packages still in the original packaging and other dates on things repackaged.	6.2.2
23.4	Any component found to be of unacceptable quality upon receipt or reinspection prior to use is promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before appropriate disposal.	Unknown		6.2.2
23.5	Any other lots of that (rejected) component from that vendor are examined to determine whether other lots have the same defect.	Unknown		6.2.2
24.0	Does the pharmacy re-inspect all components before use and handle them in compliance with USP <795> standards? ***If no, go to compliance statements.***	No	The current USP <795> standards are not being followed.	6.2.3, 6.2.4
24.1	Compounding personnel visually re-inspect each component, including packaging system (any evidence of container breakage, looseness of cap or closure) and deviation from the expected appearance or texture of the contents (that might have changed during storage).	No		6.2.3

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24.2	Compounding personnel ascertain before use that components are the correct identity based on labeling, that they have been stored under required conditions, and there is no evidence of deterioration or other aspects of unacceptable quality before use of component.	Unknown		6.2.3
24.3	Components where correct identity, strength, purity, and quality cannot be confirmed (eg, containers with damaged or incomplete labeling), are immediately rejected and if not immediately discarded, labeled as rejected and segregated from active stock.	Unknown		6.2.3
24.4	Compounding personnel handle all components following facility SOPs, manufacturer's instructions/labeling, and laws/regulations of the applicable regulatory jurisdiction.	No		1.1.3, 6.2.4
24.5	All components are handled in a manner that minimizes the risk of contamination, mix-ups, and deterioration.	Unknown	Components in the anteroom of the HD compounding area may be used for both HD and non-HD nonsterile compounding.	6.2.4
25.0	When components are removed from the original container and not used in compounding (eg, excess after weighing), are they discarded and not returned to the original container (to minimize risk of contamination of the original component container)? ***Inspector note: This is a USP recommendation.***	No	Components removed from the container or from the weigh boat and not used or put back into the container.	6.2.4

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26.0	Does the pharmacy maintain a chemical hazard, spill management, and disposal information program in compliance with USP <795> standards? *If no, go to compliance statements.*	No	The spill kits were very old.	6.2.5
26.1	Pharmacy staff have access to safety data sheets (SDS).	Yes		6.2.5
26.2	Pharmacy staff have documented, annual training for those who might have to clean up a spill.	No		6.2.5, 14
26.3	The pharmacy has a readily accessible spill kit in the compounding area.	Yes	The spill kits were very old.	6.2.5
26.4	The pharmacy has a process to manage and document any nonhazardous spills and disposal.	Unknown		6.2.5
26.5	Waste of any component is disposed of in accordance with laws and regulations of the applicable regulatory jurisdiction.	Unknown		1.1.3, 6.2.5

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	Master Formulation Records (MFR) and Compounding Records (CR) **Inspector should review a minimum of five (5) MFRs and five (5) CRs.**			
27.0	Is an MFR created for each unique formulation of a CNSP in compliance with USP <795> standards? ***Inspector note: Per USP, an MFR is a detailed record of procedures that describes how the CNSP is to be prepared.*** ***If no, go to compliance statements.***	No	The pharmacy is not compliant with the current issue of USP <795> (Doc08_GP27.0). MFRs and CRs for nonsterile non-HDs by this inspector and Sam was to email those to NABP. Documents were not received prior to submission of the Inspection Report.	7.1
27.1	An MFR is created for each unique formulation.	Yes		7.1 Box2
27.2	Any changes or alterations to the MFR are approved and documented.	No		7.1

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		Observation	Inspector Notes	USP Reference(s)
27.3	Does the designated person(s) or designee evaluate CNSP's characteristics when considering the assigned BUD for an MFR? ***Inspector note: Per USP, "When establishing a BUD for a CNSP, compounders must consider parameters that may affect quality, including but not limited to the following:*** ***- Chemical and physical stability properties of the API and any added substances in the preparation (e.g., if the API and added substances in the preparation are known to rapidly degrade over time and/or under certain storage conditions, reduce the strength of the preparation, or produce harmful impurities)*** ***- Compatibility of the container closure system with the finished preparation (e.g., leachables, interactions, adsorption, and storage conditions)*** ***- Degradation of the container closure system, which can lead to a reduction in integrity of the CNSP*** ***- Potential for microbial proliferation in the CNSP (and)*** ***- Significant deviations from essential compounding steps and procedures; changes to essential compounding steps may have an impact on the stability of the formulation."***	No		7.1, 10.2 Table 4
28.0	Does the pharmacy's MFRs contain all requirements in compliance with USP <795> standards? ***If no, go to compliance statements. Additionally, collect a copy of the MFR and include as an attachment.***	No		7.1
28.1	MFR includes the name, strength or activity, and dosage form of the CNSP.	No	BLT label does not state the amount of each ingredient.	7.1

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		Observation	Inspector Notes	USP Reference(s)
28.2	MFR identifies the identities and amounts of all components and, if applicable, relevant characteristics of components (eg, particle size, salt form, purity grade, solubility).	No		7.1
28.3	MFR includes the type of container–closure system(s).	No		7.1
28.4	MFR has complete instructions for preparing the CNSP, including equipment, supplies, and a description of the compounding steps. ***Inspector note: Per USP, the MFR will also include, "Other information needed to describe the compounding process and ensure repeatability (e.g., adjusting pH, temperature)." MFRs will include the detailed instructions necessary for an experienced compounder. Some examples of other details to ensure repeatability include, but are not limited to: speed duration, settings on equipment, and specific order of mixing (if applicable).*** ***Inspector should review several MFRs for completeness of instructions.***	No		7.1
28.5	MFR has a physical description of the final CNSP.	Yes		7.1
28.6	MFR includes the assigned beyond-use date (BUD) and storage requirements.	Yes		7.1
28.7	MFR contains the reference source to support the assigned BUD.	Yes		7.1

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		Observation	Inspector Notes	USP Reference(s)
28.8	Labeling requirements (eg, shake well) are described on the MFR.	Yes		7.1
28.9	If applicable, the MFR contains the calculations to determine and verify quantities and/or concentrations of components and strength or activity of APIs.	Yes		7.1
28.10	An MFR has QC procedures (eg, pH testing, visual inspection) and expected results.	No		7.1
29.0	Does the pharmacy complete a Compounding Record (CR) for all CNSPs in compliance with USP <795> standards? *If no, go to compliance statements. Additionally, collect a copy of the MFR and the CR (no PHI or PII is to be collected).*	No		7.2, 14
29.1	A CR is completed for each CNSP prepared.	Yes		7.2, 14
29.2	The CR includes the name, strength or activity, and dosage form of the CNSP.	No	The final strength / concentration of all components are not listed.	7.2, 14
29.3	The CR includes the date (or date and time) the CNSP was prepared.	Yes		7.2, 14
29.4	The CR includes the assigned internal identification number (eg, prescription, order, or lot number).	Yes		7.2, 14

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29.5	The CR has a method to identify the individuals involved in the compounding process of the CNSP.	Yes	Tablet used to take pictures of each weight or liquid measurement during compounding so that a pharmacist can check as in-process (Photo28_NS29.5). During HD compounding the technician gloves were not removed before removing from the hood and touching the tablet to take pictures.	7.2, 14
29.6	The CR has a method to identify the individual who completed the review and verified the final CNSP.	Yes		7.2, 14
29.7	The CR includes: name, vendor or manufacturer, lot number, and expiration date of each component.	Yes		7.2, 14
29.8	The CR includes the weight or measurement of each component.	Yes		7.2, 14
29.9	The CR identifies the total quantity compounded.	Yes		7.2, 14
29.10	The CR lists the assigned BUD and storage requirements.	Yes		7.2, 14
29.11	If applicable, the CR contains the calculations to determine and verify quantities and/or concentrations of components and strength or activity of API.	Yes		7.2, 14
29.12	The CR has a physical description of the final CNSP.	Yes		7.2, 14

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		Observation	Inspector Notes	USP Reference(s)
29.13	The CR includes the results of quality control procedures (eg, pH testing, visual inspection).	No		7.2, 14
29.14	The CR contains a MFR reference for the CNSP.	No	FormulaRx is the system used for MFRs and CRs. They hope to build in Scriptly.	7.2, 14
29.15	Each CR is reviewed for completeness before the CNSP is released.	Yes		7.2, 8
29.16	The CR shows traceability of all components in the case of a recall or known quality issue.	No	Since components are repackaged traceability may not be possible.	7.2, 12.1, 14
30.0	Are there procedures for in-process checks performed by a pharmacist? ***Inspector note: In-process checks are safety steps for complex, multi-step compounding processes. These checks indicate that appropriate procedures for measuring/mixing are followed for each step, including pharmacist verification of steps performed by non-pharmacists and visual inspection of preparation.*** ***Inspector should describe their observations in the Inspector Notes.***	Yes		2, 7.2, 8

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		Observation	Inspector Notes	USP Reference(s)
	Labeling			
31.0	Are the pharmacy's labels for CNSPs in compliance with USP <795> standards? *If no, go to compliance statements.*	No	Label does not have ingredients typed out (Doc04_GP10.0). There is no phone number for the pharmacy on the label.	9
31.1	Information on the label is prominently and legibly displayed. ***Inspector note: Per USP, labeling includes other accompanying materials along with the CSP, which is defined as "All labels and other written, printed, or graphic matter on the immediate container or on or inside any packaging system or wrapper in which the article is enclosed, except for any outer shipping container."***	No		9
31.2	The labeling meets any state or federal regulatory requirements.	No		1.1.3, 9
31.3	The label on the immediate container includes an assigned internal identification number (eg, barcode, prescription, order, or lot number).	Yes	Rx #.	9
31.4	The label on the immediate container includes the active ingredients and their amount(s), activity(ies), or concentration(s).	No		9
31.5	The label on the immediate container includes the storage conditions, if other than controlled room temperature.	No		9

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31.6	The label on the immediate container includes the BUD. ***If no, please describe whether the pharmacy instead used the term "expiration date" or similar language or if this information was not included on the label.***	No	The dispensing label states Discard After 01/16/2027 (Doc04_GP10.0).	9
31.7	The label on the immediate container includes the dosage form.	Yes		9
31.8	The label on the immediate container includes the total amount or volume, if it is not obvious from the container.	No	Two x 100 gram containers were dispensed and this label says 200 (Doc04_GP10.0).	9
32.0	Does the labeling on the dispensed CNSP include the route of administration? ***Inspector note: This is a USP recommendation.***	Yes		9
33.0	Does the labeling contain information identifying the CNSP as a compounded preparation? ***Inspector note: Per USP, this is a recommendation.***	No		9 USP <7>
34.0	Does the labeling on the dispensed CNSP display any applicable special handling instructions or warning statements? ***Inspector note: This is a USP recommendation.***	No		9
35.0	Does the labeling on the dispensed CNSP display the name of the compounding facility and contact information if the CNSP was to be sent outside of the facility or health care system? ***Inspector note: This is a USP recommendation.*** ***If the pharmacy only compounds CNSPs for patient use onsite (eg, a health care facility), inspector should answer this question as N/A.***	No	There is no phone number for the pharmacy on the dispensing label.	9

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		Observation	Inspector Notes	USP Reference(s)
	Establishing Beyond Use Dating (BUDs)			
36.0	Is each CNSP assigned and labeled with a BUD in compliance with USP <795> standards? ***Inspector note: Per USP, the BUD is defined as, "The date, or hour and date, after which a CNSP must not be used, stored, or transported. The date is determined from the date or time the preparation is compounded." This is not the same term as "expiration date."*** ***If no, go to compliance statements.***	No		10 USP <7>
36.1	CNSP label has a BUD that specifies the date, or the hour and date, beyond which the preparation cannot be used and must be discarded.	Yes	The dispensing label states Discard After 01/16/2027 (Doc04_GP10.0). That is different from the compounding label.	10.1
36.2	CNSP labels do not list an "expiration date" or equivalent language.	Yes		10.1
36.3	BUDs are assigned from the date (and time) of preparation.	Yes		10.1
36.4	BUDs are assigned based on dispensing in tight, light resistant containers/overpacks. ***Inspector note: Per USP, the Table 4 maximum limits for BUD are, "based on the ability of the CNSP to maintain chemical and physical stability and to suppress microbial growth. These BUDs represent the limit for CNSPs that are packaged in tight, light-resistant containers unless conditions in 10.4 CNSPs Requiring Shorter BUDs or 10.5 Extending BUDs for CNSPs apply."***	Unknown	Not in compliance with USP <795>.	10.3

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36.5	The BUD assigned to the CNSP does not exceed the shortest remaining expiration date of any of the commercially available starting components.	Unknown	Components used have been repackaged.	10.4
37.0	Does the pharmacy ensure the assigned BUD does not exceed the shortest BUD of any individual compounded components? ***Inspector note: Per USP, "For CNSPs prepared from one or more compounded components, the BUD should generally not exceed the shortest BUD of any of the individual compounded components. However, there may be acceptable instances when the BUD of the final CNSP exceeds the BUD assigned to compounded components (e.g., pH-altering solutions). If the assigned BUD of the final CNSP exceeds the BUD of the compounded components, the physical, chemical, and microbiological quality of the final CNSP must not be negatively impacted." Another example of these "acceptable instances" (similar to pH-altering components mentioned above) inspectors may see are stock solutions (and other formulas within a formula) such as methocel 1%.*** ***If no, inspector should describe the observations, including the name of the component whose BUD was shorter than the assigned BUD of the final CSP.***	Unknown		10.4
38.0	Does the designated person(s) evaluate a CNSP formulation to establish the maximum BUD? ***If no, who establishes the maximum BUD for a MFR?***	Yes		7.1, 10.2, 10.3
39.0	Does the pharmacy compound CNSPs with a USP monograph?	No		10.5

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40.0	Does the pharmacy compound CNSPs following the USP monograph precisely? *If no, go to compliance statements.*	N/A		10.5
40.1	Pharmacy staff have access to the USP monograph for reference.	N/A		10.5
40.2	CNSPs are prepared in accordance with the USP monographs. *If no, inspector to collect a copy of the compounding record, label; and describe what specific steps of the monograph were not followed.*	N/A		10.5
40.3	Components used by the compounder match those listed in the monograph. *If no, describe the source of the component in monograph and the source that the pharmacy used.*	N/A		10.5
40.4	The maximum BUD specified in the USP monograph is not exceeded. *If no, identify the drug, monograph-stated BUD, and the BUD used by the pharmacy.*	N/A		10.5
41.0	Does the pharmacy compound CNSPs that are not available from a USP monograph?	N/A		10.4

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		Observation	Inspector Notes	USP Reference(s)
42.0	Does the pharmacy adhere to the BUD (maximum) limits established in Table 4 for CNSPs in compliance with USP <795> standards? ***Inspector note: This question is for the CNSPs compounded that are not following a USP monograph or those CNSPs where extending BUD requirements were applied (where pharmacy has completed or has access to CNSP-Specific Stability Information). Per USP, the pharmacy is not required to measure water activity (A_w) for a CNSP.*** ***If no, go to compliance statements.*** ***If all CNSPs compounded at the pharmacy are following a USP monograph or the pharmacy is following a stability study that used a stability-indicating assay analytical method for the API, CNSP formulation, and material of composition of the container closure system, then the inspector should answer this question as N/A.***	Unknown	The pharmacy is not compliant with the current issue of USP <795> (Doc08_GP27.0). MFRs and CRs for nonsterile non-HDs by this inspector and Sam was to email those to NABP. Documents were not received prior to submission of the Inspection Report.	10.4
42.1	**Non-preserved, Aqueous Dosage Forms**: The non-preserved, aqueous dosage form CNSP is labeled with a BUD that does not exceed 14 days with refrigerated storage temperature. ***Inspector note: Per USP <795>, Aqueous dosage forms are ones that have a Aw ≥ 0.6, eg, emulsions, gels, creams, solutions, sprays, or suspensions.*** ***If pharmacy does not compound non-preserved aqueous dosage forms, inspector should answer statement as N/A.*** ***If no, describe your observations including but not limited to: the name of the compounded preparation, the labeled BUD, and the storage environment. Additionally, collect a copy of the master formulation record, the compounding record, and a copy of a label without PHI.***	Unknown		10.4 Table 4 USP <659>

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National Association of Boards of Pharmacy®
Verified Pharmacy Program Inspection Form

Nonsterile Compounding Inspection for USP <795>

Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Inspector Notes	USP Reference(s)
42.2	**Preserved, Aqueous Dosage Forms:** The preserved, aqueous dosage form CNSP is labeled with a BUD that does not exceed 35 days with controlled room temperature or refrigerated storage temperature. ***Inspector note: Per USP <795>, Aqueous dosage forms are ones that have a Aw ≥ 0.6, eg, emulsions, gels, creams, solutions, sprays, or suspensions.*** ***If pharmacy does not compound preserved aqueous dosage forms, inspector should answer statement as N/A.*** ***If no, describe your observations including but not limited to: the name of the compounded preparation, the labeled BUD, and the storage environment. Additionally, collect a copy of the master formulation record, the compounding record, and a copy of a label without PHI.***	Unknown		10.4 Table 4 USP <659>
42.3	**Nonaqueous, Oral Liquid Dosage Forms:** The nonaqueous, oral liquid dosage form CNSP is labeled with a BUD that does not exceed 90 days with controlled room temperature or refrigerated storage temperature. ***Inspector note: Per USP <795>, Nonaqueous oral liquid dosage forms are ones that have a A_w < 0.6. Some examples of oral liquids that are nonaqueous include: oil-based oral solution or suspension.*** ***If pharmacy does not compound nonaqueous dosage forms, inspector should answer statement as N/A.*** ***If no, describe your observations including but not limited to: the name of the compounded preparation, the labeled BUD, and the storage environment. Additionally, collect a copy of the master formulation record, the compounding record, and a copy of a label without PHI.***	Unknown		10.4 Table 4 USP <659>

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Verified Pharmacy Program Inspection Form

Nonsterile Compounding Inspection for USP <795>

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e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Inspector Notes	USP Reference(s)
42.4	**Nonaqueous Dosage Forms:** The nonaqueous dosage form CNSP is labeled with a BUD that does not exceed 180 days with controlled room temperature or refrigerated storage temperature. ***Inspector note: Per USP <795>, Nonaqueous (Solid) dosage forms are ones that have a A_w < 0.6. Some examples include capsules, tablets, granules, powders, nonaqueous topicals, suppositories, and troches or lozenges.*** ***If pharmacy does not compound other nonaqueous solid dosage forms, inspector should answer statement as N/A.*** ***If no, describe your observations including but not limited to: the name of the compounded preparation, the labeled BUD and the storage environment. Additionally, collect a copy of the master formulation record, the compounding record, and a copy of a label without PHI.***	Unknown		10.4 Table 4 USP <659>
43.0	Does the pharmacy label any CNSPs with BUDs that extend beyond the maximum limits in Table 4 USP <795>?	Yes	The BLT dispensing label stated 1 year.	10.5 Table 4
44.0	Does the pharmacy follow the requirements for labeling a CNSP with a BUD that exceeds Table 4 in compliance with USP <795> standards? ***If no, go to compliance statements.***	No		10.5
44.1	The labeled BUD for an aqueous dosage form does not exceed 180 days. ***If no, collect a copy of the MFR, the CR, and a copy of a label without PHI.***	Unknown	Mostly topicals are compounded.	10.5
44.2	The labeled BUD for a nonaqueous dosage form does not exceed 180 days. ***If no, collect a copy of the MFR, the CR, and a copy of a label without PHI.***	Yes		10.5

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e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Inspector Notes	USP Reference(s)
44.3	Pharmacy is following the results of their own stability study. ***If the pharmacy only follows cited stability studies (does not conduct their own stability studies) for extending BUDs, answer this question as N/A.*** ***If pharmacy is following a bracketed study, inspector may mark this statement as yes if concentrations of CNSPs are at or within the concentrations specified within the study.*** ***If pharmacy is following a bracketed study and is using a concentration outside the study, answer this question as a no and describe observations.***	N/A		10.5
44.4	The pharmacy has a copy of the cited stability study, which used a stability-indicating analytical method, for extending BUDs. ***Per USP, any stability study that meets the requirements of a stability-indicating assay method can be used (whether it is published or unpublished, such as a study provided by a chemical supplier) to extend BUDs up to 180 days for a CNSP.*** ***If pharmacy only conducts their own stability studies (does not use published or unpublished study performed by another entity) for extending BUDs, inspector should answer this question as N/A.*** ***If no, please describe the inspector observations.***	No		10.5
44.5	The cited stability study (which uses a stability-indicating analytical method for extending BUDs) describes the API(s), CNSP formulation, and material composition of the container closure used. ***If pharmacy only conducts their own stability studies (does not use published or unpublished study performed by another entity) for extending BUDs, inspector should answer this question as N/A.*** ***If no, please describe the inspector observations.***	N/A		10.5

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Nonsterile Compounding Inspection for USP <795>

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Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Inspector Notes	USP Reference(s)
44.6	If the cited stability study (which uses a stability-indicating analytical method for extending BUDs) is bracketed, the pharmacy's CNSP formulation is at or within the low and high concentration of each active ingredient within the stability study. ***If no, describe the concentrations cited in the stability study and the concentration of the CNSP compounded by the pharmacy.*** ***If pharmacy only conducts their own stability studies (does not use published or unpublished study performed by another entity) for extending BUDs, inspector should answer this question as N/A.***	N/A		10.5
44.7	Aqueous CNSPs whose labeled BUDs are extended beyond Table 4, have: - been tested for antimicrobial effectiveness at least once for each formulation in the type of (with the same material composition of the) container closure system that will be used; - received study results from an FDA-registered facility (for the same CNSP formulation using the same material composition of the container closure system); or - a study published from peer-reviewed literature (for the same CNSP formulation using the same material composition of the container closure system). ***Inspector note: Pharmacy may rely on a bracketed study from the above options as long as the bracketed study information includes the low and high concentration of each active ingredient in the formulation. Per USP, this is "to establish preservative effectiveness across various strengths of the same formulation (e.g., bracketing). The concentration of all other ingredients (including preservatives) must fall within the bracketed range.***	No	No testing has been performed.	10.5

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Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Inspector Notes	USP Reference(s)
	Quality Assurance (QA), Quality Control (QC), and Quality Management (QM) Inspector to review at least one complaint, one adverse event, and one recall (if applicable).			
45.0	Does the pharmacy have a QA/QC program to ensure that CNSPs are prepared per the requirements in USP <795> standards and any applicable regulatory requirements? *If no, go to compliance statements.*	Yes	Matt Gourley, VP of Business Development and Sales has team meetings quarterly and monthly if needed.	1.1.3, 12
45.1	The pharmacy has a formal QA/QC program with documented activities. ***Inspector note: Per USP, "A facility's QA and QC programs must be formally established and documented in the facility's SOPs that ensure that all aspects of the preparation of CNSPs are conducted in accordance with the requirements in this chapter (<795>) and the laws and regulations of the applicable regulatory jurisdiction."***	Yes		12
45.2	The QA/QC programs address adherence to procedures.	Yes		12
45.3	The QA/QC programs address prevention and detection of errors and other quality problems.	Yes		12
45.4	The QA/QC programs address evaluation of complaints and adverse events. ***Review at least one complaint and one adverse event. If there are no complaints or adverse events, review the process that the pharmacy would follow in the event of a complaint or adverse event.***	Yes		12

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Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Inspector Notes	USP Reference(s)
45.5	The QA/QC programs address appropriate investigations and corrective actions.	Yes		12
46.0	Has the pharmacy received any complaints related to CNSPs within the past year?	No		12
47.0	Does the pharmacy follow complaint handling requirements in compliance with USP <795> standards? *If no, go to compliance statements.*	Yes		12.2
47.1	The pharmacy has a complete written or electronic record of each complaint made. ***Inspector note: Per USP, "The record must contain the name of the complainant or other unique identifier, the date the complaint was received, the nature of the complaint, and the response to the complaint. In addition, to the extent that the information is known, the following should be recorded: the name and strength of the CNSP and the assigned internal identification number (e.g., prescription, order, or lot number). The record must also include the findings of any investigation and any follow-up. Records of complaints must be easily retrievable for review and evaluation for possible trends and must be retained."***	Yes	Most of their complaints are regarding commercial products and shipping.	12.2
47.2	Complaints are reviewed in accordance with SOPs by the designated person for the QA program.	Yes		12.2
47.3	Complaints are reviewed to determine whether it indicates a potential quality problem with the CNSP.	Yes		12.2

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Nonsterile Compounding Inspection for USP <795>

Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
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Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Inspector Notes	USP Reference(s)
47.4	Complaints are fully investigated.	Yes		12.2
47.5	Complaint investigations consider whether the quality problem extends to other CNSPs.	Yes		12.2
47.6	Corrective action, if necessary, is implemented for all potentially affected CNSPs. ***Inspector note: Per USP, the pharmacy is to, "Consider whether to initiate a recall of potentially affected CNSPs and whether to cease nonsterile compounding processes until all underlying problems have been identified and corrected."***	Yes		12, 14
47.7	A CNSP that is returned in connection with a complaint is quarantined until it is destroyed after the completion of the investigation and in accordance with the laws and regulations of the applicable regulatory jurisdiction.	Yes		1.1.3, 12.2
48.0	Has the pharmacy initiated any recalls of CNSPs within the past two years? ***Inspector note: Per USP <795> requires all records to be readily retrievable for two years, including recalls; However, the state/jurisdictional regulator may require records to be kept for a longer period of time.*** ***Review most recent recall and describe in the Inspector Notes.*** ***If the pharmacy has not had any recalls within the past two years, inspector should answer the question as No.***	No		12.1, 14
49.0	Does the pharmacy follow recall and adverse event procedures for CNSPs in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		12.1, 12.2, 12.3

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Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
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Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Inspector Notes	USP Reference(s)
49.1	The pharmacy has procedures to determine when recalls must be initiated.	Yes		12.1
49.2	The pharmacy documents the implementation of the recall.	Yes		12.1
49.3	Pharmacy reports recalled CNSPs to the appropriate regulatory bodies (as required by laws and regulations of the applicable regulatory jurisdiction).	Yes		1.1.3, 12.1
49.4	Investigations into an adverse event that reveals a quality problem with a CNSP that is likely to affect other patients are reported to both patients and their prescribers.	Yes		12.3
50.0	Does the pharmacy procedures include a step to immediately notify the prescriber of a failure of specifications with potential to cause harm (eg, strength, purity, or other quality attributes)? ***Inspector note: This is a USP recommendation.***	Yes		12.1
	CNSP Packaging			
51.0	Does the pharmacy's packaging processes and materials meet the requirements in USP <795>? ***If no, go to compliance statements.***	Yes		13.1
51.1	The packaging materials protect CNSPs from damage, leakage, contamination, and degradation.	Yes		13.1
51.2	The packaging materials used protects personnel from exposure (from the packaged CNSP).	Yes		13.1
52.0	The packaging materials selected by the pharmacy maintain the physical and chemical integrity and stability needed for CNSPs (eg, protect from light).	Yes		13.1

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Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
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Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Inspector Notes	USP Reference(s)
	Compounding Personnel Observations - *Inspector must observe personnel performing compounding and related activities. This section will require the inspector to observe the staff while performing compounding and related activities. It is acceptable for pharmacy staff to perform mock compounding activities (with two creams or other drugs) as long as all observations can be viewed.*			
53.0	**Personal Preparation Observation:** Before entering the compounding area, do personnel remove any items that are not easily cleanable or are not necessary for compounding in compliance with USP <795> standards? *If no, go to compliance statements.*	Yes		
53.1	Personnel removed all outer garments (eg, hats, scarves, bandanas, vests, coats, and jackets).	Yes		3.1
53.2	Personnel removed all items that are not easily cleanable and that might interfere with garbing.	Yes		3.1
53.3	Personnel removed all hand, wrist, and other exposed jewelry, including piercings, that could interfere with the effectiveness of garbing and hand hygiene (eg, watches, rings that may tear gloves).	Yes		3.1
53.4	Personnel removed earbuds or headphones.	Yes		3.1
53.5	Any accommodations permitted by the designated person(s) should be documented. ***Inspector note: Per USP <795>, accommodations may be permitted as long as the quality of the CSP and environment will not be affected.***	No	They are not compliant with USP <795> in this area.	3.1

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Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Inspector Notes	USP Reference(s)
54.0	**Hand Hygiene Observation:** Were personnel who enter the compounding area to compound observed performing the appropriate hand washing procedures in compliance with USP <795> standards? *If no, go to compliance statements.*	No		3.2, Box 1
54.1	All personnel who enter the compounding area to compound performed hand hygiene.	Yes		3.2 Box 1
54.2	Personnel wash hands with soap and water for at least 30 seconds.	No	Not 30 seconds.	3.2
54.3	Personnel dry their hands completely with disposable towels or wipers.	Yes		3.2
54.4	Personnel do not solely rely on the use of alcohol hand sanitizers.	Yes		3.2
55.0	***Garbing Observation:*** Were compounding personnel observed following the appropriate garbing procedures in compliance with USP <795> standards? *If no, go to compliance statements.*	No	Double booties were not worn in HD compounding.	3.3 Box 1
55.1	All personnel entering the compounding area are fully garbed (with the required garb as determined by the facility SOPs).	No	In the non-HD area this is a yes. In the HD area this is a no.	3.3 Box 1
55.2	All personnel who perform compounding activities don gloves. ***Inspector note: Per USP, "Gloves must be worn for all compounding activities."***	Yes		3.2, 3.3 Box 1
55.3	Gloves are inspected periodically for holes, punctures, or tears and replaced immediately if a defect is detected.	Yes	The technician did a great job of changing her gloves in between weighing and cleaning utensils of each chemical used.	3.3 Box 1

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Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Inspector Notes	USP Reference(s)
56.0	Are gloves wiped or replaced before beginning compounding a CNSP with a different component or when other objects were touched (eg, pens, keyboards) to minimize risk of cross contamination with other CNSPs? ***Inspector note: This is a USP recommendation.***	Yes		3.3
57.0	List the name(s) of the CNSPs observed by the inspector as part of live compounding demonstration.		Benzocaine 20%, Lidocaine 18%, and Tetracaine 4% topical cream 210 gm using the Maz and ointment mill then dividing into 2 x 100 gm ointment jars with unguator lid. In the HD room was 5-FU, and Salicylic Acid cream. CR was requested by this inspector and Sam to send to NABP. Documents were not received prior to submission of the Inspection Report.	
58.0	**Compounding Observation:** Are compounding personnel using appropriate nonsterile compounding techniques for CNSPs in compliance with USP <795> standards? ***If no, go to compliance statements.***	No		2 Box 3
58.1	The compounding personnel enter the nonsterile compounding area in accordance with the SOPs.	No	No double booties were worn. The technician was in and out of the negative pressure HD nonsterile compounding to get ingredients from the shelf on the dirty side of the anteroom.	3.1, 4.1
58.2	The compounding personnel started with a clean compounding area for CNSPs.	Yes		4.1, 4.3, 5 Table 1

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Nonsterile Compounding Inspection for USP <795>

Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Inspector Notes	USP Reference(s)
58.3	The compounding personnel selected the correct MFR for the CNSP to be prepared.	Yes		7, 7.1 Box 2
58.4	The compounding personnel performed hand hygiene. ***Inspector note: Per USP <795>, Box 1, personnel are to: wash hands with soap and water for at least 30 seconds, dry hands completely with disposable towels or wipers, and then don gloves.***	No	Not for 30 seconds.	3.2 Box 1
58.5	The compounding personnel are appropriately garbed for the type of CNSP prepared.	No		3.3
58.6	The compounding personnel obtained the proper ingredients (APIs and/or components). ***Inspector note: All ingredients must be within date and match what is listed in the MFR. If the ingredient is an API, the COA must have already been reviewed and approved for use.***	Unknown	Components used have been repackaged. The 5-FU container is not labeled as HD (Photo29_NS58.6).	6.2 (6.2.1 - 6.2.5)
58.7	The compounding personnel gathered all necessary materials, equipment, and supplies necessary and/or specified in the MFR and is in good working order prior to use for the CNSP. ***Inspector note: All items must be clean prior to use. If equipment requires calibration and/or certification, compounder must ensure the equipment or device is within proper specifications (eg, tare scales and/or balances).***	No	The technician was in and out of the HD compounding room while completely garbed.	6.1 Table 2
58.8	The compounding personnel have knowledge of and access to any SDS.	Yes		6.2

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Verified Pharmacy Program Inspection Form

Nonsterile Compounding Inspection for USP <795>

Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Inspector Notes	USP Reference(s)
58.9	The compounding personnel only compound one CNSP at a time (to proactively prevent mix-ups, errors, and cross contamination).	Yes		1.1.3
58.10	The compounding personnel compound the CNSP according to the MFR. ***If no, inspector needs to describe in detail their observations in the Inspector Notes and collect a copy of the MFR and CR (no PHI or PII to be collected).***	No	Not all settings for the Maz and ointment mill were on the MFR or CR.	7.1, 7.2 Box 2
58.11	The compounding personnel document any required steps listed in the MFR on the CR. ***Inspector note: This would include any weights, volume, and any in-process checks needed.***	Yes	A tablet is used and pictures are taken.	7.2, 14 Box 3
58.12	Documentation in the CR is legible. ***If no, collect copy of record that is illegible. Redact any PHI on record.***	Yes	The technician has very legible handwriting.	14
58.13	The compounding personnel verify the correct BUD in accordance with the MFR requirements in USP <795>.	No		10 Table 3, Table 4
58.14	The compounding personnel performed any quality control steps specified in the MFR. ***Inspector note: Examples of this include, but are not limited to: testing of pH for a suspension, weighing of capsules, and visual inspection against product description specifications.*** ***If no, describe observations in Inspector Notes.***	Yes	Visual inspection against description.	7.2, 8, 8.1, 12 Box 3

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Nonsterile Compounding Inspection for USP <795>

Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Inspector Notes	USP Reference(s)
58.15	The compounding personnel placed the CNSP into the proper container closure system.	Unknown	No closure system listed on the MFR.	8.1 Box 2
58.16	The compounding personnel labeled the CNSP. ***Inspector note: Storage requirements must be included on the label if refrigerated or frozen (so patient can identify the storage temperature requirements).***	Yes		9
58.17	The compounding personnel completed any documentation on the CR. ***If no, describe observations of what was missing or omitted in Inspector Notes.***	Yes		7.2, 8, 14 Box 3
58.18	The compounding personnel cleaned and sanitized the compounding area before the next CNSP (with differing ingredients) is prepared.	Yes		5
59.0	**Final CNSP check observation**: Does the visual inspection of the CNSP by the pharmacist confirm all USP <795> requirements? ***Observe a pharmacist check several CNSP prescriptions. List the name of CNSPs release inspection observed in the Inspector Notes.*** ***If no, go to compliance statements.***	Yes		8, 8.1, 9
59.1	CNSP was visually inspected to determine the physical appearance of the CNSP is as expected (eg, color, texture, physical uniformity), including any special characteristics listed in the MFR (eg, emulsions must be checked for phase separation).	Yes		8, 8.1

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National Association of Boards of Pharmacy®
Verified Pharmacy Program Inspection Form

Nonsterile Compounding Inspection for USP <795>

Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Inspector Notes	USP Reference(s)
59.2	Visual inspection included checking for container closure integrity (eg, leakage, cracks, improper seals).	Yes		8, 8.1
59.3	CNSP label was verified against the prescription or medication order.	Yes		8, 8.1, 9
59.4	CNSP label was verified against the MFR.	Yes		8, 8.1, 9
59.5	CNSP label was verified against the CR.	Yes		8, 8.1, 9
59.6	If a CNSP will not be released or dispensed on the day the preparation was made, a visual inspection was conducted immediately before it is released or dispensed to make sure the CNSP did not develop any defects during storage.	Yes		8, 8.1
59.7	All checks and inspection that are performed are properly documented.	Yes		8.1, 14
59.8	CNSP that do not meet requirements, are promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before disposal	Yes		8.1

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Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Inspector Notes	USP Reference(s)
60.0	Inspect several different finished compounded nonsterile preparations. Are all the finished compounded preparations free from any evidence of signs of contamination? ***Inspector note: If found, request the compounded preparation to be quarantined and notify NABP immediately.*** ***Additionally, list the name(s) of the compounded preparation(s) observed; description of type of contamination suspected (eg, particulates, dirt/debris/(suspected) mold within container closure); number of preparations affected (eg, two of the five containers on the shelf); lot or batch information; BUD assigned; and collect photographs, copy of MFR, and CR.***	Yes	Only the 2 nonsterile compounds were inspected. They don't perform anticipatory compounding.	12
61.0	**Cleaning and Disinfection Observation:** Does the pharmacy perform cleaning and sanitizing activities in the compounding area in compliance with USP <795> standards? ***Document observations while pharmacy staff are performing live compounding activities in Inspector Notes.*** ***If no, go to compliance statements.***	No	70% IPA used is repackaged into a spray bottle with no hazard warnings or expiration date (Photo30_NS61.0 and Photo31_NS61.0).	5
61.1	Pharmacy staff starts with a clean and sanitized work surface prior to compounding a CNSP.	No	The technician cleaned the scale but not the entire BSC before starting.	5 Table 1

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e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Inspector Notes	USP Reference(s)
61.2	Pharmacy staff perform cleaning and sanitizing between compounding CNSPs with different components. ***Inspector note: Per USP, "If cleaning and sanitizing are performed as separate steps, cleaning must be performed first."***	Unknown		5 Table 1
61.3	Pharmacy staff ensure equipment and devices used in compounding activities are clean and sanitized after use (to prevent cross contamination of the next preparation).	Yes	The technician put PeridoxRTU on the spatula used several times between chemicals weighed and wiped it then followed with 70% IPA.	6.1 Table 2
61.4	Pharmacy staff perform cleaning and sanitizing on work surfaces when visibly soiled, after spills, and/or when surface contamination is known or suspected.	Yes		5 Table 1

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Nonsterile <795> Employee File Records Review

Select the PIC, designated person, a staff pharmacist that checks compounded preparations, and two to three compounding pharmacy technicians. *Do not record the employee name, list only their title or position.
From the drop-down List:
*Mark as "Yes" if the document is present in the records and the competency evaluation was conducted in compliance with USP <795> requirements.
*Mark as "No" if the document is present in the records but is not in compliance with USP <795> requirements.
*Mark as "Missing" if any part of the record is missing and explain in Notes column.
*Mark as "N/A" if the training does not apply (eg, long-term employee may not have initial training available). Document further in the Notes column.

		Employee Records #1	Employee Records #2	Employee Records #3	Employee Records #4	Employee Records #5	
	Employee Title	**Pharmacist DP**	**Technician Compounding**	**Pharmacist**	**Pharmacist**	**Technician Compounding**	**Notes**
1.0	The training program provides initial training, evaluation, and documentation on the core competencies listed below:						Training records not very organized in their online system.
1.1	Compounding personnel are trained on facility SOPs.	Yes	Yes	Yes	Yes	Yes	
1.2	Compounding personnel are trained on USP <795> standards.	No	No	No	No	No	Training docs reference 2014 version of <795>.
1.3	The training record for hand hygiene is complete.	No	No	No	No	No	Training docs reference 2014 version of <795>.
1.4	The training record for garbing is complete.	No	No	No	No	No	Training docs reference 2014 version of <795>.
1.5	The training record for cleaning and sanitizing is complete.	No	No	No	No	No	Training docs reference 2014 version of <795>.
1.6	The training record for handling and transporting components and CNSPs is complete.	No	No	No	No	No	Training docs reference 2014 version of <795>.
1.7	The training record for measuring and mixing is complete.	No	No	No	No	No	Training docs reference 2014 version of <795>.
1.8	The training record for proper use of equipment is complete.	No	No	No	No	No	Training docs reference 2014 version of <795>.
1.9	The training record for documentation of compounding processes (eg, Master Formulation Records or Compounding Records) is complete.	No	No	No	No	No	Training docs reference 2014 version of <795>.

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	Employee Title	Pharmacist DP	Technician Compounding	Pharmacist	Pharmacist	Technician Compounding	Notes
1.10	The training record for interpreting a Certification of Analysis (COA) is complete.	No	No	No	No	No	Training docs reference 2014 version of <795>.
1.11	The training record for how to read/interpret a Safety Data Sheet (SDS) is complete.	No	No	No	No	No	Training docs reference 2014 version of <795>.
1.12	The training record for spill management is complete.	No	No	No	No	No	Training docs reference 2014 version of <795>.
2.0	The annual competency assessment was evaluated and documented on the following topics:						Training docs reference 2014 version of <795>.
2.1	Compounding personnel are re-trained on facility SOPs.	No	No	No	No	No	Training docs reference 2014 version of <795>.
2.2	Compounding personnel are re-trained on USP <795> standards.	No	No	No	No	No	Training docs reference 2014 version of <795>.
2.3	The annual competency assessment for hand hygiene is complete.	No	No	No	No	No	Training docs reference 2014 version of <795>.
2.4	The annual competency assessment for garbing is complete.	No	No	No	No	No	Training docs reference 2014 version of <795>.
2.5	The annual competency assessment for cleaning and sanitizing is complete.	No	No	No	No	No	Training docs reference 2014 version of <795>.
2.6	The annual competency assessment for handling and transporting components and CNSPs is complete.	No	No	No	No	No	Training docs reference 2014 version of <795>.
2.7	The annual competency assessment for measuring and mixing is complete.	No	No	No	No	No	Training docs reference 2014 version of <795>.
2.8	The annual competency assessment for proper use of equipment is complete.	No	No	No	No	No	Training docs reference 2014 version of <795>.
2.9	The annual competency assessment for documentation of compounding processes (eg, Master Formulation Records or Compounding Records) is complete.	No	No	No	No	No	Training docs reference 2014 version of <795>.
2.10	The annual competency assessment for interpreting a COA is complete.	No	No	No	No	No	Training docs reference 2014 version of <795>.

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	Employee Title	Pharmacist DP	Technician Compounding	Pharmacist	Pharmacist	Technician Compounding	Notes
2.11	The annual competency assessment for how to read/interpret a SDS is complete.	No	No	No	No	No	Training docs reference 2014 version of <795>.
2.12	The annual competency assessment for spill management is complete.	No	No	No	No	No	Training docs reference 2014 version of <795>.
3.0	The designated person(s) has documented a (periodic) evaluation of their direct observations for compounding activities and documented any deficiencies in the record. *Inspector note: if there are not observations documented, the inspector should answer this question as N/A.* *Per USP, "the designated person(s) should monitor and observe compounding activities and must take immediate corrective action if deficient practices are observed. Facility SOPs must describe procedures for monitoring and observing compounding activities and personnel."*	No	No	No	No	No	Training docs reference 2014 version of <795>.

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Glossary & References	USP <795>
Active Pharmaceutical Ingredient (API)	Any substance or mixture of substances intended to be used in the compounding of a preparation, thereby becoming the active ingredient in that preparation and furnishing pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals or affecting the structure and function of the body. Also referred to as a bulk drug substance. A conventionally manufactured drug product is not an API but is typically manufactured from an API(s).
Added Substance	An ingredient that is necessary to compound a preparation but is not intended or expected to cause a pharmacologic response if administered alone in the amount or concentration contained in a single dose of the compounded preparation. The term is used synonymously with inactive ingredient, excipient, and pharmaceutical ingredient.
Administration	The preparation of a nonsterile pharmacologic or other therapeutic agent for ingesting, inserting, applying, or otherwise providing a nonsterile medication in its final form to a single patient. This includes crushing a tablet(s) or opening a capsule(s) to mix with food or liquids to facilitate patient dosing.
Alcohol-based hand rub	An alcohol-containing preparation (liquid, gel, or foam) designed for application to the hands of health care personnel to inactivate microorganisms and/or temporarily suppress their growth. Such preparations may contain one or more types of alcohol, other active ingredients, excipients, and humectants.
Assigned trainer	One or more individuals assigned by the designated person(s) to be responsible and accountable for directly providing the training, observation, and/or evaluation of personnel for the preparation of CNSPs.
Beyond-use date (BUD)	The date, or hour and date, after which a CNSP must not be used, stored, or transported. The date is determined from the date or time the preparation is compounded.
Biological Safety Cabinet (BSC)	A ventilated cabinet that may be used for compounding. These cabinets are divided into three general classes (Class I, Class II, and Class III). Class II BSCs are further divided into types (Type A1, Type A2, Type B1, Type B2, and Type C1).
Bulk drug substance	See the entry for Active Pharmaceutical Ingredient.
Certificate of analysis (COA)	A report from the supplier of a component, container, or closure that accompanies the supplier's material and contains the specifications and results of all analyses and a description of the material.
Cleaning	The process of removing substances (eg, organic and inorganic material) from objects and surfaces, normally accomplished by manually or mechanically using water with detergents or enzymatic products.
Cleaning agent	An agent, usually containing a surfactant, used for the removal of substances (eg, dirt, debris, microbes, and residual drugs or chemicals) from surfaces.

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Glossary & References	USP <795>
Closed-system processing device	A device designed to reduce the potential exposure to personnel or contamination of the facility or CNSPs. Examples include CVEs, BSCs, or single-use containment glove bags.
Component	Any ingredient used in the compounding of a preparation, including any API, added substance, or conventionally manufactured product.
Compounded nonsterile preparation (CNSP)	A preparation not intended to be sterile that is created by combining, admixing, diluting, pooling, reconstituting other than as provided in the manufacturer's labeling, or otherwise altering a drug product or bulk drug substance.
Compounding	The process of combining, admixing, diluting, pooling, reconstituting other than as provided in the manufacturer's labeling, or otherwise altering a drug product or bulk drug substance to create a nonsterile preparation.
Compounding area	An area that is specifically designated for nonsterile compounding.
Compounding personnel	Personnel trained to compound or oversee compounding of preparations.
Compounding record (CR)	Documents the compounding of each CNSP.
Container closure system	Packaging system components that together contain and protect the dosage form. This includes primary packaging system components and secondary packaging system components if the latter are intended to provide additional protection.
Containment glove bag	A single-use disposable glove bag that is capable of containing airborne chemical particles.
Containment ventilated enclosure (CVE)	A full or partial enclosure that uses ventilation principles to capture, contain, and remove airborne contaminants through high-efficiency particulate air (HEPA) filtration and to prevent their release into the work environment.
Conventionally manufactured product	A pharmaceutical dosage form, usually the subject of an application approved by the applicable national regulatory agency, that is manufactured under current good manufacturing practice conditions.
Designated person(s)	One or more individuals assigned to be responsible and accountable for the performance and operation of the facility and personnel as related to the preparation of CNSPs.
FDA	US Food and Drug Administration
Formulation	The specific qualitative and quantitative composition of the final CNSP.
Hazardous Drug (HD)	Any drug identified by at least one of the following criteria: carcinogenicity, teratogenicity or developmental toxicity; reproductive toxicity in humans; organ toxicity at low dose in humans or animals; genotoxicity or new drugs that mimic existing HDs in structure or toxicity. See <800>.
Label	The part of the labeling on the immediate container.

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Glossary & References	USP <795>
Labeling	All labels and other written, printed, or graphic matter on the immediate container or on or inside any packaging system or wrapper in which the article is enclosed, except for any outer shipping container.
Master formulation record (MFR)	A detailed record of procedures that describes how the CNSP is to be prepared.
Monograph	A quality documentary standard within USP–NF that articulates the quality expectations for a medicine including for its identity, strength, purity, and performance. It also describes the tests to validate that a medicine and its ingredients meet these criteria.
Oversight	The review, monitoring, and supervision of actions taken by personnel; bearing responsibility for those actions; and being available if and when needed for consultation, even if not physically present.
Preservative	A substance added to inhibit microbial growth.
Purified water	The minimal quality of source water for the production of Purified Water is drinking water whose attributes are prescribed by the US Environmental Protection Agency (EPA), the European Union, Japan, or the World Health Organization (WHO). This source water may be purified using unit operations that include deionization, distillation, ion exchange, reverse osmosis, filtration, or other suitable purification procedures. (See <1231>, 3.1.1 Purified Water.)
Quality Assurance (QA)	A system of procedures, activities, and oversight that ensures that the compounding process consistently meets quality standards.
Quality Control (QC)	The sampling, testing, and documentation of results that, taken together, ensure that specifications have been met for the CNSP.
Reconstitution	The process of adding a diluent to a conventionally manufactured product to prepare a solution or suspension.
Release inspection and testing	Visual inspection and testing performed to ensure that a preparation meets appropriate quality characteristics.
Sanitizing agent	An agent for reducing, on inanimate surfaces, the number of microorganisms (eg, 70% isopropyl alcohol).
SDS	Safety data sheet.
SOP	Standard operating procedure.
Specification	The tests, analytical methods, and acceptance criteria to which any components, CNSP, container closure system, equipment, or other material used in the compounding of CNSPs must conform to be considered acceptable for its intended use.

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Glossary & References	USP <795>
Stability	The extent to which a product or preparation retains physical and chemical properties and characteristics within specified limits throughout its expiration or BUD.
Verify	To confirm that a method, process, system, or equipment will perform as expected under the conditions of actual use.
Water activity (a_w)	A measure of the fraction of total water that is unbound and freely available to participate in chemical, biochemical, or physicochemical reactions or provide an environment that can support microbial growth. Note that a_w is not water content.

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Hazardous Drugs - Handling in Health Care Settings

The information and comments obtained in the Hazardous Drugs - Handling in Health Care Settings Inspection is based on USP Chapter <800>.

Any items marked "Recommendation" are considered "best practices" and are not considered requirements for compliance with USP standards, but the information is collected as it may be a requirement under state law.

An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
	General Information and Scope:		
1.00	Does the pharmacy handle any drugs on the National Institute for Occupational Safety and Health (NIOSH) list that **require** all the containment requirements of USP <800>?	Yes	
1.01	Does the pharmacy handle any ***hazardous drug*** active pharmaceutical ingredients (HD API)? *If yes, please list.*	Unknown	List was requested from Sam Ibrahim, the Compliance Officer, to be sent to NABP. Documents were not received prior to submission of the Inspection Report.
1.02	Does the pharmacy handle any antineoplastic requiring manipulations (which can produce particles, aerosols, or gasses)? *If yes, please list*	Yes	Fluorouracil (5-FU).
2.00	Does the pharmacy handle any drugs on the NIOSH list that **do not** require all containment requirements of <800>?	Yes	
2.01	Does the pharmacy handle any final dosage forms of HDs (either compounded or manufactured unless required by the manufacturer) that do not require further manipulation other than counting and repackaging? *If yes, please list.*	Yes	List was requested from Sam Ibrahim, the Compliance Officer, to be sent to NABP. Documents were not received prior to submission of the Inspection Report.

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e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
2.02	Does the pharmacy handle any dosage forms of other HDs **that are handled in full compliance** with containment requirements of <800>? *If yes, please list*	Yes	Isotretinoin.
2.03	Does the pharmacy handle any dosage forms of other HDs **that are not handled** using all containment requirements of <800>? *If yes, please list*	No	
	List of Hazardous Drugs		
3.00	The pharmacy maintains a list of any items it handles that are included on the current NIOSH list of antineoplastic and other HDs. ***Review and attach list.*** *Verify that pharmacy has access to a copy of current NIOSH list*	Yes	List was requested from Sam Ibrahim, the Compliance Officer, to be sent to NABP. Documents were not received prior to submission of the Inspection Report. The pharmacy did not have a current copy of the NIOSH list.
4.00	The pharmacy reviews this list at least every 12 months for additions, deletions, or other changes and documents the review. *Verify documentation and* ***list date*** *of last change/review*	Unknown	
5.00	The pharmacy reviews this list whenever the pharmacy adds a new agent or dosage form to the items it handles.	Unknown	

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Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
6.00	The pharmacy has a system in place for the evaluation of new drugs (purchased, stored, handled, and/or dispensed) to determine whether they are considered HD.	Unknown	
6.01	Pharmacy evaluates the drugs against the current version of the NIOSH list.	No	
6.02	In the absence of information, the pharmacy treats any new drug as an HD.	Unknown	
7.00	If the pharmacy handles any HDs not using all containment requirements of <800>, an assessment of risk was performed for each drug and dosage form individually to determine alternative containment strategies, if needed, and work practices for each. *Review documentation of assessment and SOPs related to work practices/alternative containment*	No	No assessment of risks were shown to this inspector.
8.00	The assessment of risk evaluation performed by the pharmacy's organization includes all required information, for each drug and dosage form. *The first five (5) items below must be included in the evaluation in order to be compliant*	Unknown	No assessment of risks were shown to this inspector.

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Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
8.01	Type of HD (eg, antineoplastic, non-antineoplastic, reproductive risk only);	Unknown	
8.02	Dosage form;	Unknown	
8.03	Risk of exposure;	Unknown	
8.04	Packaging;	Unknown	
8.05	Manipulation; and	Unknown	Fluorouracil (5-FU) unused in compounding did not see an assessment of risk but it is handled as an HD.
8.06	If applicable, Table II and III drugs have alternative containment strategies and/or work practices to minimize occupational exposure.	Unknown	
8.07	The assessment of risk is reviewed at least every 12 months, and the review is documented. *Enter date of last review in the notes*	Unknown	
	Personnel Responsibilities		
9.00	The pharmacy has a designated person(s) to oversee the handling of HDs who is qualified and trained for development of standard operating procedures (SOPs); overseeing compliance with standards, laws, and rules; ensuring competency of personnel; and ensuring environmental control.	No	Training documents for Sam were not complete.
9.01	The designated person oversees the monitoring of the facility, including testing/sampling programs, maintaining, and documentation, and acting on results.	Yes	

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
	Documentation and Standard Operating Procedures (SOPs)		
10.00	The assessment of risk and SOPs for handling HDs addresses all potential types of exposure, including all activities occurring within the operation that present an opportunity for exposure:		No assessment of risks were shown to this inspector.
10.01	**Receiving**: Contacting HD residues on packaging, work surfaces, floors	Unknown	
10.02	**Dispensing**: Counting or packaging tablets and capsules	Unknown	
10.03	**Compounding/other manipulations**: Crushing/splitting tablets, opening capsules, pouring liquids, weighing or mixing, constituting/reconstituting powdered/lyophilized HDs, expelling air from HD syringes, HD residue on personal protective equipment (PPE), cleaning activities of HD areas, and HD equipment maintenance.	Unknown	Fluorouracil (5-FU) unused in compounding did not see an assessment of risk but it is handled as an HD.
10.04	**Administration and other patient care activities** (if applicable).	N/A	
10.05	**Spills**: Spill generation, management, and disposal.	Unknown	There were old spill kits in the pharmacy in a bin.

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Hazardous Drugs - Handling in Health Care Settings

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Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
10.06	**Transport**	Unknown	
10.07	**Waste**: Collection and disposal of HD waste and trace contaminated waste	Unknown	Stericycle is the HD waste disposal company. See photos in nonsterile module of accumulated HD waste bins in the HD nonsterile compounding room.
11.00	SOPs are reviewed at least every 12 months by the designated person, and the review is documented.	Yes	They are not up-to-date with the current USP <797> or USP <800>.
12.00	SOPs are readily available to all who may need to handle HD or respond to a spill (pharmacy employees, housekeeping, nursing personnel, delivery personnel, etc). *Describe whether P&Ps are available electronically, by paper, or both.*	Unknown	
13.00	SOPs address at a minimum: *If no, document "missing" in Inspector Notes for each SOP topic*		**Please note NABP did not review each SOP for alignment on USP <800>. The SOP(s) described below is/are a reflection of any self-assessment completed by the pharmacy and/or shared with the inspector during the onsite inspection.**
13.01	Hazard communication program plan	No	Missing. There is a Hazardous Material Management policy that is incomplete and not current with USP <795> and USP <800>.

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Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
13.02	Competent personnel	No	Missing.
13.03	Occupational safety program	No	Missing.
13.04	Designation of HD areas	Yes	The negative pressure room in the old sterile compounding suite.
13.05	Receiving HDs, including handling of damaged shipping containers/breakages	No	Missing.
13.06	A list of HDs	No	Missing.
13.07	Storage of HDs	No	Missing.
13.08	Compounding of HDs	No	Missing.
13.09	Use and maintenance of proper engineering controls (eg, containment primary engineering control [C-PECs], containment secondary engineering control [C-SECs], and closed system drug transfer device [CSTDs]) to include SOPs for repairs, loss of power, moving, etc.	No	Missing.
13.10	Hand hygiene and proper use of appropriate PPE based on activity (eg, receipt, transport, compounding, administration, spill, disposal).	No	Missing.

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Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
13.11	Deactivation, decontamination, cleaning, disinfection SOPs include all of the following:		
13.11.01	Agents used	No	Missing. There is a Hazardous Material Management policy that is incomplete and not current with USP <795> and USP <800>.
13.11.02	Dilutions, if used	N/A	This inspector did not see any products that needed dilution. 70% IPA is being repackaged with hazardous warnings.
13.11.03	Frequency	No	Missing.
13.11.04	PPE to be worn (appropriate PPE resistant to the agents used, two pairs of chemotherapy gloves, impermeable disposable gowns, and eye, face, and respiratory protection if warranted--addressed in SOPs)	No	Only 1 pair of botties being worn.
13.11.05	Documentation requirements	No	No cleaning logs were seen.
13.12	Receiving SOPs to include communications with suppliers about packaging and visual/other inspection of shipping containers for signs of damage and how to handle damaged containers.	Yes	
13.13	If a shipping container appears damaged and **does not need to be opened**:		
13.13.01	It is sealed without opening and wrapped in impervious plastic;	Yes	

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Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
13.13.02	Labeled as "hazardous"; and	Yes	
13.13.03	Returned to the supplier after contacting the supplier or disposed of as hazardous waste if supplier declines return.	Yes	
13.14	If a damaged shipping container **must be opened**:		
13.14.01	Container is sealed in plastic or an impervious container;	Yes	
13.14.02	It is transported to the C-PEC before opening, preferably nonsterile compounding C-PEC, if available;	Yes	
13.14.03	container is placed on a plastic-backed preparation mat;	No	
13.14.04	It is opened and undamaged items are removed and wiped down with a disposable wipe;	Yes	
13.14.05	Damaged item is enclosed in an impervious container and labeled "hazardous";	Yes	
13.14.06	Damaged item is returned to the supplier or disposed of as hazardous waste;	Yes	
13.14.07	Deactivate, decontaminate, and clean the C-PEC in accordance with SOPs; and	Yes	

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Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
13.14.08	If a sterile compounding C-PEC must be used, it is also disinfected after cleaning prior to resuming any sterile compounding activities.	Yes	
13.15	Safe work Practices SOPs	Unknown	The Hazardous Material Management is one large SOP.
13.16	Dispensing SOPs	No	The only time dispensing is mentioned in the SOP is the definition from USP <800>.
13.17	Packaging and labeling SOPs	No	No HDs in the HD compounding room were labeled as HD (Photo19_NS20.0 - Photo27_NS20.0, and Photo32_HD13.17).
13.18	Transport SOPs	No	Missing transportation after compounded.
13.19	Administering SOPs, if applicable	N/A	
13.20	***Recommendation: Environmental monitoring (eg, wipe sampling) SOPs***	No	
13.21	HD waste segregation and disposal (including reference to following local, state, and federal regulations) SOPs	No	Missing. Trash in anteroom for trace contaminated bonnet, booties, etc. not labeled as HD (Photo05_37.05).

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Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
13.22	Spill prevention and direction of spill cleanup and control SOPs must address the following:		Spill kits are old and were all in a yellow bin in the non-HD compounding area.
13.22.01	Size and scope of spill;	No	
13.22.02	Responsible person for handling spills;	No	
13.22.03	Location of spill kits and clean-up materials;	No	
13.22.04	Capacity of the spill kits;	No	
13.22.05	PPE to be worn during spills;	No	
13.22.06	Handling of worn PPE and any exposed clothing under PPE;	No	
13.22.07	Use of appropriate full-face, chemical cartridge-type respirator or powered air-purifying respirators (PAPR) if capacity of spill kit is exceeded or known or suspected airborne exposure to vapors/gases; and	No	
13.22.08	Medical evaluation/incident reporting/documentation/other handling of persons potentially exposed or with direct skin/eye contact to the HD.	No	

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		Observation	Notes
13.23	***Recommendation:*** *Does the pharmacy have a medical surveillance program? (a comprehensive control program to monitor and identify potential worker health care issues from HD exposure.)*	No	
14.00	The **hazard communication program** SOP has policies and procedures that ensure worker safety in all aspects of HD handling relevant to the pharmacy and ensure effective personnel training in proper labeling, transport, storage, and disposal of HDs, use of Safety Data Sheets (SDSs), based on the Globally Harmonized System of Classification and Labeling of Chemicals (GHS).	No	
15.00	The pharmacy's hazard communication program includes, at a minimum, all of the following:	[redacted]	
15.01	A written plan that describes how the standard will be implemented;	No	
15.02	How containers of HDs/hazardous chemicals will be labeled, tagged, or marked with the identity of the material and appropriate hazard warnings;	No	HDs are not labeled as HDs.
15.03	SDSs are maintained for each hazardous chemical they use (29 CFR 1910.1200);	Yes	

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		Observation	Notes
15.04	How SDSs are readily accessible to personnel during each work shift and when they are in their work areas;	Yes	
15.05	Information and training provided to personnel prior to initial assignment to work with a hazardous chemical and whenever the hazard changes; and	No	Training is not up-to-date with USP chapters.
15.06	Personnel of reproductive capability confirm in writing that they understand the risks of handling HDs.	Yes	
	Personnel Training *--Check four employee files for documentation*		
16.00	All personnel handling HDs are trained based on their job function prior to independently handling HDs.	No	Training is not up-to-date with USP chapters.
17.00	Personnel file contains the employee's acknowledgement of the risk of handling HD (as part of the hazardous communication program).	Yes	
18.00	For non-sterile HD compounding, personnel competency is observed and assessed at least annually for proper compounding technique, with no concerns identified.	No	
19.00	For sterile HD compounding, personnel competency is observed and assessed at least annually for proper sterile compounding aseptic technique, with no concerns identified.	N/A	

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		Observation	Notes
20.00	After initial HD training, personnel are trained prior to introduction of any new HD or new equipment, or prior to any significant change in process or SOP.	No	
21.00	All HD training and assessments are documented for each employee who transports, compounds, or administers HDs, and meets Occupational Safety and Health Administration Standard 1910.120 and any other requirements of law or regulation.	No	
22.00	All personnel who perform custodial HD waste removal and cleaning in HD handling areas are trained in appropriate procedures to protect themselves and the environment.	No	
23.00	HD training, based on employee file review, all of the following are present:		
23.01	Overview of pharmacy's HD list and their risks;	No	
23.02	Review of the SOPs related to HDs;	No	
23.03	Proper use of PPE;	No	

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		Observation	Notes
23.04	Proper use of equipment and devices (eg, engineering controls);	No	
23.05	Appropriate procedures for deactivation, decontamination, cleaning, and disinfection (if applicable);	No	The technician did a good job of deactivating the utensils in between weighing and measuring of chemicals but did not clean the BSC prior to beginning compounding. She wiped the 5-FU bottle with PeridoxRTU after use but did not wipe other chemical containers that could have trace HD on them after being in the BSC with HDs.
23.06	Response to known or suspected HD exposure;	Yes	
23.07	Spill management;	No	
23.08	Proper disposal of HDs and trace-contaminated materials; and	No	
23.09	New HD drug/new equipment or prior to any significant change in process or SOP.	No	
24.00	If respiratory protection is needed for any HDs handled, personnel are fit tested and trained in the proper use of the respirator.	No	No fit testing has been performed.

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		Observation	Notes
	Personal Protective Equipment		
25.00	For sterile and nonsterile compounding with HDs, personnel wear gowns; head, hair, and shoe covers; and two pairs of chemotherapy gloves.	No	2 pair of booties are not worn.
26.00	Appropriate PPE is readily accessible where HD is handled, include all of the following:		
26.01	Receipt (PPE appropriate to HD as set forth in SOPs, and at a minimum, chemotherapy gloves worn);	Yes	
26.02	Storage;	Yes	
26.03	Transport;	Yes	
26.04	Nonsterile Compounding (if performed by the pharmacy);	No	Nonpermeable gowns can be worn.
26.05	Sterile Compounding (if performed by the pharmacy);	N/A	
26.06	Administration, if applicable;	N/A	

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		Observation	Notes
26.07	Deactivation/decontamination, cleaning, and disinfecting (appropriate PPE resistant to the agents used, two pairs of chemotherapy gloves, impermeable disposable gowns, and eye, face, and respiratory protection if warranted/addressed in SOPs);	No	The BSC was not deactivated, decontaminated, cleaned or disinfected prior to nonsterile HD compounding.
26.08	Spill control;	No	The spill kits are old, very small and did not contain the necessary PPE or equipment needed to clean up an HD spill.
26.09	Waste disposal; and	No	
26.10	If administering injectable antineoplastics, two pairs of chemotherapy gloves and permeability resistant gowns are worn.	N/A	
27.00	Disposable PPE is not reused.	No	The technicians gown was hung on the shelf in the HD compounding room.
28.00	Reusable PPE is decontaminated and cleaned after each use.	N/A	

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		Observation	Notes
29.00	**Gloves**: The pharmacy is using appropriate gloves for the activities conducted (chemotherapy gloves meet ASTM standard D6978 -- or its successor -- and are resistant to cleaning agents used) and are resistant to cleaning agents used.	Yes	
29.01	**Recommendation**: Are *chemotherapy gloves worn for handling all HDs including non-antineoplastics and for reproductive risk only HDs?*	Yes	
29.02	Chemotherapy gloves are powder-free.	Yes	
29.03	Chemotherapy gloves are inspected for physical defects before use and defective gloves (eg, pin holes, tears, weak spots) are discarded.	Yes	
29.04	For sterile compounding, the outer chemotherapy gloves are sterile.	N/A	
29.05	Chemotherapy gloves are changed when torn, punctured, or contaminated.	Yes	
29.06	**Recommendation**: Are *chemotherapy gloves changed every 30 minutes (unless otherwise recommended by the manufacturer)?*	Yes	

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		Observation	Notes
29.07	Hands are washed with soap and water after removing chemotherapy gloves.	Yes	
30.00	**Gowns**: The pharmacy is using appropriate gowns for the activities conducted (if required for type of compounding based on standards or assessment of risk).	No	
30.01	Gowns are disposable.	Yes	
30.02	Gowns resist permeability of HDs and are not laboratory coats, surgical scrubs, or isolation gowns (selected based on HDs handled).	No	Employee has option to wear yellow permeable gown.
30.03	Gowns close in the back, are long sleeved, and have closed cuffs that are elastic or knit.	Yes	
30.04	Gowns do not have seams or closures that will allow HDs to pass through.	No	The yellow gown has seams.
30.05	Gowns are changed in accordance with the manufacturer's instructions, or if no permeation information is available, they are changed every two to three hours or immediately after a spill or splash.	Yes	

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		Observation	Notes
30.06	Gowns worn in HD areas are not worn to other areas.	No	The technician was in and out of the HD nonsterile compounding room with garb on.
31.00	**Head, hair** (beard and moustache, if appropriate)**, and shoe and sleeve covers.** The pharmacy is using appropriate head, hair, and shoe and sleeve covers for the type of compounding based on standards or assessment of risk to provide protection from contact with HD residue, if required.	No	Hair was hanging out of back of bonnet.
31.01	When HD compounding, a second pair of shoe covers are donned before entering the C-SEC and doffed when exiting the C-SEC.	No	
31.02	Shoe covers worn in HD areas are not worn into other areas of the facility.	No	
32.00	**Eye and Face Protection**: The pharmacy is using appropriate eye and face PPE protection for the activities conducted (based on assessment of risk that HDs are irritating to the eyes and mucous membranes, where there is risk of spills or splashes when working outside of a C-PEC), if required.	Yes	The BSC has glass between the compounder and manipulations in the hood.

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Hazardous Drugs - Handling in Health Care Settings

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
32.01	If a risk to eyes, goggles (or a full-face respirator) are worn. *Eyeglasses or safety glasses with side shields are not substituted for goggles*	N/A	
32.02	If a risk to face and eyes, goggles plus a face shield (or a full-face respirator) are worn.	N/A	
33.00	**Respiratory Protection**: The pharmacy is using appropriate respiratory PPE protection for the activities conducted (receiving, transport, compounding, administration, and waste disposal) based on assessment of risk based on type of HD and type of activity, if required. *Indicate what type of PPE which is available to employees (and is fit-tested, when required)*	No	
33.01	Fit-tested NIOSH-certified N95 respirator;	No	N95 masks are worn but are not fit tested.
33.02	Elastomeric half-mask with a multi-gas cartridge and P100-filter;	No	
33.03	Full-face piece, chemical cartridge-type respirator;	No	

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		Observation	Notes
33.04	PAPR; and/or	No	
33.05	Other (describe in notes).	N/A	
34.00	Surgical masks are **not** used as PPE when respiratory protection is needed.	Yes	
35.00	The pharmacy uses an appropriate respiratory PPE for large HD spills; deactivating, decontaminating, and cleaning underneath the work surface of the C-PEC; and when there is known or suspected airborne exposure to powders or vapors. *Indicate what type of PPE which is available to employees (and is fit-tested, when required)*	No	The spill kits are old, very small and did not contain the necessary PPE or equipment needed to clean up an HD spill.
35.01	Fit-tested NIOSH-certified N95 respirator;	No	
35.02	Elastomeric half-mask with a multi-gas cartridge and P100-filter;	No	
35.03	Full-facepiece, chemical cartridge-type respirator;	No	
35.04	PAPR; and/or	No	

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		Observation	Notes
35.05	Other (describe in notes).	N/A	
36.00	Surgical masks are **not** used as PPE when respiratory protection is needed.	Unknown	They could be in the spill kits.
37.00	**Disposal of Used PPE**: Is all PPE worn during handling of HDs considered contaminated with at least trace quantities?	No	
37.01	Worn PPE is placed in an appropriate HD waste container.	No	
37.02	The HD waste container is located in reasonable proximity to HD PPE doffing activities.	No	
37.03	Chemotherapy gloves, and sleeve covers if worn, are carefully removed and discarded immediately into an approved HD trace waste container inside the C-PEC or contained in a sealable bag for discarding outside the C-PEC.	Yes	
	Facilities and Engineering Controls		
38.00	There are signs prominently displayed before the entrance to all HD handling areas designating the hazard.	Yes	
38.01	Access to these areas are restricted to authorized personnel who have been appropriately trained.	Yes	

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Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
38.02	HD areas are located away from breakrooms/refreshment areas for personnel, patients, and/or visitors.	Yes	
39.00	There are designated HD areas for any of the following:		
39.01	Receiving and unpacking of HDs	No	
39.02	Storage of HDs	Yes	
39.03	Nonsterile HD compounding (if performed by the pharmacy)	Yes	
39.04	Sterile HD compounding (if performed by the pharmacy)	N/A	
40.00	***Recommendation**: If there is a requirement for certain designated areas to have negative pressure from surrounding areas, is there an uninterrupted power source (UPS) to the ventilation systems in order to maintain negative pressure in the case of power loss?*	No	No UPS.
41.00	**Receipt**: Are HDs received and unpacked (removed from external shipping containers) in an appropriate environment? *Describe.*	Yes	

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		Observation	Notes
41.01	Antineoplastics and HD APIs are unpacked in an area with air pressure relative to surrounding areas that is either neutral or negative pressure. *Indicate the type of environment. If the environment is positive pressure, it is non-compliant*	Yes	
41.01.01	Neutral	No	
41.01.02	Negative	Yes	
42.00	HDs are not unpacked in a sterile compounding area (eg, no external containers are brought into C-SEC).	N/A	
43.00	**Storage**: Are HDs stored in a manner to minimize accidental exposure? *Describe*	No	
43.01	HDs are not stored on the floor.	Yes	
43.02	HDs are stored in a manner to minimize breakage and spillage.	No	
43.03	If facility is in an area prone to specific types of natural disasters, appropriate precautions are taken (eg, raised front lips on shelving in earthquake prone areas).	No	They are stored on metal shelving.

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		Observation	Notes
44.00	Antineoplastic HDs that require manipulation (other than counting and repackaging final dosage forms) and HD API are stored separately from non-HDs.	No	
44.01	These HDs are stored in an externally ventilated, negative pressure room.	Yes	
44.02	The HD storage room has at least 12 air changes per hour (ACPH).	Yes	
44.03	Refrigerated antineoplastic HDs are stored in a dedicated refrigerator in a negative pressure area with at least 12 ACPH (eg, storage room, buffer room, or containment segregated compounding area [C-SCA]).	N/A	
44.04	**Recommendation**: *If the refrigerator is located in a buffer room, is an exhaust located adjacent to the refrigerator's compressor and behind the refrigerator?*	N/A	
45.00	If non-antineoplastic, reproductive risk only, and final dosage forms of antineoplastics are stored with other non-HD inventory, there is a written policy/SOP addressing it.	No	

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Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
46.00	**Compounding**: There are appropriate engineering controls to protect the HD preparation from cross-contamination, and if sterile compounding, from microbial contamination, during all phases of the compounding process.	N/A	
47.00	All HD compounding are performed within a C-PEC located in a C-SEC room.	Yes	
47.01	The C-SEC for both sterile and nonsterile HD compounding has all of the following:		The cart is pushed up against the air intake manifold (Photo32_NS47.01).
47.01.01	Has fixed walls;	Yes	
47.01.02	Is externally vented;	Yes	
47.01.03	Is able to meet (12) or exceed ACPH requirements;	Yes	Testing reports for the nonsterile HD negative pressure room (Doc09_NS47.01.03 and Doc10_NS47.01.03).
47.01.04	Is physically separated (ie, a different room) from other preparation areas; and	Yes	

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Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
47.01.05	Has a negative pressure differential of between 0.01 inches and 0.03 inches of water column relative to all adjacent areas.	Yes	
48.00	The C-PEC operates continuously if it supplies some or all of the negative pressure in the C-SEC or if it is used for sterile compounding.	Yes	
49.00	There is a sink readily available for handwashing on the hazardous side.	No	It is outside of the nonsterile HD room.
49.01	There is an eyewash station readily available.	No	
49.02	Water sources and drains are a minimum of 1 meter away from the C-PEC.	Yes	
50.00	Does the pharmacy engage in **nonsterile HD compounding**? If yes, complete 50.01-54. If no, skip to 55:	Yes	
50.01	Select the location where **nonsterile HD compounding** is performed type(s):		

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Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
50.01.01	C-PECs used for sterile HD compounding are located in a different room than C-PECs used for nonsterile HD compounding	N/A	No sterile compounding occurs at this facility.
50.01.02	C-PECs used for sterile HD compounding are located in the same room as C-PECs used for nonsterile HD compounding.	N/A	
50.02	Select the type(s) of containment primary engineering control(s) used for **nonsterile HD compounding**:		
50.02.01	Class I biological safety cabinet (BSC)	No	
50.02.02	Class II BSC	Yes	
50.02.03	Containment ventilated enclosure (CVE)	No	
50.02.04	Compounding aseptic containment isolator (CACI)	No	
50.02.05	Other, describe	N/A	
51.00	Indicate if the C-PEC used for **nonsterile HD compounding** (must be one of two below in order to be compliant):		

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Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
51.01	Is externally vented *(preferred)* ; **and/or**	Yes	
51.02	Has redundant High Efficiency Particulate Air (HEPA) filters in series	N/A	
52.00	Does the pharmacy use the same C-PEC (Class II BSC or CACI) used for sterile HD compounding and nonsterile HD compounding?	N/A	
52.01	Is **nonsterile HD compounding** only "occasional"? / *If yes, please describe frequency and quantity*	No	It appears that they compound HDs regularly.
52.02	Is the **nonsterile HD compounding** activity only occurring when sterile HD compounding is not being performed?	N/A	
52.03	Is the C-PEC decontaminated, cleaned, and disinfected prior to resuming sterile compounding?	N/A	
53.00	The C-SEC has at least 12 ACPH. *Verify documentation and monitoring.*	Yes	

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		Observation	Notes
54.00	The ceilings, walls, floors, fixtures, shelving, counters, and cabinets are smooth, impervious, free from cracks and crevices, and non-shedding. *If non-compliant describe.*	Yes	
55.00	Does the pharmacy engage in **sterile HD compounding**? If yes, complete 55.01-61.02.03. If no, skip to 62.	No	
55.01	Select the type(s) of containment primary engineering control(s) used for **sterile HD compounding**:		
55.01.01	CACI	N/A	
55.01.02	Class II BSC, Type A1 (formerly Type A and not suitable for volatile toxic chemicals and volatile radionuclides)	N/A	
55.01.03	Class II BSC, Type A2 (formerly Type B3)	N/A	
55.01.04	Class II BSC, Type B1	N/A	
55.01.05	Class II BSC, Type B2 (total exhaust for volatile components)	N/A	

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		Observation	Notes
55.01.06	Class III BSC	N/A	
55.01.07	LAFW (not for antineoplastics)	N/A	
55.01.08	CAI (not for antineoplastics)	N/A	
56.00	The C-PEC maintains ISO Class 5 or better air quality and is under continuous operation, unless power loss or repair occurs.	N/A	
57.00	Is the C-PEC used for **sterile HD compounding** externally vented?	N/A	
58.00	If a BSC or CACI that is used for **sterile HD compounding** is also used for non-HD preparations, is the non-HD preparation placed into a protective outer wrapper during removal from the C-PEC?	N/A	
58.01	If used for both, is the non-HD preparation labeled to require PPE handling precautions?	N/A	
59.00	If the C-SEC is an unclassified containment segregated HD compounding area (C-SCA: enclosed separate room with fixed walls, but not ISO classified), beyond-use dates (BUDs) are limited in accordance with <797> as Category 1 compounded sterile preparations.	N/A	

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		Observation	Notes
59.01	The C-SEC (C-SCA) has at least 12 ACPH. *Verify documentation and monitoring.*	N/A	
59.02	A handwashing sink is at least one meter or more away from the C-PEC	Yes	
59.02.01	Describe whether the sink is inside the C-SCA or directly outside the C-SCA		
60.00	If BUDs are longer than the Category 1 BUDs specified in <797>, the PEC is located in a C-SEC, which is an ISO Class 7 buffer room adjacent to an ISO Class 7 anteroom.	N/A	
60.01	The buffer room has fixed walls.	N/A	
60.02	The buffer room is externally vented.	N/A	
60.03	The buffer room has HEPA-filtered supply air.	N/A	
60.04	The buffer room has at least 30 ACPH.	N/A	

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		Observation	Notes
60.05	The buffer room has a negative pressure differential of between 0.01 inches and 0.03 inches of water column relative to the anteroom.	N/A	
60.06	The anteroom has fixed walls.	N/A	
60.07	The ante room has a minimum of 30 ACPH of HEPA-filtered supply air.	N/A	
60.08	The ante room maintains positive pressure of at least 0.02 inches water column relative to any adjacent unclassified areas.	N/A	
60.09	The handwashing sink is located in the anteroom at least 1 meter or more away from the door to the buffer room to prevent contamination into the negative pressure buffer room.	N/A	
61.00	If the negative-pressure HD buffer room is entered through a positive-pressure non-HD buffer room, there is a line of demarcation within the buffer room for donning and doffing PPE.	N/A	
61.01	There is a design and method to contain and minimize HD contamination when **transporting** HDs, HD CSPs, and HD waste into and out of the negative pressure buffer room:	N/A	
61.02	Indicate how HD contamination is minimized:		

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		Observation	Notes
61.02.01	Pass-through chamber between negative pressure buffer room and adjacent space included in the facility's certification not compromising air quality in the buffer room *(verified in the facility's semi-annual certification report that pass through has not compromised air quality in the buffer room).*	N/A	Pass-through is in room 4 of the layout and personnel go in and out of this room to get items passed in from the non-classified space outside such as CRs and supplies needed (Photo01_PI).
61.02.02	Use of sealed containers	N/A	
61.02.03	Other, *describe*	N/A	
	Environmental Quality and Control - Surface wipe sampling		
62.00	**Recommendation**: **Surface wipe sampling** is performed routinely (initially and at least every six months) to monitor HD containment processes and trends, which includes all of the following:	No	
62.01	Interior of C-PEC and equipment within the C-PEC	N/A	

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Hazardous Drugs - Handling in Health Care Settings

The information and comments obtained in the Hazardous Drugs - Handling in Health Care Settings Inspection is based on USP Chapter <800>.

Any items marked "Recommendation" are considered "best practices" and are not considered requirements for compliance with USP standards, but the information is collected as it may be a requirement under state law.

An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
62.02	Pass-through chambers	N/A	
62.03	Surfaces in staging or work areas near the C-PEC	N/A	
62.04	Areas adjacent to the C-PEC (eg,. floors directly under, staging, and dispensing areas)	N/A	
62.05	Areas immediately outside the HD buffer room or the C-SCA	N/A	
	Receiving		
63.00	**Recommendation**: HDs are packaged by the supplier in impervious plastic to segregate them from other drugs and decrease possibility of exposure during unpacking and internal transfer.	Yes	
64.00	HDs are delivered to the HD storage area immediately after unpacking.	Yes	
65.00	A spill kit is readily accessible in the receiving area.	No	
66.00	Containers are visually examined for signs of damage or breakage prior to opening.	Yes	

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
67.00	If a shipping container appears damaged and does not need to be opened, it is sealed, enclosed in an impervious container, labeled "hazardous" on the outside, and returned to the supplier after contact or disposed of as hazardous waste.	Yes	
67.01	If a damaged shipping container must be opened, it is done so according to SOPs, to include sealing the container in plastic or an impervious container, transporting it to the C- PEC for unpacking, removing, and wiping the outside of the undamaged items with disposable wipes, resealing the damaged items in an impervious container and marking it "hazardous," returning it to the supplier after contact or disposing as hazardous waste, and deactivating, decontaminating, and cleaning the C-PEC.\	Yes	
68.00	Damaged packages are considered spills and reported to the designated person. ***List last date of damaged package receipt.***	Yes	None received damaged to date.

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
	Labeling, Packaging, Transport, and Disposal		
69.00	HDs requiring special HD handling are always clearly labeled as hazardous during transport and in accordance with any laws related to labeling of HDs.	No	
70.00	Labeling processes do not introduce contamination into non-HD handling areas.	Unknown	No HD labels on chemicals.
71.00	Packaging materials are chosen that protect the HD and healthcare worker against damage, leakage, contamination, and degradation during transport, but also maintains the physical integrity, stability, and sterility of the HD.	Unknown	No HD transport bags were seen on inspection.
72.00	Pneumatic tubes are not used for transporting any liquid HDs or antineoplastic HDs.	N/A	
73.00	Labeling on HDs shipped outside the pharmacy meets all of the following requirements:		

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Hazardous Drugs - Handling in Health Care Settings

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
73.01	Labeling specified in SDS for transport;	Yes	
73.02	Storage and disposal instructions; and	Unknown	
73.03	Labeled with HD category.	No	
	Dispensing, Packaging, and Compounding Processes		
74.00	Counting of antineoplastics is done by hand (eg, not placed into automated counting devices).	Yes	
75.00	Clean, dedicated (not used for non-HD purposes), or disposable equipment is used for counting, packaging, and compounding of HDs.	Yes	Each filling station had their own counting trays. They are not designated HD or non-HD. This inspector was told they are wiped down with 70% IPA in between uses.
75.01	**Recommendation**: Equipment is decontaminated after every use.	No	

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
75.02	**Recommendation**: When compounding, a plastic-backed preparation mat is placed on the C-PEC work surface and changed and discarded appropriately as HD waste. All of the following should apply in order to make this a Yes.	Yes	There was a mat under the scale in the BSC when the technician started compounding the 5-FU CNSP. The technician was not observed cleaning the BSC prior to compounding.
75.02.01	Immediately if a spill occurs	Yes	
75.02.02	Regularly during use	Unknown	
75.02.03	At the end of a shift	Unknown	
76.00	APIs or other powdered HDs are handled in a C-PEC during particle-generating activities, such as crushing, opening capsules, and weighing powders.	Yes	

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
	Deactivating and Decontaminating (Cleaning and Disinfecting are performed in accordance with Chapters <795> and <797>)		
77.00	The pharmacy has chosen appropriate oxidizing agent(s) for deactivation and decontamination and proven effective by testing.	Yes	PeridoxRTU.
78.00	Wipes or other appropriate delivery mechanisms (eg, not a spray bottle) are used for deactivation and decontamination.	No	Spray 70% IPA was used outside the BSC as part of the deactivation, decontaminating, cleaning and disinfection process for utensils used during the weighing process.
79.00	The C-PEC must be decontaminated. *All of the following must be done to be compliant*	No	
79.01	Between compounding of different HDs	Unknown	Only witnessed 1 HD compound prepared and this inspector did not observe the hood cleaned prior to the compounding occurring.
79.02	At least daily when used	Unknown	
79.03	Any time a spill occurs	Yes	

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
79.04	Before and after certification	Yes	
79.05	Any time voluntary interruption occurs	Yes	
79.06	If the ventilation tool is moved	Yes	
80.00	HD containers are wiped down prior to placing them in the C-PEC and the solution used does not alter the product label.	No	
81.00	Areas, other than the work surface of the C-PEC, where contamination can build up (such as areas under the work tray), are deactivated, decontaminated, and cleaned at least monthly.	Unknown	Cleaning logs were requested from Sam to be sent to NABP. Documents were not received prior to submission of the Inspection Report.
82.00	Additional PPE (eg, respirator) is used in accordance with SOPs, to protect the worker if containment airflows are compromised by opening the cabinets to get to these areas.	No	No respirators are used.

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Hazardous Drugs - Handling in Health Care Settings

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: CarePoint Healthcare LLC dba Carepoint Pharmacy
e-Profile ID: 707534
Inspection Date: 01/21/2026 & 01/22/2026

		Observation	Notes
	Spill Control		
83.00	Spills are contained and cleaned immediately.	No	The spill kits are old, very small and did not contain the necessary PPE or equipment needed to clean up an HD spill.
84.00	Trained/qualified personnel are always available during operation with HDs to handle spills.	No	
85.00	Only trained/qualified personnel engage in spill containment and cleanup.	No	
86.00	There are signs available to restrict access to spill areas.	No	
87.00	Spill kits, containing all ingredients necessary to clean HD spills, are readily available in all areas where HDs are routinely handled.	No	
88.00	Spill materials are disposed of as hazardous waste.	Unknown	
89.00	The circumstances and management of all spills are documented. ***Review documentation for spills for the last year and list the most recent date.***	Unknown	

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CAPA I-009 - NABP VPP Inspection Deficiency

CAPA ID	I-009
Source	NABP Verified Pharmacy Program (VPP) Inspection Report
Inspection Dates	1/21/2026–1/22/2026
CAPA Initiation Date	3/2/2026
Program Area	Nonsterile Compounding
Reference (Question/Photo/Doc)	NS2.2
Priority	High
Owner	Sam Ibrahim
Target Due Date	3/31/2026
Status	Open

Deficiency / Nonconformance

Annual SOP review not documented / not ensuring SOPs reflect current practice.

Applicable Standards / Requirements

- USP <795> (Nonsterile Compounding)
- USP Compounding Compendium subscription maintained (facility evidence to be attached).
- NABP VPP Reference: NS2.2

Immediate Correction / Containment

Document the immediate actions taken. The facility reports that the CNSP program has been overhauled post-inspection to align with applicable accreditation, regulatory, and USP requirements and now maintains an active USP Compounding Compendium Online Annual Subscription (USP <795>/<797>/<800>).

Effective date of overhaul: ___/___/_____

Immediate containment evidence includes: updated SOPs/forms, training/competency completion, and audit plan activation.

Corrective Actions

Establish annual SOP review schedule and documentation; update SOPs to current practice and USP <795>; implement review/approval workflow.

Corrective action plan:

- Update/issue policy, SOP, form, and/or system configuration addressing the finding.
- Train impacted personnel. Document competency where applicable.

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- Implement monitoring/audits and define escalation pathway for deviations.

Preventive Actions

- Add CAPA-related KPI(s) / audit checks to QMC/QAPI agenda until sustained compliance is demonstrated.
- Implement document control triggers (new USP updates, regulation change alerts) tied to periodic review schedule.
- Define ongoing refresher training cadence and re-validation requirements.

Evidence / Attachments for Closure

- Revised/approved policy/SOP/form(s) with revision dates and approval signatures.
- Training records (sign-in, competency validation, quizzes, observation checklists).
- Audit results / monitoring logs demonstrating compliance (include sample size and dates).
- Supporting photos (as applicable), vendor manifests, calibration certificates, label screenshots.

CNSP Overhaul Attachment References (from Non-Sterile Compounding folder):

- Attachment 1: **CNSP Program Charter and Scope of Service**
- Attachment 2: **Compounding Record_Batch Record (CR_BCR) - Nonsterile Compounding**
- Attachment 3: **SOP - BUD Assignment and Label Verification (Nonsterile Compounding)**
- Attachment 4: **SOP - CNSP Component Receiving, Quarantine, CoA Review, and Release (HD and Non-HD)**
- Attachment 5: **SOP - CNSP Documentation and Compounding Record_Batch Record (CR_BCR) Completion**
- Attachment 6: **SOP - CNSP Equipment Qualification, Calibration_Verification, and Maintenance (Non-sterile)**
- Attachment 7: **SOP - CNSP Packaging, Labeling, Storage, and Final Check**
- Attachment 8: **SOP - CNSP PPE, Garbing, and Workflow Segregation (HD vs Non-HD)**
- Attachment 9: **SOP - CNSP Quality Oversight, Audits, Deviations, CAPA, and Management Review**
- Attachment 10: **SOP - CNSP Waste Disposal and Reverse Distribution (HD vs Non-HD)**

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- Attachment 11: **SOP - Compounding (Non-Sterile Preparation)**
- Attachment 12: **SOP - FormulaRx MFR Data Entry and Change Control (CNSP)**
- Attachment 13: **SOP - Hazardous Drug Spill and Exposure Response**
- Attachment 14: **Individual HD Assessment of Risk Documents/Misoprostol Hazardous Risk Assessment**
- Attachment 15: **Proof of USP Compounding Compendium Online Annual Subscription access**

Effectiveness Check (Verification)

- Document review confirms updated policy/SOP/training materials are approved and effective.
- Audit sample (minimum n=10 where applicable) demonstrates consistent implementation.
- Compounding competency validation records complete for all authorized personnel; annual cadence scheduled.
- Compounding area walkthrough confirms storage, documentation, equipment cleaning, and BUD assignment practices are sustained.

Effectiveness verification date: ___/___/_____ Verified by: _____

Approvals & Closure

CAPA Approved by (PIC/Designee): _____ Date: ___/___/_____

CAPA Closed by (Compliance/QA): _____ Date: ___/___/_____

Closure statement (required): _____

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CAPA I-002 - NABP VPP Inspection Deficiency

CAPA ID	I-002
Source	NABP Verified Pharmacy Program (VPP) Inspection Report
Inspection Dates	1/21/2026–1/22/2026
CAPA Initiation Date	3/19/2026
Program Area	General Pharmacy
Reference (Question/Photo/Doc)	GP37.05; Photo03-05_GP37.05
Priority	High
Owner	Sam Ibrahim
Target Due Date	3/31/2026
Status	Open

Deficiency / Nonconformance

Hazardous waste handling/collection system unclear; HD waste bins observed full; doffing trash not labeled as HD waste.

Applicable Standards / Requirements

- Applicable state board of pharmacy rules
- NABP VPP General Pharmacy criteria (Reference: GP37.05; Photo03-05_GP37.05)

Immediate Correction / Containment

Enter actions taken to immediately mitigate risk and prevent recurrence while the CAPA is in progress. Attach evidence as applicable.

Corrective Actions

Define and document HD waste handling SOP (segregation, labeling, pickup triggers, frequency, vendor); label all HD/trace waste receptacles; establish bin fill-level checks and logs.

Corrective action plan:

- Update/issue policy, SOP, form, and/or system configuration addressing the finding.
- Train impacted personnel; document competency where applicable.
- Implement monitoring/audits and define escalation pathway for deviations.

Preventive Actions

- Add CAPA-related KPI(s) / audit checks to QMC/QAPI agenda until sustained compliance is demonstrated.

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- Implement document control triggers (new USP updates, regulation change alerts) tied to periodic review schedule.
- Define ongoing refresher training cadence and re-validation requirements.

Evidence / Attachments for Closure

- Revised/approved policy/SOP/form(s) with revision dates and approval signatures.
- Training records (sign-in, competency validation, quizzes, observation checklists).
- Audit results / monitoring logs demonstrating compliance (include sample size and dates).
- Supporting photos (as applicable), vendor manifests, calibration certificates, label screenshots.

Effectiveness Check (Verification)

- Document review confirms updated policy/SOP/training materials are approved and effective.
- Audit sample (minimum n=10 where applicable) demonstrates consistent implementation.

Effectiveness verification date: ___/___/_____ Verified by: _____

Approvals & Closure

CAPA Approved by (PIC/Designee): _____ Date: ___/___/_____

CAPA Closed by (Compliance/QA): _____ Date: ___/___/_____

Closure statement (required): _____

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CAPA I-006 - NABP VPP Inspection Deficiency

CAPA ID	I-006
Source	NABP Verified Pharmacy Program (VPP) Inspection Report
Inspection Dates	1/21/2026–1/22/2026
CAPA Initiation Date	3/19/2026
Program Area	General Pharmacy
Reference (Question/Photo/Doc)	GP10.00–13.00; Doc04_GP10.00
Priority	High
Owner	Sam Ibrahim
Target Due Date	3/31/2026
Status	Open

Deficiency / Nonconformance

Compounded BLT sent to provider offices with a patient name that may be provider/office employee and used on multiple patients (patient-specific labeling concern).

Applicable Standards / Requirements

- Applicable state board of pharmacy rules
- NABP VPP General Pharmacy criteria (NABP VPP Reference: GP10.00–13.00; Doc04_GP10.00)

Immediate Correction / Containment

Enter actions taken to immediately mitigate risk and prevent recurrence while the CAPA is in progress. Attach evidence as applicable.

Corrective Actions

Review/segregate patient-specific vs office-use workflows; ensure labeling aligns with patient-specific requirements; update contracts/SOPs; implement checks to prevent reuse of patient identifiers.

Corrective action plan:

- Update/issue policy, SOP, form, and/or system configuration addressing the finding.
- Train impacted personnel; document competency where applicable.
- Implement monitoring/audits and define escalation pathway for deviations.

Preventive Actions

- Add CAPA-related KPI(s) / audit checks to QMC/QAPI agenda until sustained compliance is demonstrated.

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- Implement document control triggers (new USP updates, regulation change alerts) tied to periodic review schedule.
- Define ongoing refresher training cadence and re-validation requirements.

Evidence / Attachments for Closure

- Revised/approved policy/SOP/form(s) with revision dates and approval signatures.
- Training records (sign-in, competency validation, quizzes, observation checklists).
- Audit results / monitoring logs demonstrating compliance (include sample size and dates).
- Supporting photos (as applicable), vendor manifests, calibration certificates, label screenshots.

Effectiveness Check (Verification)

- Document review confirms updated policy/SOP/training materials are approved and effective.
- Audit sample (minimum n=10 where applicable) demonstrates consistent implementation.

Effectiveness verification date: ___/___/_____ Verified by: _____

Approvals & Closure

CAPA Approved by (PIC/Designee): _____ Date: ___/___/_____

CAPA Closed by (Compliance/QA): _____ Date: ___/___/_____

Closure statement (required): _____

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CAPA I-008 - NABP VPP Inspection Deficiency

CAPA ID	I-008
Source	NABP Verified Pharmacy Program (VPP) Inspection Report
Inspection Dates	1/21/2026–1/22/2026
CAPA Initiation Date	3/2/2026
Program Area	Nonsterile Compounding
Reference (Question/Photo/Doc)	NS 1.1.4 / 2.1
Priority	High
Owner	Sam Ibrahim
Target Due Date	3/2/2026
Status	Open

Deficiency / Nonconformance

Designated person not trained in new USP <795> standards; training/experience for QA role not met.

Applicable Standards / Requirements

- USP <795> (Nonsterile Compounding)
- USP Compounding Compendium subscription maintained (facility evidence to be attached).
- NABP VPP Reference: NS 1.1.4 / 2.1

Immediate Correction / Containment

Document the immediate actions taken. The facility reports that the CNSP program has been overhauled post-inspection to align with applicable accreditation, regulatory, and USP requirements and now maintains an active USP Compounding Compendium Online Annual Subscription (USP <795>/<797>/<800>).

Effective date of overhaul: ___/___/_____

Immediate containment evidence includes: updated SOPs/forms, training/competency completion, and audit plan activation.

Corrective Actions

- Provide documented DP training on USP <795> (current) and facility SOPs
- Formalize DP qualification criteria
- Maintain training record & competency assessment

Corrective action plan:

- Update/issue policy, SOP, form, and/or system configuration addressing the finding.

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- Train impacted personnel; document competency where applicable.
- Implement monitoring/audits and define escalation pathway for deviations.

Preventive Actions

- Add CAPA-related KPI(s) / audit checks to QMC/QAPI agenda until sustained compliance is demonstrated.
- Implement document control triggers (new USP updates, regulation change alerts) tied to periodic review schedule.
- Define ongoing refresher training cadence and re-validation requirements.

Evidence / Attachments for Closure

- Revised/approved policy/SOP/form(s) with revision dates and approval signatures.
- Training records (sign-in, competency validation, quizzes, observation checklists).
- Audit results / monitoring logs demonstrating compliance (include sample size and dates).
- Supporting photos (as applicable), vendor manifests, calibration certificates, label screenshots.

CNSP Overhaul Attachment References (from Non-Sterile Compounding folder):

- Attachment 1: **CNSP Program Charter and Scope of Service**
- Attachment 2: **Compounding Record_Batch Record (CR_BCR) - Nonsterile Compounding**
- Attachment 3: **SOP - BUD Assignment and Label Verification (Nonsterile Compounding)**
- Attachment 4: **SOP - CNSP Component Receiving, Quarantine, CoA Review, and Release (HD and Non-HD)**
- Attachment 5: SOP - **CNSP Documentation and Compounding Record_Batch Record (CR_BCR) Completion**
- Attachment 6: SOP - **CNSP Equipment Qualification, Calibration_Verification, and Maintenance (Non-sterile)**
- Attachment 7: **SOP - CNSP Packaging, Labeling, Storage, and Final Check**
- Attachment 8: SOP - **CNSP PPE, Garbing, and Workflow Segregation (HD vs Non-HD)**
- Attachment 9: **SOP - CNSP Quality Oversight, Audits, Deviations, CAPA, and Management Review**

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- Attachment 10: SOP - **CNSP Waste Disposal and Reverse Distribution (HD vs Non-HD)**
- Attachment 11: SOP - **Compounding (Non-Sterile Preparation)**
- Attachment 12: SOP - **FormulaRx MFR Data Entry and Change Control (CNSP)**
- Attachment 13: **SOP - Hazardous Drug Spill and Exposure Response**
- Attachment 14: **Individual HD Assessment of Risk Documents/Misoprostol Hazardous Risk Assessment**
- Attachment 15: **Proof of USP Compounding Compendium Online Annual Subscription access**

Effectiveness Check (Verification)

- Document review confirms updated policy/SOP/training materials are approved and effective.
- Audit sample (minimum n=10 where applicable) demonstrates consistent implementation.
- Compounding competency validation records complete for all authorized personnel; annual cadence scheduled.
- Compounding area walkthrough confirms storage, documentation, equipment cleaning, and BUD assignment practices are sustained.

Effectiveness verification date: ___/___/_____ Verified by: _____

Approvals & Closure

CAPA Approved by (PIC/Designee): _____ Date: ___/___/_____

CAPA Closed by (Compliance/QA): _____ Date: ___/___/_____

Closure statement (required): _____

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CAPA I-005 - NABP VPP Inspection Deficiency

CAPA ID	I-005
Source	NABP Verified Pharmacy Program (VPP) Inspection Report
Inspection Dates	1/21/2026–1/22/2026
CAPA Initiation Date	3/19/2026
Program Area	General Pharmacy
Reference (Question/Photo/Doc)	GP71.00 (Mail/Delivery)
Priority	High
Owner	Sam Ibrahim
Target Due Date	3/31/2026
Status	Open

Deficiency / Nonconformance

No hazardous drug (HD) labeling on outside of packets/boxes used to ship HD prescriptions.

Applicable Standards / Requirements

- Applicable state board of pharmacy rules
- NABP VPP General Pharmacy criteria (Reference: GP71.00 (Mail/Delivery))

Immediate Correction / Containment

Enter actions taken to immediately mitigate risk and prevent recurrence while the CAPA is in progress. Attach evidence as applicable.

Corrective Actions

Define compliant shipping/transport labeling approach for HDs (while maintaining privacy requirements); update SOPs and train shipping team; audit implementation.

Corrective action plan:

- Update/issue policy, SOP, form, and/or system configuration addressing the finding.
- Train impacted personnel; document competency where applicable.
- Implement monitoring/audits and define escalation pathway for deviations.

Preventive Actions

- Add CAPA-related KPI(s) / audit checks to QMC/QAPI agenda until sustained compliance is demonstrated.

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- Implement document control triggers (new USP updates, regulation change alerts) tied to periodic review schedule.
- Define ongoing refresher training cadence and re-validation requirements.

Evidence / Attachments for Closure

- Revised/approved policy/SOP/form(s) with revision dates and approval signatures.
- Training records (sign-in, competency validation, quizzes, observation checklists).
- Audit results / monitoring logs demonstrating compliance (include sample size and dates).
- Supporting photos (as applicable), vendor manifests, calibration certificates, label screenshots.

Effectiveness Check (Verification)

- Document review confirms updated policy/SOP/training materials are approved and effective.
- Audit sample (minimum n=10 where applicable) demonstrates consistent implementation.

Effectiveness verification date: ___/___/_____ Verified by: _____

Approvals & Closure

CAPA Approved by (PIC/Designee): _____ Date: ___/___/_____

CAPA Closed by (Compliance/QA): _____ Date: ___/___/_____

Closure statement (required): _____

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CAPA I-007 - NABP VPP Inspection Deficiency

CAPA ID	I-007
Source	NABP Verified Pharmacy Program (VPP) Inspection Report
Inspection Dates	1/21/2026–1/22/2026
CAPA Initiation Date	3/2/2026
Program Area	General Pharmacy
Reference (Question/Photo/Doc)	Pharmacy Info notes (training doc integrity)
Priority	High
Owner	Sam Ibrahim
Target Due Date	3/31/2026
Status	Open

Deficiency / Nonconformance

Document control/integrity concern: training record edited during inspection while retaining an older signature/date.

Applicable Standards / Requirements

- Applicable state board of pharmacy rules
- NABP VPP General Pharmacy criteria (Reference: Pharmacy Info notes (training doc integrity))

Immediate Correction / Containment

Enter actions taken to immediately mitigate risk and prevent recurrence while the CAPA is in progress. Attach evidence as applicable.

Corrective Actions

Implement document control policy (versioning, audit trails, change control); review training records for integrity; retrain owners on controlled document practices.

Corrective action plan:

- Update/issue policy, SOP, form, and/or system configuration addressing the finding.
- Train impacted personnel and document competency where applicable.
- Implement monitoring/audits and define escalation pathway for deviations.

Preventive Actions

- Add CAPA-related KPI(s) / audit checks to QMC/QAPI agenda until sustained compliance is demonstrated.

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- Implement document control triggers (new USP updates, regulation change alerts) tied to periodic review schedule.
- Define ongoing refresher training cadence and re-validation requirements.

Evidence / Attachments for Closure

- Revised/approved policy/SOP/form(s) with revision dates and approval signatures.
- Training records (sign-in, competency validation, quizzes, observation checklists).
- Audit results / monitoring logs demonstrating compliance (include sample size and dates).
- Supporting photos (as applicable), vendor manifests, calibration certificates, label screenshots.

Effectiveness Check (Verification)

- Document review confirms updated policy/SOP/training materials are approved and effective.
- Audit sample (minimum n=10 where applicable) demonstrates consistent implementation.

Effectiveness verification date: ___/___/_____ Verified by: _____

Approvals & Closure

CAPA Approved by (PIC/Designee): _____ Date: ___/___/_____

CAPA Closed by (Compliance/QA): _____ Date: ___/___/_____

Closure statement (required): _____

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CAPA I-001 - NABP VPP Inspection Deficiency

CAPA ID	I-001
Source	NABP Verified Pharmacy Program (VPP) Inspection Report
Inspection Dates	1/21/2026–1/22/2026
CAPA Initiation Date	3/19/2026
Program Area	General Pharmacy
Reference (Question/Photo/Doc)	GP29.00
Priority	High
Owner	Sam Ibrahim
Target Due Date	3/31/2026
Status	Open

Deficiency / Nonconformance

No documented statement/system ensuring most stringent laws/regulations are followed; lack of awareness/access to current USP <795>/<800> noted.

Applicable Standards / Requirements

- Applicable state board of pharmacy rules
- NABP VPP General Pharmacy criteria (Reference: GP29.00)

Immediate Correction / Containment

Enter actions taken to immediately mitigate risk and prevent recurrence while the CAPA is in progress. Attach evidence as applicable.

Corrective Actions

Implement documented regulatory monitoring + update process; obtain current USP <795>/<800>; train Compliance Officer and relevant staff; document access and update cadence.

Corrective action plan:

- Update/issue policy, SOP, form, and/or system configuration addressing the finding.
- Train impacted personnel; document competency where applicable.
- Implement monitoring/audits and define escalation pathway for deviations.

Preventive Actions

- Add CAPA-related KPI(s) / audit checks to QMC/QAPI agenda until sustained compliance is demonstrated.

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- Implement document control triggers (new USP updates, regulation change alerts) tied to periodic review schedule.
- Define ongoing refresher training cadence and re-validation requirements.

Evidence / Attachments for Closure

- Revised/approved policy/SOP/form(s) with revision dates and approval signatures.
- Training records (sign-in, competency validation, quizzes, observation checklists).
- Audit results / monitoring logs demonstrating compliance (include sample size and dates).
- Supporting photos (as applicable), vendor manifests, calibration certificates, label screenshots.

Effectiveness Check (Verification)

- Document review confirms updated policy/SOP/training materials are approved and effective.
- Audit sample (minimum n=10 where applicable) demonstrates consistent implementation.

Effectiveness verification date: ___/___/_____ Verified by: _____

Approvals & Closure

CAPA Approved by (PIC/Designee): _____ Date: ___/___/_____

CAPA Closed by (Compliance/QA): _____ Date: ___/___/_____

Closure statement (required): _____

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CAPA I-011 - NABP VPP Inspection Deficiency

CAPA ID	I-011
Source	NABP Verified Pharmacy Program (VPP) Inspection Report
Inspection Dates	1/21/2026–1/22/2026
CAPA Initiation Date	3/2/2026
Program Area	Nonsterile Compounding
Reference (Question/Photo/Doc)	NS3.1–3.3
Priority	High
Owner	Sam Ibrahim
Target Due Date	3/31/2026
Status	Open

Deficiency / Nonconformance

Initial qualification and annual training/competency documentation deficiencies for personnel performing/overseeing compounding.

Applicable Standards / Requirements

- USP <795> (Nonsterile Compounding)
- USP Compounding Compendium subscription maintained (facility evidence to be attached).
- NABP VPP Reference: NS3.1–3.3

Immediate Correction / Containment

The CNSP program has been revised to align with applicable accreditation, regulatory, and USP requirements and now maintains an active USP Compounding Compendium Annual Subscription (USP <795>/<797>/<800>).

Effective date of overhaul: ___/___/_____

Immediate containment evidence includes: updated SOPs/forms, training/competency completion, and audit plan activation.

Corrective Actions

- Complete initial/annual competency assessments per SOP
- Document for all relevant personnel (compounders and oversight staff)
- Implement tracking and escalation for lapses

Corrective action plan:

- Update/issue policy, SOP, form, and/or system configuration addressing the finding.

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- Train impacted personnel. Document competency where applicable.
- Implement monitoring/audits and define escalation pathway for deviations.

Preventive Actions

- Add CAPA-related KPI(s) / audit checks to QMC/QAPI agenda until sustained compliance is demonstrated.
- Implement document control triggers (new USP updates, regulation change alerts) tied to periodic review schedule.
- Define ongoing refresher training cadence and re-validation requirements.

Evidence / Attachments for Closure

- Revised/approved policy/SOP/form(s) with revision dates and approval signatures.
- Training records (sign-in, competency validation, quizzes, observation checklists).
- Audit results / monitoring logs demonstrating compliance (include sample size and dates).
- Supporting photos (as applicable), vendor manifests, calibration certificates, label screenshots.

CNSP Overhaul Attachment References (from Carepoint Policy Reconciliation folder):

- Attachment 1: **CNSP Program Charter and Scope of Service**
- Attachment 2: **Compounding Record_Batch Record (CR_BCR) - Nonsterile Compounding**
- Attachment 3: **SOP - BUD Assignment and Label Verification (Nonsterile Compounding)**
- Attachment 4: **SOP - CNSP Component Receiving, Quarantine, CoA Review, and Release (HD and Non-HD)**
- Attachment 5: **SOP - CNSP Documentation and Compounding Record_Batch Record (CR_BCR) Completion**
- Attachment 6: **SOP - CNSP Equipment Qualification, Calibration_Verification, and Maintenance (Non-sterile)**
- Attachment 7: **SOP - CNSP Packaging, Labeling, Storage, and Final Check**
- Attachment 8: **SOP - CNSP PPE, Garbing, and Workflow Segregation (HD vs Non-HD)**
- Attachment 9: **SOP - CNSP Quality Oversight, Audits, Deviations, CAPA, and Management Review**

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- Attachment 10: **SOP - CNSP Waste Disposal and Reverse Distribution (HD vs Non-HD)**
- Attachment 11: **SOP - Compounding (Non-Sterile Preparation)**
- Attachment 12: **SOP - FormulaRx MFR Data Entry and Change Control (CNSP)**
- Attachment 13: **SOP - Hazardous Drug Spill and Exposure Response**
- Attachment 14: **Individual HD Assessment of Risk Documents/Misoprostol Hazardous Risk Assessment**
- Attachment 15: **Proof of USP Compounding Compendium Online Annual Subscription access**

Effectiveness Check (Verification)

- Document review confirms updated policy/SOP/training materials are approved and effective.
- Audit sample (minimum n=10 where applicable) demonstrates consistent implementation.
- Compounding competency validation records complete for all authorized personnel; annual cadence scheduled.
- Compounding area walkthrough confirms storage, documentation, equipment cleaning, and BUD assignment practices are sustained.

Effectiveness verification date: ___/___/_____ Verified by: _____

Approvals & Closure

CAPA Approved by (PIC/Designee): _____ Date: ___/___/_____

CAPA Closed by (Compliance/QA): _____ Date: ___/___/_____

Closure statement (required): _____

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4BBB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☒ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☒ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #:		☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: CENTRAL CARE PHARMACY / GHST RX INC

Physical Address: 16260 VENTURA BLVD #100

City: ENCINO State: CA Zip: 91436

Mailing Address (if different from physical address): SAME AS ABOVE

City: _____ State: _____ Zip: _____

Telephone: 818-386-1888 Toll Free # (NAC 639.708, NRS 639.23286): 888-383-4995

Fax: 818-386-1188 Contact Email: GHSTRXINC@GMAIL.COM

Website: CENTRALCAREPHARMA.COM

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): HIEP Q. TRAN PIC

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): RPH 80181 CA

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Monica E. Vera-Schubert	NV Pharmacist Registration #: 09839
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: ALISA KAPUTIKYAN

Business Name: CENTRAL CARE PHARMACY / GHST RX INC

Business Address: 16260 VENTURA BLVD #100

City: ENCINO State: CA Zip: 91436

Telephone: 818-386-1888 Email: ~~818-386-1188~~ GHSTRXINC@gmail.com

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the OWNER (title) for CENTRAL CARE PHARMACY (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

ALISA KAPUTIKYAN

Print Name of Authorized Person

Alisa Kaputikyan

Original signature of Authorized Person (copies or stamps not accepted)

03-30-2026

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, ALISA KAPUTIKYAN hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the OWNER (title) for CENTRAL CARE PHARMACY (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Alisa Kaputikyan
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 29th day of March, 20 26

Jonathan Geli
Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 29th day of March, 2026, by Alisa Kaputikyan,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

JONATHAN GELI
Notary Public - California
Los Angeles County
Commission # 2541988
My Comm. Expires Dec 16, 2029

(Seal) Signature

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

ALISA KAPUTIKYAN

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Alisa Kaputikyan

Original signature of Authorized Person (copies or stamps not accepted)

03-30-2026

Date

Board Use Only	Date Received: 4/27/26	Amount: $500-CK 3265000096

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application
Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Central Care Pharmacy / Ghstrxinc
Pharmacy/Wholesaler License # (if applicable) PHY59069
Physical Address 16260 Ventura Blvd #100
City Encino State CA Zip 91436
Mailing Address (if different from physical address) Same ↑
City State Zip
Telephone 818-386-1888 Website Centralcarepharma.com
Licensing Company Email Ghstrxinc@gmail.com

Section 2: Personal Information

First Alisa Middle Last Kaputkyan
Alias(es, nickn[redacted]
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X
Mailing Address 16260 Ventura Blvd #100
City Encino [redacted] State CA Zip 91436
Telephone 818-386-1888 Email Ghstrxinc@gmail.com
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Hoover High School		1990 - 1994	
Address	City	State	Zip
651 Glenwood Rd	Glendale	CA	91202
Diploma/Degree obtained, if any			
Yes			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2015 - 2022	[redacted]	Burbank	CA	[redacted]
2022 - present	[redacted]	Porter Ranch	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Central Care Pharmacy			From - To (MM/YY – MM/YY): 2022 - present
Business Address: 16260 Ventura Blvd #100	City: Encino	State: CA	Zip: 91436
Phone: 818-386-1888	Title: Tech / manager / owner		Number of Employed Hours: 6000+
Description of Duties: Tech. order. orenchin			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

I, Alisa Kaputikyan, **certify that as the designated representative for**

_____,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AK I am at least 21 years of age;
3. AK I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. AK I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AK I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AK I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. AK I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Alisa KAPUTIKYAN
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3-30-2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alisa KAPUTIKYAN

Print Name (First, Last)

Alise Keputikyan — 04-23-2026

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of CA, ss. County of Los Angeles

I, Alisa KAPUTIKYAN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Alise Keputikyan — 04-23-2026

Original Signature — **Date**

Subscribed and Sworn to before me this 23RD day of APRIL.

Notary Public Signature

SEAN MICHAEL TRIBBLE
Notary Public - California
Los Angeles County
Commission # 2505101
My Comm. Expires Nov 22, 2028

(Seal)

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy X Hospital Pharmacy ___ Clinic ___ Exempt Hospital ___ Wholesaler ___ Hypodermic ___

Date: 9/11/2024 Inspector: Anna Brodsky

Firm: CENTRAL CARE PHARMACY Phone: (818) 386-1888

Address: 16260 VENTURA BLVD City: ENCINO Zip: 91436

Ownership: CORPORATION

Permit #: PHY59069 Permit Exp: 11/1/2024 DEA#: FC3687843 DEA Exp: 8/31/2026

Date of Self Assessment Form: 12/5/2023 Other Permit #: N/A Date of DEA Inventory: 12/29/2023

Hours M-F: 9AM-5PM Hours Saturday Closed Hours Sunday: Closed

PIC HIEP Q TRAN RPH80181 Administrator

RPH Consultant

Staff RPH Name:	License #:	Staff Name:	License #:
KIMBERLY B AKSENTIJEVIC	RPH38483	ALISA KAPUTIKYAN	OWNER
		DAVID KAPUTIKYAN	MANAGER

Inspector Remarks:

ListServe: pharmacy@centralcarepharma.com, alisa@centralcarepharma.com

This is investigation of CI 2023 105598. Routine inspection deferred, last routine was conducted by Inspector Brodsky (myself) on 3/12/24.

This is a retail pharmacy located in a medical building. PIC Tran and Manager David Kaputikyan are present and assisted with inspection. Currently pharmacy fills about 60 prescriptions per day, mostly new prescriptions from the providers in the building. Pharmacy delivers locally in SF Valley and ship UPS with delivery confirmations through UPS tracking. Pharmacy does not do compounding. Pharmacy has non-sterile compounding room, not in use. Pharmacy does not do immunizations. Pharmacy has licenses in state of Florida and Arizona, but has not provided any medications there per David Kaputikyan.

Pharmacy was purchased from previous owner and started operation on 11/16/23. The software was Datascan when the pharmacy was purchased. Then pharmacy transitioned to DigitalRX completely about January 2024. Spoke to Owner Kaputikyan over the telephone during the inspection and she stated, there was a legal issue with old owner and Datascan due to contracts and Datascan did not release dispensing reports to anyone. According to David Kaputikyan, the Datascan issue is currently resolved.

All records on site, prescriptions and invoices. Discussed with PIC Tran and Manager David Kaputikyan regarding offsite storate (BPC 4333 (c) (1)) Reviewed several books of prescriptions from Datascan starting 11/16/23 and Digital RX prescrptions.
Reviewed Invoices from WLS: MCK , TRXade plaform vendors: IntergralRX, Southpoint, Matrix Distributors, Astor Drugs, Greenhll trading, Oak Drugs, GXP Real Value, products. All invoices filed separately controls vs. legend drug invoices.

Per PIC Tran, the medication return to stock policy is 14 days.

Reviewed: licences, pharmacy clean and orderly, compounding room, pharmacy refrigerator, will call.

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

License Protection Book by JS, required policies available.

Receipt # 850104 for the items provided.

Discussion/Education:

1. BPC 4231 – CE required for pharmacists to renew their pharmacist license must now include at least one hour of participation in a cultural competency course which meets specified requirements.
2. BPC 4113.1 – Reporting medication errors within 14 days from discovery.
   - Applies to "community pharmacies" – *i.e.,* any pharmacy that dispenses medication to an outpatient (but not including facilities of CDCR).
   - Per the BOP's , the reporting of medication errors under BPC 4113.1 will not be required until the BOP approves an entity to receive the reports.
6. BPC 688 Electronic data transmission prescriptions

To complete the inspection, please submit via email to Inspector Brodsky Anna.Brodsky@dca.ca.gov by September 25, 2024 the following:

1. Please provide in Excel format dispensing history from pharmacy DATASCAN software for dates **11/16/23 through 9/11/24:** Date Filled, Time filled, Rx Number, Dispensing RPH, Drug Name, NDC Drug Strength, QTY, Directions, Day Supply, Refills Authorized, Name of Insurance billed or Cash, Insurance billed amount, Patient last name, Patient first name , Patient DOB, Pt full address, patient phone number, Doctor last name, Doctor first Name, Dr. DEA #.
2. Owner and PIC to provide a written statement explaining situation about DATASCAN database and dispensing report and explain the details of why the pharmacy was not able to provide dispensing reports as requested by the payer.
3. Please provide the list of any/all wholesalers used by the pharmacy from 11/16/23 untill 9/11/24.

Licensee Remarks:

I have reviewed, discussed, understand and received a copy of this form .

Pharmacist (sign) _____

Pharmacist (print) Hieu TRAN

Inspector (sign) _____

Inspector (print) Anna Brodsky

Owner(sign) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

CALIFORNIA STATE BOARD OF PHARMACY
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3100

Renewal Certificate

Retail Pharmacy Permit

Valid Until: 11/1/2026

License No. PHY 59069
Receipt No. 52842054

CENTRAL CARE PHARMACY
16260 VENTURA BLVD.STE 100
ENCINO, CA 91436

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) administrator or pharmacist-in-charge.

This permit is valid only at the address shown.

The official status of this license can be verified at www.pharmacy.ca.gov

---- NON-TRANSFERABLE ----- POST IN PUBLIC VIEW -----

FORM WPHPHY (09/30/19) PHY

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

April 6, 2026

Central Care Pharmacy
16260 Ventura Blvd
Suite 100
Encino, CA 91436

California State Board of Pharmacy License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

Licensee Name: CENTRAL CARE PHARMACY

License Type: PHARMACY

License Number: PHY 59069

Status: ACTIVE

Issue Date: 11/16/2023

Expiration Date: 11/01/2026

Address of Record: 16260 VENTURA BLVD STE 100 ENCINO, CA 91436

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren
Executive Officer

By

Ann Altamirano
Public Inquiry Analyst
(916) 518-3045
Pharmacy.PublicRecords@dca.ca.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Central Care Pharmacy / Ghstrxinc

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) PHY59069

Physical Address 16260 Ventura Blvd #100

City Encino State CA Zip 91436

Mailing Address (if different from physical address) Same

City _____ State _____ Zip _____

Telephone 818-386-1888 Website CentralCarePharma.com

Licensing Company Email Ghstrxinc@gmail.com

Section 2: Personal Information

First Alisa Middle _____ Last Kaptikyan

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address 16260 Ventura Blvd #100

City Encino State CA Zip 91436

Telephone 818-386-1888 Email Ghstrxinc@gmail.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Hoover High School		1990 - 1994	
Address	City	State	Zip
651 Glenwood Rd	Glendale	CA	91202
Diploma/Degree obtained, if any			
Yes			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2015-2022	[redacted]	Burbank	CA	[redacted]
2022-Present	[redacted]	Porter Ranch	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Business Name			From - To (MM/YY – MM/YY)
Central Care Pharmacy			2022 – 2026 present
Business Address	**City**	**State**	**Zip**
16260 Ventura Blvd #100	Encino	CA	91436
Phone	**Title**		
818-386-1588	Tech / manager / owner		
Description of Duties			
Tech, order operation			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

ALISA KAPUTIKYAN

Print Name (First, Last)

Alisa Kaputikyan

Original Signature (electronic, copies or stamps not accepted)

04-23-2026

Date

Please have this section completed in the presence of a Notary Public.

State of CA, ss. County of Los Angeles

I, ALISA KAPUTIKYAN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Alisa Kaputikyan

Original Signature

04-23-2026

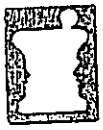
Date

Subscribed and Sworn to before me this 23RD day of APRIL.

SEAN MICHAEL TRIBBLE
Notary Public - California
Los Angeles County
Commission # 2505101
My Comm. Expires Nov 22, 2028

Notary Public Signature

(Seal)



Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3100



Registered Pharmacist

License No.
RPH 80181

Expiration
9/30/2026

HIEP QUOC TRAN

Signature

Receipt No.
42472089

Central Care Pharmacy
PIC

California State Board of Pharmacy
2720 Gateway Oaks Drive, Ste. 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

November 13, 2025

Alisa Kaputikyan
20557 Deer Grass Court
Porter Ranch, CA 91326

RE: Complaint Investigation CI 2024 105598

Dear Alisa Kaputikyan:

The Board of Pharmacy has completed its investigation regarding the complaint against Central Care Pharmacy alleging the pharmacy for various violations of pharmacy law.

As a regulatory agency, when conducting an investigation, the Board must adhere to violations prohibited in pharmacy law. Specifically, the information and documentation obtained during the course of an investigation must clearly demonstrate that a violation of pharmacy law occurred.

The Board's analysis of the information and documentation received did not identify sufficient evidence to determine that a violation of pharmacy law occurred. Accordingly, the Board is closing the matter and will be taking no action against the pharmacy or its licensees.

Although we are closing this matter, please be advised that it is your professional responsibility to assure compliance with all pharmacy laws.

We would like to thank you for your cooperation and assistance. If you should have any questions, please contact the Board at the above address or telephone number.

Sincerely,

Anita Von Aesch

Anita Von Aesch
Complaint Unit Analyst

4CCC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
■ Out-of-Nevada	■ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: [redacted]
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			■ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH03440		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: divvyMED, LLC, dba divvyDOSE

Physical Address: 4300 44th Ave

City: Moline State: IL Zip: 61265

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 844-693-4889 Toll Free # (NAC 639.708, NRS 639.23286): 844-348-8979

Fax: 855-587-7952 Contact Email: regulatory@anewhealthrx.com

Website: https://www.divvydose.com/en/

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Andrew Carl Peterson

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24538

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Andrew Carl Peterson	NV Pharmacist Registration #: 24538
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): N/A

Corporation Name: N/A

Mailing Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: _____ Email: N/A

Contact Person Name: N/A

Date of SEC Registration: N/A | SEC Registration Number: N/A | Stock Exchange Symbol: N/A

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Illinois

Parent Company (if any): Penzo Enterprises, LLC

Corporation/Organization Name: divvyMED, LLC, dba divvyDOSE

Mailing Address: 4300 44th Ave

City: Moline State: IL Zip: 61265

Telephone: 888-777-5547 Email: badams@anewhealthrx.com

Contact Person Name: Brian Adams

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Contact Person Name: N/A

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: N/A

Business Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President & Manager (title) for divvyMED, LLC, dba divvyDOSE (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Brian Adams

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

6/0/26

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Brian Adams hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President & Manager (title) for divvyMED, LLC, dba divvyDOSE (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 8 day of June, 20 26

Colleen Curran
Notary Public

COLLEEN CURRAN - NOTARY PUBLIC
No. 50215086
Comm. Exp. October 13, 2028
NEW JERSEY

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brian Adams

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

6/8/24
Date

Board Use Only	Date Received: 6/12/24	Amount: $500-CK 02053

divvyMED, LLC dba divvyDOSE

List of all Officers and Directors

Brian Adams, President and Manager

List of top four stockholders

Penzo Enterprises, 100% direct owner

List of all stockholders who hold 10% or more of the shares

Penzo Enterprises, 100% direct owner

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DIVVYMED, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF MARCH, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DIVVYMED, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF NOVEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5646047 8300

SR# 20261421291

Authentication: 203477764

Date: 03-26-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: divvyMED, LLC, dba divvyDOSE

Pharmacy/Wholesaler License # (if applicable): PH03440

Physical Address: 4300 44th Ave

City: Moline State: IL Zip: 61265

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 844-693-4889 Website: https://www.divvydose.com/en/

Licensing Company Email: regulatory@anewhealthrx.com

Section 2: Personal Information

First: Andrew Middle: Carl Last: Peterson

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Davenport State: IA Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of Iowa College of Pharmacy			08/02-05/06	
Address		City	State	Zip
180 S Grand Ave		Iowa City	IA	52242
Diploma/Degree obtained, if any				
PharmD				
School Name			From - To (MM/YY – MM/YY)	
University of Iowa School of Music			08/98-05/02	
Address		City	State	Zip
93 E Burlington Street		Iowa City	IA	52240
Diploma/Degree obtained, if any				
BA in Music				
School Name			From - To (MM/YY – MM/YY)	
Algona High School			08/94-05/98	
Address		City	State	Zip
600 S Hale Street		Algona	IA	50511
Diploma/Degree obtained, if any				
High School Diploma				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/06-present	[redacted]	Davenport	IA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
divvyMED dba divvyDOSE		06/16-06/26	
Business Address	**City**	**State**	**Zip**
4300 44th Ave	Moline	IL	61265
Phone	**Title**	**Number of Employed Hours**	
844-693-4889	Staff Pharmacist, Pharmacist in Charge	20,800	
Description of Duties			
Pharmacy operations, pharmacist management, inventory control, adherence to all federal and state regulations.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?	✓	
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1,3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
06/12/2005		IA	Iowa City	Johnson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
OWCR072792		Iowa District Court In and For Johnson County		
Reason/Charge				
Non-conviction OWI (operating while intoxicated) 1st offense - received deferred judgement and record expunged				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Case # 06521ICSTIC104135			City of Iowa City	
Name of Business/Industry/Entity				
Possession of Alcohol Under Legal Age - 1st offense-02/12/2000 Simple Misdemeanor				

Provide explanation below:

Case# OWCR072792 - 06/12/2005
Non-conviction OWI (operating while intoxicated) 1st offense - received deferred judgement and record expunged. All court documents regarding incident are attached.

Case# 06521ICSTIC104135 - 02/12/2000
Plead Guilty and paid fine. All court documents regarding incident are attached.

Original Signature (electronic, copies or stamps not accepted)

06/08/2026
Date

I, Andrew Carl Peterson, **certify that as the designated representative for**

divvyMED, LLC, dba divvyDOSE,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ACP I am at least 21 years of age;
3. ACP I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ACP I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ACP I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ACP I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ACP I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Andrew Carl Peterson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6-08-2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andrew Carl Peterson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06-08-2026

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Rock Island

I, Andrew Peterson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

06-05-2026

Date

Subscribed and Sworn to before me this 8th day of June.

Notary Public Signature

OFFICIAL SEAL
KAYLEE L. HANGER
NOTARY PUBLIC - STATE OF ILLINOIS
COMMISSION NO. 981369
My Commission Expires November 15, 2027

(Seal)

To whom it may concern-

The incident that occurred happened on 06/12/2005. I was attending a wedding reception of one of my friends and had a few drinks to celebrate. I stopped the celebration at least an hour prior to leaving with my wife to head home. I was pulled over for speeding and charged with Operating While Intoxicated. My BAC that was drawn was 0.088 and the legal limit in the state of Iowa is 0.08 so I was detained. I completed all required terms of probation and I was given a deferred judgement with the record expunged.

I have attached the court documents pertaining to my deferred judgement which I had to have unsealed to obtain.

The incident that occurred on 02/12/2000, I was at a local bar with my friends when the Iowa City Police Department came in to check IDs for people that were drinking under the legal age. I was around a table with beer on it and was given a citation for possession of alcohol under the legal age, a simple misdemeanor, as I was 20 years old at the time. I promptly paid my fine for the offense.

I have attached the certified court document pertaining to my simple misdemeanor. Please let me know if you have any questions or concerns. Thanks

Andrew C. Peterson | divvyDOSE
Pharmacist in Charge Moline, IL
+1 844 693 4889

IN THE IOWA DISTRICT COURT IN AND FOR JOHNSON COUNTY

STATE OF IOWA,	)	
	)	
Plaintiff,	)	No. **OWCR072792**
	)	
vs.	)	
	)	**ORDER**
ANDREW CARL PETERSON,	)	
	)	
Defendant.	)	Date: **August 22, 2024**

The file is before the Court upon the request of the defendant dated August 14, 2024, for release of information relating to a deferred judgment. The Court finds that the request should be granted.

Accordingly, IT IS ORDERED that this file shall be unsealed for the sole purpose of the Clerk of Court preparing one or more copies of any orders or other documents from the file requested by the defendant and providing the same to the defendant and/or the defendant's attorney along with a copy of this Order. The file shall then be resealed as previously ordered. Any costs associated with providing copies, certified or otherwise, shall be paid by the defendant in advance of the Clerk providing the copies.

Clerk to notify.

BRANDON L. SCHROCK
District Associate Judge

CLERK OF DISTRICT COURT
JOHNSON COUNTY, IOWA
2024 AUG 22 AM 10:56

Your Honor-

My name is Andrew Carl Peterson and I am writing this letter to have my court documents from a deferred judgement case from 2005 unsealed. The case number is 06521 OWCR072792.

I am a licensed pharmacist and am applying for licensure in the State of Alaska. As part of the requirements for my application, I need to provide all court documents for this case that includes the final disposition from the court. Please send the requested documents from this case to my email address listed below. If this is not possible, please mail the documents to the address listed below. Thank you for you time and attention to this matter.

My contact information is as follows:

Email: [redacted]

Home address: [redacted] Davenport, IA [redacted]

Phone: [redacted]

Sincerely,

Andrew C. Peterson

FILED
2024 AUG 14 PM 4:5
CLERK OF DISTRICT COURT
JOHNSON COUNTY, IOWA

STATE OF ~~IOWA~~ Illinois

COUNTY OF Rock Island

On this 14th day of August, 2024, before me, a Notary Public, personally appeared Andrew Peterson, to me known to be the person named in and who executed the foregoing instrument, and acknowledged that he/she/they executed the same as his/her/their voluntary act and deed.

Notary Public Print Name: Kaylee Hanger

(Seal, if any)

My commission expires: 11-15-2027

OFFICIAL SEAL
KAYLEE L. HANGER
NOTARY PUBLIC - STATE OF ILLINOIS
COMMISSION NO. 981369
My Commission Expires November 15, 2027

IN THE IOWA DISTRICT COURT IN AND FOR JOHNSON COUNTY

STATE OF IOWA,	)	
	)	
Plaintiff,	)	No. OWCR072792
	)	
vs.	)	**ORDER**
	)	
ANDREW CARL PETERSON	)	
Defendant.	)	

FILED
2006 FEB 16 AM 10:18
CLERK OF DISTRICT COURT
JOHNSON COUNTY IOWA

The Court has received the Unsupervised Probation Compliance Check prepared by the Department of Correctional Services indicating the defendant has complied with all conditions of probation and advising discharge from probation is appropriate. The State does not resist discharge.

IT IS THEREFORE ORDERED that the above-named defendant is hereby discharged from probation.

IT IS FURTHER ORDERED that the court's criminal record with reference to this deferred judgment shall be expunged.

Bond, if any, is exonerated. Defendant remains liable for any outstanding court costs and or administrative fees.

Clerk to notify.

Dated this 15TH day of February, 2006

SYLVIA LEWIS
DISTRICT COURT JUDGE

ICIA
Defft
DCS
JCSD
2-16-06 pd

Obalance

2-13-2018
03-2018

SELF-SUPERVISED [illegible]BATION COMPLIANCE CL[illegible] JOHNSON COUNTY

State of Iowa vs. Andrew Peterson
Address: [redacted]
Iowa City IA [redacted]
DCS # 6715397 Admin Fee X

Case Number OWCR072792
Charge: OWI
Date of Sentence: 7/28/2005
Sentence is Deferred

Date of Compliance Check(s):
1st 08-10-06 by UK 2nd _____ by____ 3rd _____ by____ 4th _____ by____

Ordered	Complied 1st Ck	Complied 2nd Ck	Complied 3rd Ck	Complied 4th Ck	
____	____	____	____	____	Community Service____Hours_____
X	X	____	____	____	Substance Abuse evaluation/treatment No further tx.
____	____	____	____	____	Batterer's Education Program _____
____	____	____	____	____	Clean UA_____
X	X	____	____	____	OWI WeekendProgram 8-26-05
X	X	____	____	____	Supervision fee Pd 9-16-05
____	____	____	____	____	Other_____
X	X	____	____	____	Obey the law _____

FINE, SURCHARGE, COURT COSTS, ATTORNEY FEES, RESTITUTION, to be paid within/by 11-28-05

	AMT ORDERED	BAL DUE	BAL DUE	BAL DUE	BAL DUE
Vict. Rest.					
Fine					
Surcharge					
Court Cost	45.00	Ø			
Leis lien					
Atty Fees					
Civil Penalty					
TOTAL	45-	Ø			

SUMMARY

1st	2nd	3rd	4th	
X	____	____	____	Discharge is appropriate because of the above noted compliance.
X	____	____	____	As judgment was deferred, the file should be expunged.
____	____	____	____	Revocation is appropriate because of the above noted non-compliance.
____	____	____	____	Defendant has thirty (30) days to pay the supervision fee by cashiers check or money order, or a hearing will be scheduled for possible revocation of probation.

CLERK OF DISTRICT COURT JOHNSON COUNTY, IOWA
2006 FEB 13 PM 1:17
FILED

RESPONSE

X	____	The state does not resist discharge.
X	____	As judgment was deferred, the file should be expunged.
____	____	The state requests revocation because of the above non-compliance.
____	____	Other _____

RECEIVED
FEB 13 2006
JOHNSON COUNTY ATTORNEY

Signed, _____, County Attorney's Office
2/14/06

CC: County Attorney, Defendant, and DCS

Kirkwood COMMUNITY COLLEGE

AWARDS

FW72792

30.8
CONTINUING EDUCATION HOURS

3.08
CONTINUING EDUCATION UNITS

to

Andrew Peterson

for satisfactory completion of
48 Hour OWI Weekend Program

at Coralville, Iowa

Beginning on 08/26 05

Ending on 08/28 05

Instructor

Vice President Continuing Education

FILED

IN THE IOWA DISTRICT COURT IN AND FOR JOHNSON COUNTY

STATE OF IOWA	)	
	)	
Plaintiff,	)	No. **OWCR072792**
	)	
vs.	)	GUILTY PLEA AT ARRAIGNMENT;
	)	ORDER FOR DEFERRED JUDGMENT
ANDREW CARL PETERSON,	)	
	)	
Defendant.	)	Date: July 28, 2005

FILED

On the 28th day of July, 2005, the defendant appeared in open court for purposes of Arraignment, without counsel. The State of Iowa was represented by Assistant Johnson County Attorney Rachel Zimmermann. The defendant acknowledges receipt of a copy of the Trial Information. The defendant waives formal arraignment thereon, and enters a plea of guilty to the crime of **Operating While Under the Influence,** in violation of Iowa Code Section **321J.2.**

From an examination of the defendant, the Court finds the guilty plea is made voluntarily with the full knowledge of the defendant's constitutional rights and of the penal consequences attendant thereto. The Court further finds there is a factual basis for the charge filed and for the defendant's plea of guilty thereto. The defendant's guilty plea is accepted by the Court and entered of record.

Defendant consents to the entry of immediate judgment and sentence herein.

IT IS THEREFORE THE JUDGMENT OF THE COURT, pursuant to 903.1 of the Iowa Code that the defendant be sentenced as follows:

The Court fully complies with Rule 22 of the Iowa Rules of Criminal Procedure and with Chapter 901 of the Iowa Corrections Code. The defendant states the defendant has no cause to show why sentence should not be imposed. The defendant requests and consents to a deferral of judgment by the Court and placing of the defendant on probation under such terms and conditions as the Court may require. The Court finds entry of a deferred judgment is appropriate in this case. A search of the deferred judgment docket reveals no report of a prior deferred judgment having been granted to the defendant.

Therefore, pronouncement of judgment pursuant to defendant's guilty plea is hereby deferred for **one year**, and the defendant is placed on **Self-supervised Probation** for a period of **one year**. This matter will be reviewed on or about **January 28, 2006**. If all conditions of probation have not been met by this date, revocation of probation will be considered.

Conditions of probation shall include that the defendant:

1. **Have no further law violations.**
2. **Keep the Clerk of Court informed of current address.**
3. **Pay all amounts due as within 120 days. Payment is to be made through the Clerk of Court, Johnson County Courthouse, 417 S. Clinton Street, Iowa City, Iowa 52244.**
4. **Pay the administrative supervision fee in whatever amount is levied by the Department of Correctional Services within the next six months.**
5. **Complete the Kirkwood Community College OWI Weekend Program. Proof of completion of the program must be filed with the Clerk of Court within the next six months.**
6. **Obtain a substance abuse evaluation, complete all recommended treatment, and file proof of completion with the Johnson County Clerk of Court within six months.**

The reasons for and the facts supporting the decision of the Court to defer judgment are as follows:

1. DOB: 11-26-79 SSN: 484-96-3426
2. Absence of any prior criminal record.
3. Absence of the use of violence or a deadly weapon in the commission of this offense.
4. Greater opportunities for rehabilitation outside of a place of incarceration.
5. The nature and circumstances of the offense and defendant's participation therein.
6. Other pertinent facts and circumstances as taken up in the record made.

Defendant's bond, if any, is exonerated. Defendant is assessed with all applicable surcharges. Costs of this action are assessed against the defendant, including court-appointed attorney fees, if any, to the extent defendant is reasonably able to pay. **Public Defender fees are assessed at $50.00, unless a greater amount has been certified.** Court appointed attorney fees are to be assessed pursuant to the contract with the State Public Defender as filed in this case.

Clerk to notify.

Dated this 28th day of July, 2005.

SYLVIA A. LEWIS
District Associate Judge

FILED

cc: County Attorney
Defense Attorney Def
Dept. of Correctional Services
Supreme Court Adm. Electronic
JCSD
Def w/ compl 8/1/05 cl

costs $45.00

IN THE IOWA DISTRICT COURT IN AND FOR JOHNSON COUNTY

STATE OF IOWA,	)	
	)	
Plaintiff,	)	No. **OWCR072792**
vs.	)	
	)	***CERTIFICATE OF JUDGE***
ANDREW CARL PETERSON,	)	***AND COURT REPORTER***
	)	
Defendant.	)	Arr. (P/S)

We, the Judge before whom the above-entitled case was tried, and the Official Shorthand Reporter, who, by order of the Court, reported the same, hereby certify that the papers to which this certificate is attached contain the report of the whole proceedings upon the trial and hearing of the above-entitled cause made and taken pursuant to the order and direction of the Court, in the manner required and provided by the Code of Iowa, and the same contains a full, true and complete report of all proceedings had or required to be kept by the provisions of said Code, including the date of the commencement of the trial, the proceedings impaneling the jury, and all objections thereto, with ruling thereon, the oral testimony introduced and all offers thereof, and all objections thereto, and the ruling thereon, the identification as exhibits of all written or other evidence offered, with all objections to such evidence and the ruling thereon, all oral comments or statements of the Court, during the progress of the trial and all exceptions taken thereto, the fact that the jury was instructed, all objections and exceptions to instructions given by the Court on its own motion, the fact that the case was given to the jury, the return of the verdict, and the action thereon of every kind and all other proceedings before the Court, Judge or jury, as therein set forth and that all ruling and orders made and all instructions given were duly excepted to by the party adversely affected or interested.

Said report is hereby ordered by the Court to be filed with the clerk of this court and is made a part of the record in this case.

WITNESS our hands this 28th day of July, 2005.

Sylvia A. Lewis
District Associate Judge

Kimberly K. Kurth
Official Reporter, Sixth Judicial District of Iowa

FILED

FEES: $15.00

FILE NO: _____

TRIAL RIGHTS

I, Andrew C Peterson, AM CHARGED WITH THE CRIME OF Operating While under the Influence of Alcohol

I understand I do not have to plead guilty to any criminal charges but that, if I do plead guilty, I will give up all of the following rights:

1. The **right** to be presumed innocent.
2. The **right** to a public jury trial. This is where all 12 people on the jury have to agree I am guilty before I can be convicted.
3. The **right** to be represented at all times by a qualified lawyer. I understand if I am financially unable to pay a lawyer, one will be appointed to represent me at public expense throughout all stages of the trial.
4. The **right** to testify on my own behalf if I want to.
5. The **right** not to testify if that's what I choose. I understand no one can make me testify against myself at a trial.
6. The **right** to confront the witnesses who the State calls to testify against me.
7. The **right** either personally or through my lawyer to cross-examine (this means to ask questions to) any witnesses the State calls to testify against me.
8. The **right** to call witnesses to testify for me.
9. The **right** to have the judge order any witnesses who I think will be helpful to me to come to the trial and testify for me.

I understand when I plead guilty, I am **giving up all of these rights.** I understand if I plead not guilty and my case is tried, the State will have to prove any charges by evidence beyond a reasonable doubt. By pleading guilty, I am admitting I am guilty, that there will not be a trial, and I am giving up all my rights to a trial.

_____ Date: _____
Defense Attorney

_____ Date: 7-28-05
Defendant

RIGHT TO COUNSEL

I understand that I have the right to be represented by an attorney at all stages of the criminal prosecution. I further understand that if I am unable to afford an attorney, I may request that the Court appoint an attorney to represent me at no cost. I understand that if the Court does appoint an attorney to represent me, the cost incurred in providing me with counsel will be assessed against me upon the disposition of my case.

I am aware that there may be defenses to criminal charges that may not be known to non-lawyers. I accept the risk that waiving counsel might result in a defense being overlooked. I know that by pleading guilty now without an attorney, I will be giving up the opportunity to get an independent opinion on whether it is wise to plead guilty, under the facts of my case and the law.

Knowing and understanding the above, I hereby voluntarily waive my right to be represented by an attorney in this proceeding.

7-28-05
Date

Defendant

FILED

IN THE IOWA DISTRICT COURT IN AND FOR JOHNSON COUNTY

THE

STATE OF IOWA 339610000

VS.

TRIAL INFORMATION

No. **OWCR072792**

Iowa Code Sec. 321J.2

ANDREW CARL PETERSON
[redacted]
IOWA CITY, IA [redacted]

DOB: **11/26/1979**

COMES NOW **Rachel Zimmermann** as Prosecuting Attorney for Johnson County, Iowa, and in the name and by the authority of the State of Iowa, accuses the said **Andrew Carl Peterson** of the crime of **Operating While Under the Influence of Alcohol or a Drug or While Having an Alcohol Concentration of 0.08 or More** committed as follows: The said **Andrew Carl Peterson** on or about the **12th day of June, 2005**, in the County of Johnson, State of Iowa, did **operate a motor vehicle while under the influence of an alcoholic beverage or other drug or a combination of such substances or while having an alcohol concentration of 0.08 or more**, in violation of **Section 321J.2** of the Code of Iowa.

A TRUE INFORMATION

RACHEL ZIMMERMANN 339610029
PROSECUTING ATTORNEY

APPROVAL AND ORDER FOR ARRAIGNMENT

This information and the Minutes of Evidence accompanying it have been examined by me and found to contain sufficient evidence, if unexplained, to warrant a conviction by a trial jury, the filing of this information is approved by me on this 1 day of July, 2005.

DEFENDANT IS ORDERED TO APPEAR FOR ARRAIGNMENT AT THE JOHNSON COUNTY COURTHOUSE ON July 28, 2005, AT 1:30 P.M.

X Previously ordered conditions of release shall continue.
____ Defendant is released on personal recognizance.
____ Bond is set in the amount of $_____.
  ____ Bond may be unsecured.
  ____ Bond must be cash or secured in the full amount.
  ____ 10% cash may be posted.
____ Clerk of Court shall issue a summons for Defendant to appear.
____ Clerk of Court shall issue an arrest warrant.
____ The Defendant shall report to the Johnson County Sheriff's Office to undergo booking procedures on or before the date set for arraignment.

JUDGE

NAMES OF WITNESSES

Brent Buszka
Michael M. Tate
Robert Monserrate

cc: JCAO per TI Winnie
Defendant/~~Defense Attorney~~
DCS

7-7-05 aj

IN THE IOWA DISTRICT COURT IN AND FOR JOHNSON COUNTY

STATE OF IOWA,	)	
	)	
Plaintiff,	)	NO. **OWCR072792**
	)	
vs.	)	
	)	
ANDREW CARL PETERSON,	)	PRODUCTION OF FINDINGS
	)	
Defendant.	)	

COMES NOW the State of Iowa, by and through Assistant Johnson County Attorney, Rachel Zimmermann, and does hereby furnish copies of each report of the findings of laboratory analysis conducted in the investigation of the above-captioned cause. Said report is attached hereto and incorporated by reference.

RACHEL ZIMMERMANN 339610029
Assistant Johnson County Attorney

Official Certification Of
Evidential Breath Testing Instrument

Iowa Department of Public Safety
DCI Criminalistics Laboratory
Wallace Building
Des Moines, Iowa 50319
(515) 281-3666

May 9, 2005
Date

See Code of Iowa Section 691.2 Presumption of Qualification of Employee.
This instrument certification has been handled in conformity with the rules of the DCI Laboratory as cited in the Iowa Administrative Code (661 - Chapter 7).

Instrument: NPAS DataMaster cdm

S/N 130225

Certifying Criminalist(s): Michael M. Tate

Robert Monserrate

NPAS DataMaster cdm with serial number 130225 was examined and is hereby certified to be in proper working order to perform direct breath testing for alcohol on May 5, 2005.

This certificate is in effect for a period of one year, Iowa Administrative Code 661-7.2(1).

The internal standard for this instrument will read 0.109 ± 0.005.

The margin of error established on this instrument is ± 0.004 or ± 5% (grams/210L) whichever is greater.

Instrument Assignment

NPAS DataMaster cdm, serial number 130225, assigned to the Coralville Police Department

Criminalist examining DataMaster: Michael M. Tate

Johnson

STATE OF IOWA,

Plaintiff,

vs.

Andrew Peterson

Defendant.

No. _____

ORDER RE: DISCOVERY/ DEPOSITIONS

Date: 6-12-05

A Complaint alleging the commission of an indictable offense(s) against the Defendant has been filed herein. Accordingly:

THE COURT ORDERS the State to provide the Defendant all discoverable materials as allowed by I.R.Cr.P. Rule 2.14(2)(a) at such time as the Defendant may request.

THE COURT FURTHER ORDERS the State to provide the Defendant all discretionary discovery allowed by I.R.Cr.P. Rule 2.14(2)(b) at such time as Defendant may request. This is to include all Brady material and Giglio material that is now in the State's possession or comes into the State's possession during the course of the prosecution.

Upon the Defendant requesting any discretionary discovery under I.R.Cr.P. Rule 2.14(2)(b), THE COURT ORDERS the Defendant to provide the State all reciprocal discovery allowed by I.R.Cr.P. Rule 2.14(3) at such time as the State may request.

This Discovery Order shall be deemed continuing, and both parties shall comply with the provisions of I.R.Cr.P. Rule 2.14(5).

THE COURT FURTHER ORDERS that in the event the Defendant has been determined to be indigent and has Court-appointed counsel, the Court directs the State to pay Defendant's costs of depositions taken in accordance with the provisions of I.R.Cr.P. Rule 2.13(1).

Clerk to notify.

Stephen G. Lewis Stephen E. Gerard

JUDGE/DISTRICT ASSOCIATE JUDGE
Sixth Judicial District of Iowa

FILED
2005 JUN 13 A 6:20
CLERK OF DISTRICT COURT

CC: DA
6-13-05

5

If you require the assistance of auxiliary aids or services to participate in court because of a disability, immediately call your district ADA coordinator at 1-319-398-3920 ext. 200. (If you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942).

FILED
[illegible] 6:39

IN THE IOWA DISTRICT COURT FOR JOHNSON COUNTY	Case Number:	File Stamp:
☐ THE STATE OF IOWA ☐ THE CITY OF: ☐ THE COUNTY OF JOHNSON PLAINTIFF, VS. DEFENDANT: Andrew Paterson	P.I.N. P.I.N.	Document: **ENROLLED ORDER RE: INITIAL APPEARANCE OF DEFENDANT & SETTING RELEASE CONDITIONS** (Indictable Criminal)† Charge: OWI, speeding Date: 6-12-05

The defendant appears in open court: ☑ without counsel ☐ with counsel _____

The state appears by Assistant County Attorney _____. **Defendant is advised of his / her rights pursuant to I.R.Cr.P.2.** Upon review of defendant's Application for Counsel and Financial Statement, the court:

☐ does not appoint counsel at this time. Attorney _____ will be retained.

☐ appoints: ☐ Public Defender ☐ Advocate ☐ Attorney _____ (_____).

☐ Defendant given until _____, _____ at 10:00 A.M. to have an attorney appear of record. **Defendant shall keep his / her attorney informed of his / her whereabouts at all times to insure that he / she can appear in court upon not less than twenty-four (24) hours' notice.** Defendant is informed as follows:

Preliminary hearing: ☑ is set for: 7/12, 05, at 2 (A.M. / P.M.) ☐ is waived by the defendant

☑ **Release conditions are as follows:**

☐ Defendant is released on his / her own recognizance: ☐ with travel restricted to the State of Iowa while this charge is pending.
- ☐ To the supervision of the Department of Correctional Services under conditions set by the Department.
- ☐ Without supervision.

☐ **Bail** is set in the amount of $_____ cash or surety. ☐ _____

☐ **Alcohol / substance abuse:** The defendant shall:
- ☐ Complete an assessment by the referral agency by 6/22, 05, and follow any agency recommendations.
- ☐ Complete educational group session(s) recommended by the referral agency within ninety (90) days.
- ☐ Obtain further assessment, education, and / or treatment as recommended by the referral agency within ninety (90) days.
- ☐ Obtain an evaluation and / or counseling.

☐ Defendant shall have **no contact** with alleged victim _____ while this charge is pending, in person, in writing, or by telephone. Defendant shall not harass the alleged victim or victim's family in person, in writing, or by telephone, and shall also abide by the following directives or restrictions:

_____

Violation of this condition shall subject the defendant to contempt of court proceedings. ☐ Iowa Code §236.14 **No Contact Order.**

☐ _____

☐ **DEFENDANT** shall as a condition of release enroll in the Batterer's Education Program within _____ days of this date and shall actively participate in said program.

Clerk to notify: ☐ Defendant ☐ Law enforcement agencies ☐ Victim ☐ _____

Copy given to: ☐ Defendant ☐ Law enforcement agencies ☐ Victim ☐ _____

Copy to jail: ☐

Judge

JUDGE'S NOTES	CLERK'S NOTATIONS
Address: _____ mos. County: _____ mos. Job: _____ mos. Priors: _____ Points: _____ Recommendation: _____ †RELATED MISDEMEANORS	Court-appointed attorneys are advised to submit a copy of any application for fees / expenses to the Clerk prior to disposition for inclusion in any presentence investigation and / or plan of restitution. CC: CR DCS mecca magdiv 6-13-05

WHITE (Court); GREEN (DCS); CANARY (Defl. Atty.); PINK (Co. Atty); GOLDENROD (Defl.)

IN THE DISTRICT COURT OF IOWA IN AND FOR JOHNSON COUNTY

STATE OF IOWA (or) CPD

COMPLAINT

FILED
2005 JUN 13 AM 6:39
CLERK OF DISTRICT COURT
JOHNSON COUNTY, IOWA

CITY OF _____, IOWA

NO. 0501461

VS.

Peterson, Andrew Carl

NAME [redacted]

CLERK'S NO. OWCR072792

ADDRESS Iowa City IA [redacted]

CITY & STATE

DATE OF [redacted]

SOCIAL SECURITY NO.

Andrew Carl Peterson is accused of the crime of operating while intoxicated

in violation of Section 321J.2 of the Iowa Criminal Code or

(Ordinance No. _____ of the City of _____, Iowa).

in that (he) ~~(she)~~ did, on or about the 12th day of June,

20 05, at 500 Blk 1st Ave Coralville, IA

in Johnson County, State of Iowa, Did operate a motor vehicle in the state of Iowa while having an alcohol concentration of .08 or More.

RAB 378
Coralville Police Department COMPLAINANT

I, the undersigned complainant, being first duly sworn on oath, do hereby depose and state I believe the above named Defendant committed the above named public offense based on the following facts:

Defendant was the driver of a white oldsmobile Intrigue IA license # 769HWW. Vehicle was stopped for speeding. Defendant had an odor of alcoholic beverage smell of his person. He had bloodshot watery eyes. Field Sobriety test result: 1st PBT .110 BAC HGN 4/4, Walk and Turn 1/8, one leg stand 4/4, 2ND PBT .107 BAC, Data master .088 BAC. Defendant admitted after miranda to drinking five Bud Lite Beers at the Quality Inn in Iowa city, IA.

RAB 378
Coralville Police Department COMPLAINANT

Subscribed and sworn to before me on this 12 day of June, 2005.

(Deputy) ~~Clerk of Court or Judicial~~ Magistrate ~~or Notary~~ Public

If you require the assistance of auxiliary aids or services to participate in court because of a disability, immediately call your district ADA coordinator at 1-319-398-3920 ext 200. (If you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942).

I hereby promise to appear in said court at _____

on or before _____ AM ____/____/____. Anyone who willfully fails to appear in court as specified shall be guilty of a misdemeanor. The court may then issue a warrant of arrest for the defendant as specified in Section 805.5 of the Code of Iowa.

SIGNATURE OF DEFENDANT

WHITE-Court YELLOW-Court PINK-Defendant GOLD-Records/Officer

☐ T-O/W ☐ COMPLAINT ☐ RES'D ☐ NON-RES'D
☐ O-C ☐ S-C&R IOWA UNIFORM CITATION AND COMPLAINT ☐ HIS ☐ NON-HIS
ARMED ☐ YES ☐ NO

IOWA CITY POLICE DEPARTMENT

PLAINTIFF: 0073861 01426

☐ State of Iowa
☐ County of: JOHNSON No.: ICST
☐ City of: IOWA CITY

IC № 104135

In the Court at 417 S. CLINTON STREET, JOHNSON COUNTY COURTHOUSE

V.

NAME: Peterson Andrew Carl
D[redacted] Middle

Address [redacted]
City [redacted] State IA Zip [redacted]
SS/DL# [redacted] State IA Co. # —
DL Cl[redacted] DL End — DL Rest B
DOB [redacted] Race W Sex M Ht 6'02 Wt 165

The undersigned states that on or about 02/12/00 at 2240 ☐ AM ☐ PM
Mo. Day Yr.
defendant did unlawfully:
Operate Motor Vehicle/Boat (describe)
CMV ☐ Yes ☐ No HazMat Plac. Req. ☐ Yes ☐ No US DOT#
Reg. # — State Year
Upon a public highway at Scott's Column
Located in the county and state aforesaid and did then and there commit the following offense:

☐ Traffic ☐ Navigation ☐ Snowmobile/ATV ☐ Fish-Game ☐ Parks

Do Not Write In This Space

☒ Scheduled Vio/Fine $ 100.00 ☐ Road Construction Zone
☐ Non-Scheduled Violation
Surcharge $ 30.00 ☐ Court Appearance Required (805.10)
Reason:
Court Costs $ 15.00 ☐ P.I. ☐ P.D. ($1000) Accident
☐ Fatal Accident
Total Fine/Costs $ 145.00 ☐ Civil Damage Assessment
Violation PAULA (Glass Floor)
Speed — In — Zone-Sec 28 19 IA Code
DATA CODE — Fed/Adm. Code — Local Ord. 4-5A

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

Dated 02/12/00 Officer's Signature 47/159
Mo. Day Yr. ID No.

Court Date: If you must appear in court or if you choose to appear to answer a charge which does not require an appearance, report to the above named court on:
03/16/00 at 0800 ☒ AM ☐ PM
Mo. Day Yr.

NOTICE: Providing false information is a violation of Section 719.3 of the Code of Iowa and is punishable as an aggravated misdemeanor.

My signature below is not a plea of guilty, but acknowledges all of the following:
1. I hereby swear and affirm that the information provided by me on this citation is true under penalty of providing false information.
2. I promise to appear in said court at said time and place, or I will comply with the provision on the top of the reverse side of the citation.

The following applies to simple misdemeanors only:
3. I hereby give my unsecured appearance bond in the amount of 20.00 dollars and enter my written appearance. I agree that if I fail to appear in person or by counsel to defend against the offense charged in this citation, the court is authorized to enter a conviction and render judgment against me for the amount of my appearance bond in satisfaction of the penalty and surcharge plus court costs.

Andrew C Peterson
Signature of Defendant

The Clerk of the District Court in and for Johnson County, Iowa, hereby certify that the foregoing is a true, correct, and completed copy of the instrument herewith that appears of record in the Office of the Clerk of District Court in and for Johnson County, Iowa this 15th day of November, 2024.

JOHNSON COUNTY
CLERK OF DISTRICT COURT
By: A Reed Deputy Clerk of Court

Clerk-of-Court: JOHNSON COUNTY CLERK OF COURT
417 S CLINTON ST
IOWA CITY, IA 52240-4108
(319)-356-6060

Receipt Date: MAR-08-2000

Payor PIN: [redacted]

ANDREW CARL PETERSON
[redacted]

Case #: 06521ICSTIC104135 Rcpt #: 385397
Citation #: IC104135
BatchID: JID
Remitted by:
Payment Type: CHECK
Payment Ref#: 1114

Total Paid: $145.00

Balance Due As Of FEB-26-2025 $0.00

Date of Inspection	5-27-25
License No.	054.021666
CS License No.	320.013343

Community Pharmacy Inspection
Illinois Division of Professional Regulation
320 W Washington St. Springfield IL 62786 9511
West Harrison Suite 300 St. Des Plaines IL 60016

IDFPR

Pharmacy Name	Type(s) of Operation
DivvyMed LLC dba DivvyDose	Community
Responsible Person / PIC	**RPh Lic # and Exp Date**
Andrew Peterson	051.291572 & 3-31-2026
Address	
4300 44th Ave	
City	**Zip Code** / **Phone Number**
Moline	61265 / (844)693-4889

Purpose for the Inspection

☒ Routine Inspection

Observations

Compliant	Deficient	N/A	
Facility Requirements			
X	☐	☐	All Required Licenses Posted in a Conspicuous Location
X	☐	☐	Hours of Operation Posted
☐	X	☐	Patient Counseling Sign Properly Displayed
X	☐	☐	Storage location for Bags, Coats, Etc.
X	☐	☐	Dispensing and Drug Storage Areas are Contiguous
X	☐	☐	Refrigrators/Freezers are for Exclusive use of Drugs
X	☐	☐	Pharmacy has Sink with Hot and Cold Running Water
☐	☐	X	Proper CII Storage
X	☐	☐	Compliant Alarm System
Pharmacy Operations			
X	☐	☐	Proper Use of Nametags
X	☐	☐	Proper References
X	☐	☐	Compliant Counseling Procedures
☐	☐	X	Compliant Coumpound Log

X	☐	☐	Compliant Pharmacist Log
☐	X	☐	Compliant Self-Inspection
X	☐	☐	Compliant Annual Controlled Substance Inventories
X	☐	☐	Active Inventory Free From Expired Drug

COMMENTS

R/I performed a routine pharmacy inspection of the facility. Pharmacy dispensing muti-med paks nationally. The pharmacy handles controlled substance schedules III through IV no CS II.

Department was not informed of the pharmacy's remodel. R/I conducted an onsite inspection on 6-16-2021. R/I noticed a different pharmacy layout during today's inspection. PIC Peterson to provide details of what was remodeled and when the remodeled occurred.

Pharmacy must ensure ONLY licensed individuals could be present within the pharmacy space. R/I witnessed unlicensed security personel within pharmacy licensed area.

PIC Peterson to provide an email once the updated State of Illinois counseling paperwork has updated address.

PIC Peterson to provide counseling signage within pharmacy designated counseling area.

PIC Peterson to provide pharmacy staff list, including names, and license numbers.

PIC Peterson to provide details regarding pharmacy automation machines.

PIC Peterson to provide an updated community pharmacy self-inspection form, PIC Peterson showed R/I an onsite institutional pharmacy self-inspection form.

Signatures

#871

Drug Compliance Investigator

5-28-2025

Date

, Pharmacist in Charge

Pharmacy Representative

05-28-25

Date

IL486-2501



State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
054.021666
051.291572

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
03/31/2028

LICENSED PHARMACY

COMMUNITY

DIVVYMED LLC
DBA DIVVYDOSE
ANDREW PETERSON
4300 44TH AVE
MOLINE, IL 61265-6755

MARIO TRETO, JR.
SECRETARY

CAMILE LINDSAY
DIRECTOR

The official status of this license can be verified at IDFPR.illinois.gov

20884205

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4375097



State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
320.013343
054.021666

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
03/31/2028

LICENSED CONTROLLED PHARMACY
SUBSTANCE
III IV V

DIVVYMED LLC
DBA DIVVYDOSE
4300 44TH AVE
MOLINE, IL 61265-6755

MARIO TRETO, JR.
SECRETARY

CAMILE LINDSAY
DIRECTOR

The official status of this license can be verified at IDFPR.illinois.gov

20886094

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4375097

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
DivvyMed LLC	Moline, IL 61265	• dba DivvyDose

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
054021666	LICENSED PHARMACY	ACTIVE	09/23/2020	02/11/2026	03/31/2028	N

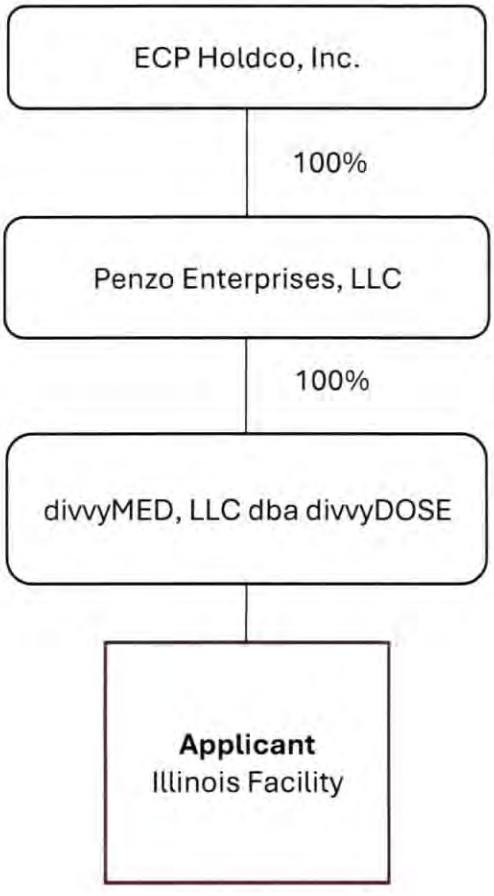
Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
32*****43	LICENSED CONTROLLED PHARMACY SUBSTANCE (Schedules III IV V)	ACTIVE	09/23/2020	02/12/2026	03/31/2028	N

Generated on: 3/17/2026 7:56:37 AM

Post-Closing Organizational Chart
divvyMED, LLC



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: divvyMED, LLC, dba divvyDOSE

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH03440

Physical Address: 4300 44th Ave

City: Moline State: IL Zip: 61265

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 844-693-4889 Website: https://www.divvydose.com/en/

Licensing Company Email: regulatory@anewhealthrx.com

Section 2: Personal Information

First: Brian Middle: William Last: Adams

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Haddonfield State: NJ Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Richmond		09/99-05/03	
Address	City	State	Zip
410 Westhampton Way	Richmond	VA	23173
Diploma/Degree obtained, if any			
BSBA - Finance			

School Name		From - To (MM/YY – MM/YY)	
St. John's Preparatory School		09/95-06/99	
Address	City	State	Zip
72 Spring Street	Danvers	MA	01923
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/16 - present	[redacted]	Haddonfield	NJ	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
AnewHealth			01/25-present
Business Address	**City**	**State**	**Zip**
228 Strawbridge Drive	Moorestown	NJ	08033
Phone	**Title**		
866-648-2767	President and CEO		
Description of Duties			
Lead company			

Business Name			From - To (MM/YY – MM/YY)
AnewHealth			11/23-12/24
Business Address	**City**	**State**	**Zip**
228 Strawbridge Drive	Moorestown	NJ	08033
Phone	**Title**		
866-648-2767	President		
Description of Duties			
Lead company (non-legal and finance)			

Business Name			From - To (MM/YY – MM/YY)
Tabula Rasa Healthcare, Inc			11/22-11/23
Business Address	**City**	**State**	**Zip**
228 Strawbridge Drive	Moorestown	NJ	08033
Phone	**Title**		
866-648-2767	President and CEO		
Description of Duties			
Lead company			

Business Name			From - To (MM/YY – MM/YY)
Tabula Rasa Healthcare, Inc			11/21-11/22
Business Address	**City**	**State**	**Zip**
228 Strawbridge Drive	Moorestown	NJ	08033
Phone	**Title**		
866-648-2767	Co-President		
Description of Duties			
Lead non-operations functions			

Business Name			From - To (MM/YY – MM/YY)
Tabula Rasa Healthcare, Inc			06/14-11/21
Business Address	**City**	**State**	**Zip**
228 Strawbridge Drive	Moorestown	NJ	08033
Phone	**Title**		
866-648-2767	Chief Financial Officer		
Description of Duties			
Lead all financial functions			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

May 1, 2003, N. Myrtle Beach, SC (Misdemeanor, Case 200310451).

In May 2003, Mr. Adams was vacationing with friends and attended a gathering where fireworks were set off. Local police issued to those present misdemeanor "littering" tickets. Mr. Adams chose to resolve the matter by paying the modest $285 fine rather than incurring the expense of challenging the ticket in court. No charges related to drugs, alcohol, or other issues were involved.

Original Signature (electronic, copies or stamps not accepted)

6/9/26
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brian Adams

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/9/26

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Burlington

I, BRIAN ADAMS, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/9/26

Date

Subscribed and Sworn to before me this 17 day of June 2026

Colleen Curran

Notary Public Signature

COLLEEN CURRAN - NOTARY PUBLIC
No. 50215086
Comm. Exp. October 13, 2028
NEW JERSEY

(Seal)

4DDD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Y

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00** fee with the application.) * Current license #: PH 01795	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: closed-door	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: HomeMed Pharmacy

Physical Address: 534 W Carmel Dr.

City: Carmel State: IN Zip: 46032

Mailing Address (if different from physical address): same as physical address

City: _____ State: _____ Zip: _____

Telephone: 317-616-4500 Toll Free # (NAC 639.708, NRS 639.23286): 866-466-3633

Fax: 866-243-5900 Contact Email: licensing@homemed.com

Website: homemed.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Katherine Martin

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): _____

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Kelsi McDonald	NV Pharmacist Registration #: 24248
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required. attached

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Wyoming

Parent Company (if any): Internet Business Strategies LLC

Corporation/Organization Name: HomeMed Pharmacy

Mailing Address: 534 W Carmel Dr.

City: Carmel State: IN Zip: 46032

Telephone: 317-616-4500 Email: licensing@homemed.com

Contact Person Name: Ryan O'Rourke, President + Managing Officer

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President + Managing Officer (title) for HomeMed Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Ryan O'Rourke

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

7/7/2026

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Katherine A. Martin hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Indiana-registered P.I.C (title) for HomeMed Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Katherine A. Martin
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 7th day of July, 2026

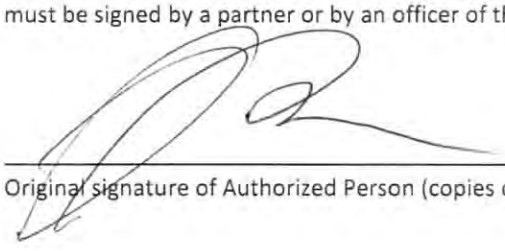
Notary Public

MICHELLE GRACE CROWDER
Notary Public
Boone County - State of Indiana
Commission Number NP0706957
My Commission Expires Oct 26, 2033

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ryan O'Rourke

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

7/7/2026

Date

Board Use Only	Date Received: 7/14/26	Amount: $500 - CK 4432

HomeMed Pharmacy LLC
534 West Carmel Drive
Carmel, IN 46032
317.616.4500

Corporate Officer

Name and Title	Personal Details	Work Address	Home Address
Ryan O'Rourke President & Managing Officer	DOB [redacted]	534 West Carmel Drive Carmel, IN 46032 Ph 317-616-4478 Fax 866-243-5900 Email Ryan.Orourke@homemed.com	[redacted] CARMEL, IN [redacted]

Internet Business Strategies, LLC
534 W Carmel Dr
Carmel, IN 46032
Tel: 317-616-4478
Fax: 866-243-5900

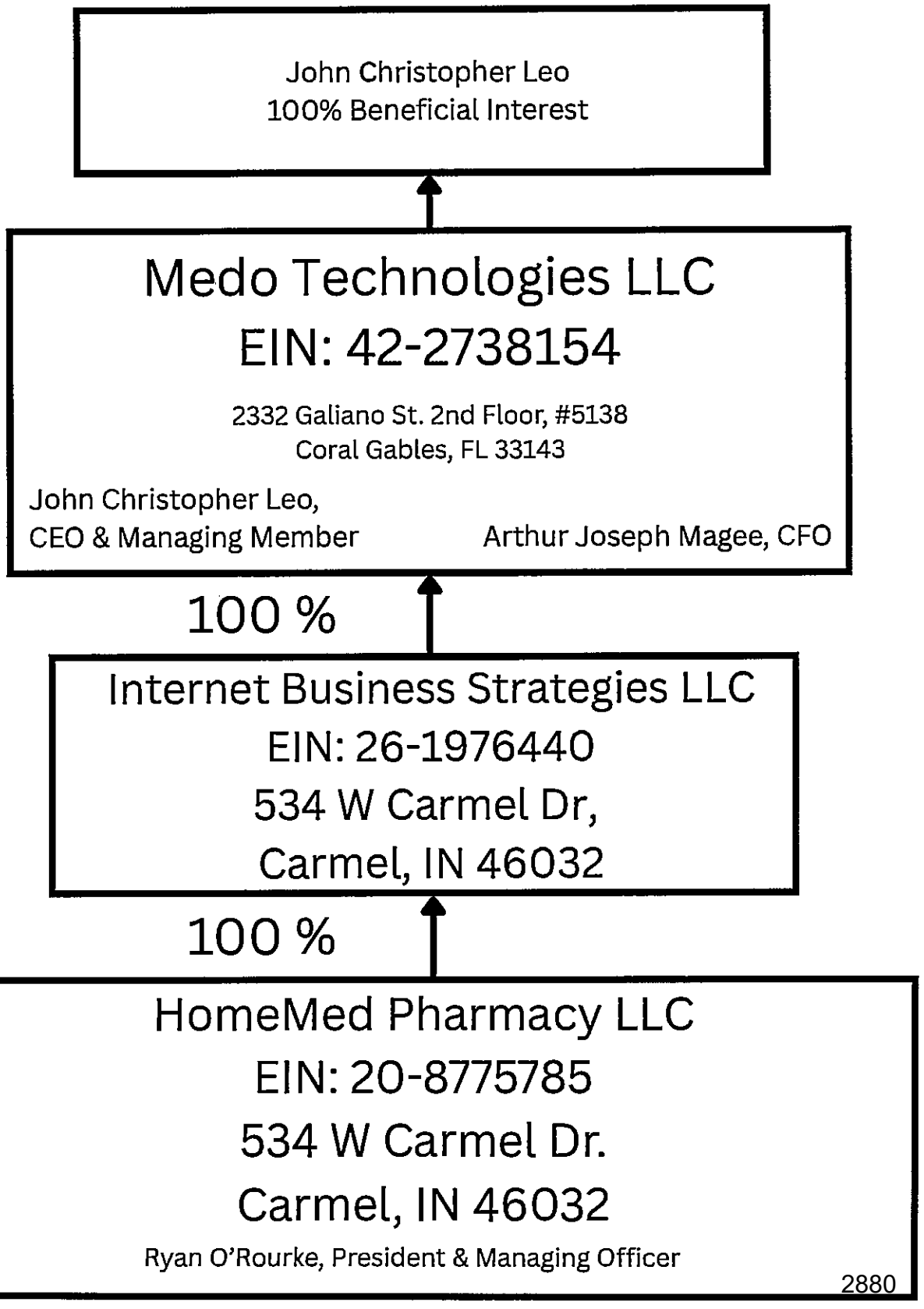
Corporate Officer

Name and Title	Personal Details	Work Address	Home Address
Ryan O'Rourke President & Managing Officer	DOB [redacted]	2710 Thomas Ave. Cheyenne, WY 82001 Ph 317-616-4478 Fax 866-243-5900 Email Ryan.Orourke@homemed.com	[redacted] CARMEL, IN [redacted]

HomeMed Pharmacy

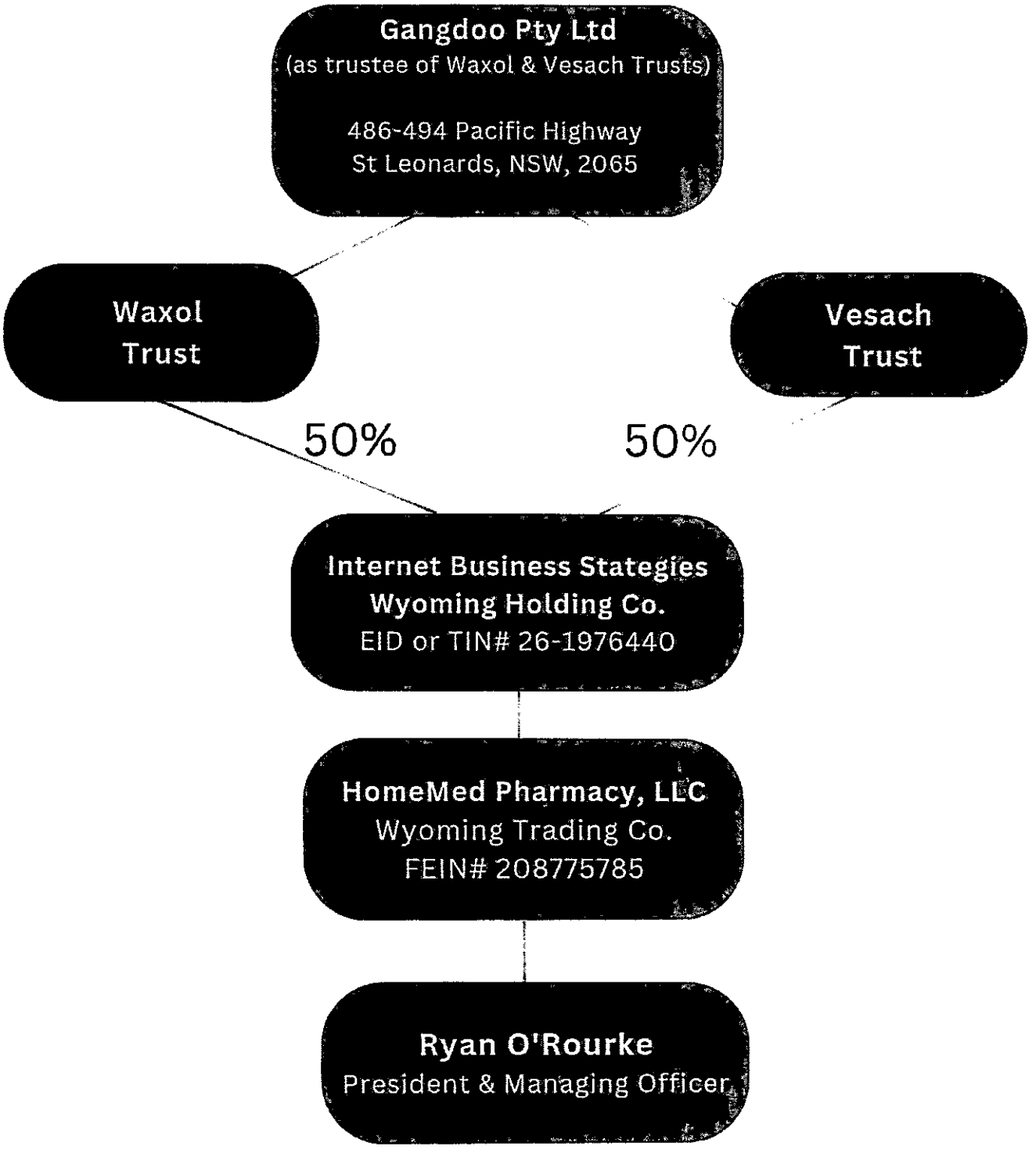
Organizational Chart & Ownership Structure

Effective Date: 8/14/26



Effective: 04/13/07 - 8/14/26

HomeMed Organization Chart



State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

HOMEMED PHARMACY, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on April 11, 2007, and was in existence or authorized to transact business in the State of Indiana on June 30, 2026.

I further certify this Foreign Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 30, 2026

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

2007041200374 / 20265157220

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on July 30, 2026.

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

HomeMed Pharmacy LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **March 16, 2007**, comply with all applicable requirements of this office. This entity has been assigned entity identification number **2007-000535116.**

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 18th day of June, 2026 at 12:30 PM. This certificate is assigned ID Number 103859429.

Chuck Gray

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler HomeMed Pharmacy

Pharmacy/Wholesaler License # (if applicable) 01795

Physical Address 534 W Carmel Dr

City Carmel State IN Zip 46032

Mailing Address (if different from physical address) same as physical address

City _____ State _____ Zip _____

Telephone 317-616-4500 Website homemed.com

Licensing Company Email licensing@homemed.com

Section 2: Personal Information

First Katherine Middle Ann Last Martin

Alias(es, nicknames, name changes, etc.) Katherine Ann Pictor (maiden name)

Date of Birth [redacted] SSN or ITI [redacted] Sex ☒ M ☒ F ☐ X

Mailing Address [redacted]

City Carmel State IN Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Butler University		08/95-05/01	
Address	**City**	**State**	**Zip**
4600 Sunset Ave	Indianapolis	IN	46208
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Oldenburg Academy of the Immaculate Conception		08/91-06/95	
Address	**City**	**State**	**Zip**
1 Twister Cir	Oldenburg	IN	47036
Diploma/Degree obtained, if any			
Indiana Honors High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/03-present	[redacted]	Carmel	IN	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
HomeMed Pharmacy			02/04-present	
Business Address		**City**	**State**	**Zip**
534 W Carmel Dr		Carmel	IN	46032
Phone	**Title**		**Number of Employed Hours**	
317-616-4500	Pharmacist In Charge, Pharmacy Manager		40 hrs/ week	
Description of Duties				
Duties of a floor pharmacist in addition to responsibility for all personnel and nationwide licensure.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✔	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
03/07/2024	03/07/2024	KY	Frankfort	Franklin
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
23-0545		Kentucky Board of Pharmacy		
Reason/Charge				
Dispensed prescriptions on a lapsed license				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Katherine A. Martin		no		
Name of Business/Industry/Entity				
HomeMed Pharmacy				

Provide explanation below:

The Indiana-based pharmacy for which I am Pharmacist-in-Charge inadvertently allowed our out-of-state license with Kentucky to expire while we were in process of changing the physical location of our business. We thought we had successfully renewed our license in the appropriate timeframe. However, because we missed email correspondence that our location-change application required additional information, we did not realize that it wasn't accepted before it's expiration date. We ended up operating with a lapsed license for 6 business days, during which we continued shipping prescriptions into Kentucky.We notified Kentucky of our error and submitted a full report of all prescriptions we shipped while the license was lapsed. In lieu of filing a formal Complaint and hearing, the Board agreed to address the matter by entering in an Agreed Order. The terms of the Order included paying a fine and completing extra hours of continuing education. The terms of the Order were satisfied, and I will be able to apply to have the record expunged in three years.

Katherine A. Martin

Original Signature (electronic, copies or stamps not accepted)

07/07/2026

Date

I, Katherine A. Martin, **certify that as the designated representative for**

HomeMed Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. KAM I am at least 21 years of age;
3. KAM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. KAM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. KAM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. KAM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. KAM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Katherine A. Martin

Print Name (First, Last)

Katherine A. Martin

Original Signature (electronic, copies or stamps not accepted)

07/07/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Katherine A. Martin

Print Name (First, Last)

Katherine A. Martin

Original Signature (electronic, copies or stamps not accepted)

07/07/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Indiana, ss. County of Hamilton

I, Katherine A. Martin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Katherine A. Martin

Original Signature

07/07/2026

Date

Subscribed and Sworn to before me this 7th day of July 2026.

Notary Public Signature

MICHELLE GRACE CROWDER
Notary Public
Boone County - State of Indiana
Commission Number NP0706957
My Commission Expires Oct 26, 2033

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site HomeMed Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) PH01795

Physical Address 534 W Carmel Dr

City Carmel State IN Zip 46032

Mailing Address (if different from physical address) same as physical

City _____ State _____ Zip _____

Telephone 317-616-4500 Website homemed.com

Licensing Company Email licensing@homemed.com

Section 2: Personal Information

First Ryan Middle William Last O'Rourke

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City Carmel State IN Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Indiana University		09/98-05/02	
Address	**City**	**State**	**Zip**
107 S Indiana Ave	Bloomington	IN	47405
Diploma/Degree obtained, if any			
B.S., Management & Certificate, Business			

School Name		From - To (MM/YY – MM/YY)	
Manchester High School West		09/94-05/98	
Address	**City**	**State**	**Zip**
9 Notre Dame Ave	Manchester	NH	03102
Diploma/Degree obtained, if any			
High School			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/19 - Current	[redacted]	Carmel	IN	[redacted]
08/12 - 06/19	[redacted]	Indianapolis	IN	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
HomeMed Pharmacy			03/07 - Current
Business Address	**City**	**State**	**Zip**
534 W Carmel Dr	Carmel	IN	46032
Phone	**Title**		
317-616-4500	President		
Description of Duties			
Business Management			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ryan O'Rourke

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7-9-2026

Date

Please have this section completed in the presence of a Notary Public.

State of Indiana, ss. County of Hamilton

I, Ryan O'Rourke, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7-9-2026

Date

Subscribed and Sworn to before me this 9th day of July, 2026

Notary Public Signature

MICHELLE GRACE CROWDER
Notary Public
Boone County - State of Indiana
Commission Number NP0706957
My Commission Expires Oct 26, 2033

(Seal)

Pharmacy
402 W. Washington Street
Indiana Government Center Sonth, Room W072

Indianapolis, IN 46204

FACILITY
HomeMed Pharmacy
534 W. Carmel Dr.
Carmel IN 46032
Phone: 3176164500
Owner:
Ownership Type:

LICENSE
License No: 60006059A
Profession: Pharmacy
License Type: Pharmacy
534 W. Carmel Dr.
Carmel IN 46032
Phone: 3176164500

Inspection Type:	Pharmacy Inspection
Inspection Date:	7/7/2026 12:00:00 AM
Result:	Pass

Remarks: Routine inspection conducted/completed by Investigator Jim DeWitt, present with QP Katie Martin. (26020470A) No controlled substances, no compounding, no REMS, no immunizations and no OTC. No violations, any concerns contact jadewitt@pla.in.gov

Checklist Results
Pharmacy General Information
Absence of Pharmacist
Staff/Personnel
Pharmacy Equipment/Security
References
Automated Medication Systems & Automatic Counting
AMS Automated Packaging Systems
Drug storage/labeling/destruction
Dispensing/Records Retention
Fax/e-prescribing/Transfers
Remote Order Entry and Centralized Processing
Generic Substitution
Controlled Substances
DEA Forms
INSPECT
Sterile Compounding: Policies and Procedures
Sterile Compounding: Engineering Controls
Sterile Compounding: Personnel
Sterile Compounding: Labeling/Documentation
Non-sterile Compounding
Remote Locations (Type II only)

Quality-Related Events/Patient Own Medications
Special Medications
Immunization Rule
Patient Confidentiality (HIPAA)
Prescription Audit

As the undersigned representative of the licensee, I affirm that the information provided during the inspection is true and accurate to the best of my knowledge. I understand that the licensee is responsible for the legal operations of the facility and I am executing this inspection form as, or on behalf of the licensee.

The alleged violator has voluntarily entered into an Opportunity to Correct Plan with the Indiana Professional Licensing Agency (PLA). Pursuant to IC 4-21.5-2.5-7, the alleged violator enters into a written Corrective Plan to correct the alleged violation(s) set forth above before the agency institutes an enforcement action which may include the filing of a Consumer Complaint with the Office of the Indiana Attorney General. Upon notice that the alleged violation(s) has been corrected, this Agency shall re-inspect not more than thirty (30) days after to determine if you have substantially complied with the applicable rule or state statute. If subsequent inspection identifies a failure to address previous violations the facility will "fail" the inspection and additional enforcement actions may be initiated against licensure.

In order to avoid additional enforcement action, the alleged violator must submit the Corrective Plan within five (5) business days after the initial inspection. A plan of corrective action can be either emailed to PLACompliance@pla.in.gov, or mailed to: Indiana Professional Licensing Agency, Attn: Compliance Division, 402 W. Washington St. RM W072, Indianapolis, IN 46204.

Signature of Inspector	7/7/2026 2:22:28 PM	Signature of Owner/Representative
	Date/Time	

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

Pharmacy

Registration Number	Expire Date
60006059A	12/31/2027

HomeMed Pharmacy
534 W. Carmel Dr.
Carmel IN 46032

Mike Braun
Governor
State of Indiana

Lindsay M. Hyer
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

Pharmacy

Registration Number	Expire Date
60006059A	**12/31/2027**

HomeMed Pharmacy

Signature

STATE OF INDIANA

Mike Braun

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Digitally Certified Proof of Licensure

RE: HomeMed Pharmacy

I, Lindsay M. Hyer, Executive Director of the Indiana Professional Licensing Agency and custodian of the records therein, hereby certify that the attached is the digitally certified proof of licensure, as requested, and as it appears in the files of the Indiana Professional Licensing Agency on the date/time certified.

To verify the authenticity of the digital certification as of the date and time stamp below, go to

https://secure.in.gov/apps/pla/search/verify/

and use our free web service. Simply browse to the location you saved the secure PDF document sent to you and upload to validate. You may also verify the authenticity in Adobe by ensuring the 'Certified by State of Indiana' blue ribbon displays at the top of the PDF.

Lindsay M. Hyer, Executive Director

Thu Jun 18 01:50:38 PM EST 2026

STATE OF INDIANA

Mike Braun

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Official Proof of Licensure
Digitally Certified Record

Personal Information

Facility Name:	HomeMed Pharmacy
Address:	534 W. Carmel Dr. Carmel, IN 46032
Owner Name:	

License Information

Number Issued:	60006059A
License Type:	Pharmacy - Closed Door (III)
Status:	Active
Issue date:	04/13/2007
Expiration Date:	12/31/2027
Obtained By:	Application

This licensee has met ALL requirements for licensure in the State of Indiana - including successfully passing all required exams.

For disciplinary action information, please visit our License Search & Verify service at https://mylicense.in.gov/EVerification/Search.aspx. Disciplinary action will either show under Previous Action or Violations. For additional information including questions regarding Disciplinary Action, contact the appropriate Board or Commission at https://www.in.gov/pla/professions/.

Digitally Certified on: Thu Jun 18 01:50:38 PM EST 2026

Section 3: Discipline



07/06/26

Formal Notification of Disciplinary Action: HomeMed Pharmacy

This letter serves to formally disclose a disciplinary action taken in 2023 by the Kentucky Board of Pharmacy. The action resulted from an administrative oversight that led to the shipment of prescriptions into the state of Kentucky during a seven-day period in which our license had inadvertently lapsed. Detailed information regarding the circumstances and resolution of this matter is provided in the enclosed documentation.

Please be advised that this matter was previously disclosed to your Board during our most recent renewal cycle or an earlier reporting period. We are providing this notification again as the discipline remains on our record and has not yet been expunged.

Katherine A. Martin

Katherine A. Martin
Pharmacist-In-Charge
HomeMed Pharmacy

RECD KYBOP JAN2'24

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 23-0545 A

$15,300 —
PAID
#4337

Agreed Order

Come the parties, the Kentucky Board of Pharmacy ("the Board") and **HomeMed Pharmacy** ("Respondent"), and both having been fully informed regarding the matter set forth herein hereby agree to the entry of this **Agreed Order** to obviate a formal hearing.

Stipulations of Fact

(1) Pursuant to Chapter 315 of the Kentucky Revised Statutes, the Board is authorized to regulate and control all matters related to pharmacies and pharmacists.

(2) Respondent is permitted to operate as an out of state pharmacy in the Commonwealth of Kentucky and was issued permit number IN1257.

(3) Respondent allegedly operated with a lapsed permit from August 25, 2023 to September 1, 2023, during which time two hundred and four (204) prescriptions were shipped into Kentucky from the unpermitted pharmacy.

Stipulated Conclusions of Law

(1) Respondent's license to operate a pharmacy in the Commonwealth is subject to regulation and discipline by the Kentucky Board of Pharmacy.

(2) Based upon the above allegations, the Board may discipline Respondent pursuant to KRS 315.121.

(3) Based on the above allegations, there is probable cause to believe that Respondent violated KRS 315.0351(1)(a); KRS 315.0351(4); and 315.035(5).

(4) In lieu of the filing of a formal Complaint and hearing, the Board and Respondent have agreed to address this matter by entering into this Agreed Order.

Order

(1) Respondent is fined $15,300. The fine is payable on or before January 15, 2024. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy, 125 Holmes Street, Suite 300, Frankfort, KY 40601.

(2) Respondent acknowledges they have read and understand the terms of this Agreed Order and are entering into it freely, willingly, and voluntarily. Respondent further acknowledges that by entering into this Agreed Order, Respondent is freely, voluntarily, and willingly waiving all the due process rights afforded under the U. S. and Kentucky Constitutions, KRS Chapter 315 and the accompanying regulations in regard to disciplinary actions.

(3) By entering this Agreed Order respondent consents to the continuing jurisdiction of the Kentucky Board of Pharmacy and by signing, submits to that jurisdiction.

(4) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP") and is subject to disclosure under the Kentucky Open Records Act.

ANTHONY TAGAVI, PHARM D, JD
Chair, Case Review Panel,
Kentucky Board of Pharmacy

1/30/2024
DATE

HOMEMED PHARMACY
Respondent

12/21/23
DATE

4EEE

Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☑ Out-of-Nevada	☑ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH_____	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: [redacted] ☐ Non-sterile Compounding ☐ Sterile Compounding ☑ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☑ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Medstorks Rx

Physical Address: 1413 E. interstate 30, suite B. #6

City: Garland State: Texas Zip: 75043

Mailing Address (if different from physical address): 1413 E. interstate 30, Suite #6

City: Garland State: Texas Zip: 75043

Telephone: 214-484-6641 Toll Free # (NAC 639.708, NRS 639.23286): 1-855-535-0791

Fax: 800-616-2026 Contact Email: chris@medstorksrx.com

Website: medstorksrx.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Christopher Uvalle

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): _____

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Adejoke Agbaje	NV Pharmacist Registration #: 24996
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: Jessica Riggs

Business Name: Medstork RX LLC

Business Address: 1413 E. Interstate 30, Suite #6

City: Garland State: Texas Zip: 75043

Telephone: 214-484-6641 Email: Jessica@medstorkrx.com

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacist in Charge (title) for Medstark Rx (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Christopher Uvalle

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

4-3-26

Date

Section 10- Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Jessica Riggs hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Owner (title) for Medstork Rx (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Jessica Riggs
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 3rd day of March, 2026

Emily Barrientos
Notary Public

EMILY BARRIENTOS
Notary Public, State of Texas
Comm. Expires 10-02-2028
Notary ID 135115266

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jessica Riggs

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Jessica Riggs

Original signature of Authorized Person (copies or stamps not accepted)

3/3/2020

Date

Board Use Only	Date Received: 4/13/20	Amount: $500-ck 1479 ✓

AGREED BOARD ORDER #2023-04104

RE: IN THE MATTER OF
MED STORK RX
(PHARMACY LICENSE #33248)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 33248 issued to Med Stork Rx (Respondent), 1413 East Interstate 30, Suite 6, Garland, Texas 75043.

By letter dated December 14, 2023, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 565.001(a)(1), (12) and (13); 565.002(a)(3); 568.002(a) and (d); and 568.003(a)(1) and (7) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2021); and

Sections 291.32(a)(2)(H); 291.32(c)(1)(C) and (E); 295.3; and 297.3(a)(1) and (d) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2023), in that allegedly:

COUNTS

(1) On or about November 30, 2022, through on or about March 18, 2023, Michael Brian Burch, while acting as an employee (pharmacy technician) of Med Stork Rx, 1413 East Interstate 30, Suite 6, Garland, Texas 75043, was unlawfully engaged in the duties of a pharmacy technician with a delinquent registration. Mr. Burch's registration became delinquent on November 30, 2022, due to his failure to renew the registration. As evidenced by pharmacy records, Mr. Burch continued to engage in the duties of a pharmacy technician with a delinquent registration during the time period previously described.

On or about March 27, 2023, Mr. Burch renewed his pharmacy technician registration with the Board.

(2) On or about November 30, 2022, through on or about March 18, 2023, Gayla Cheryle Dansby, while acting as an employee (pharmacist-in-charge) of Med Stork Rx, 1413 East Interstate 30, Suite 6, Garland, Texas 75043, failed to properly supervise pharmacy personnel as described above in Count (1).

By letter dated December 14, 2023, Respondent was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By signing this Order, Jessica Marie Miranda, Managing Officer,

Medstork Rx, LLC, on behalf of Respondent, neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to an informal conference, notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent shall pay an administrative penalty of three thousand dollars ($3,000) due one hundred twenty (120) days after the entry of this Order.

(2) Respondent shall develop and implement policies and procedures for the verification of valid licensure and registration status for pharmacists, pharmacist interns, and pharmacy technicians during the hiring process and on an on-going basis. A written report of such policies and procedures shall be submitted to Board staff within one hundred twenty (120) days after the entry of this Order.

(3) Respondent shall be responsible for all costs relating to compliance with the requirements of this Order.

(4) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2023), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2023).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

Signed and entered by the Executive Director on behalf of the Texas State Board of Pharmacy on this 10th day of January, 2024.

Daniel Carroll, Pharm.D.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Jessica Marie Miranda, Managing Officer, Medstork Rx, LLC
On behalf of Med Stork Rx

APPROVED AS TO FORM:

Megan G. Holloway, General Counsel
Texas State Board of Pharmacy

FRANCHISE TAX ACCOUNT STATUS

This record as of February 13, 2026 at 10:35:50

MEDSTORK RX LLC

Texas Taxpayer Number:	32073229224
Mailing Address:	1413 E INTERSTATE 30 STE 6 GARLAND, TX 75043 - 4784
Right to Transact Business in Texas:	ACTIVE
State of Formation:	TX
SOS Registration Status (SOS status updated each business day):	ACTIVE
Effective SOS Registration Date:	01/25/2020
Texas SOS File Number:	0803528383
Registered Agent Name:	JESSICA RIGGS
Registered Office Street Address:	1413 E INTERSTATE 30 STE 6 GARLAND, TX 75043

Public Information Report for Year 2025

Title	Name and Address
MANAGING M	**JESSICA RIGGS** 1413 E INTERSTATE 30 STE 6 GARLAND, TX 75043 **Source:** CPA

DIRECTOR	**JESSICA RIGGS** 1413 E INTERSTATE 30 STE 6 GARLAND, TX 75043 **Source:** CPA

Information on this site is obtained from the most recent Public Information Report (PIR) submitted to the Comptroller of Public Accounts (CPA) or from the most recent PIR processed by the Secretary of State (SOS). Annual PIRs submitted to the CPA are forwarded to the SOS.

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application
Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Medstork Rx
Pharmacy/Wholesaler License # (if applicable) 33248
Physical Address 1413 E. Interstate 30, Suite #6
City Garland State TX Zip 75043
Mailing Address (if different from physical address) 1413 E. Interstate 30, Suite #6
City Garland State TX Zip 75043
Telephone 214-484-6641 Website medstorkrx.com
Licensing Company Email

Section 2: Personal Information

First Christopher Middle Jason Last Uvalle
Alias(es, nicknames, name changes, etc.)
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X
Mailing Address [redacted]
City Edinburg State TX Zip [redacted]
Telephone [redacted] Email [redacted]
Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)
Edinburg High School		08/10 - 05/11
Address	**City**	**State / Zip**
2600 E. wisconsin rd	Edinburg	TX 78542
Diploma/Degree obtained, if any		
N/A		

School Name		From - To (MM/YY – MM/YY)
Robert Vela High School		08/11 - 05/2015
Address	**City**	**State / Zip**
801 E. Canton Rd	Edinburg	TX 78539
Diploma/Degree obtained, if any		
high school diploma		

School Name		From - To (MM/YY – MM/YY)
University of Texas at Austin		08/15 - 05/19
Address	**City**	**State / Zip**
2515 speedway	Austin	TX 78712
Diploma/Degree obtained, if any		
Bachelors of Science in Public Health		

School Name		From - To (MM/YY – MM/YY)
University of Texas at Austin College of Pharmacy		08/19 - 05/23
Address	**City**	**State / Zip**
2409 University ave	Austin	TX 78712
Diploma/Degree obtained, if any		
Doctor of Pharmacy		

School Name		From - To (MM/YY – MM/YY)
Address	**City**	**State / Zip**
Diploma/Degree obtained, if any		

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]	City	State	Zip
08/16 - 05/17		Austin	TX	[redacted]
08/17 - 07/19		Austin	TX	
7/19 - 7/20		Austin	TX	
7/20 - 7/21		Austin	TX	
07/21 - 07/22		Austin	TX	
07/22 - 07/23		Austin	TX	
07/2023 - 04/24		Edinburg	TX	
04/24 - 08/24		Dallas	TX	
08/24 - 02/26		Dallas	TX	
02/26 - present		Dallas	TX	

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Medstork Rx			04/24 - present
Business Address	**City**	**State**	**Zip**
1413 E. Interstate 30 Suite #6	Garland	TX	75043
Phone	**Title**	**Number of Employed Hours**	
214-484-6641	pharmacist-in-charge	3800	
Description of Duties			
oversee record keeping and compliance of pharmacy in regards to inventory, required documentations etc to ensure following Texas state board, DEA, & FDA regulations & rules			

Business Name			From - To (MM/YY – MM/YY)
Stonegate pharmacy			01/20 - 08/20
Business Address	**City**	**State**	**Zip**
2501 W William Cannon Dr #203	Austin	TX	78745
Phone	**Title**	**Number of Employed Hours**	
512-707-2300	Pharmacist Intern	960 640	
Description of Duties			
assist w/ assigned record keeping responsibilities and preparation of prescriptions for dispensing			

Business Name			From - To (MM/YY – MM/YY)
Walgreens			03/18 - 12/19
Business Address	**City**	**State**	**Zip**
1144 airport Blvd	Austin	TX	78702
Phone	**Title**	**Number of Employed Hours**	
512-929-0691	pharmacy technician	1560	
Description of Duties			
assist w/ assigned record keeping responsibility & preparation of prescriptions for dispensing			

Business Name			From - To (MM/YY – MM/YY)
T.L.E Pharmacy			06/16 - 08/17
Business Address	**City**	**State**	**Zip**
2120 E. Griffin Pkwy	Mission	TX	78572
Phone	**Title**	**Number of Employed Hours**	
956-581-5499	pharmacy technician	980	
Description of Duties			
assist w/ assigned record keeping responsibilities & preparation of prescriptions for dispensing			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	N/A	N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Christopher Uvalle, **certify that as the designated representative for**

Medstork Rx,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CU I am at least 21 years of age;
3. CU I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. CU I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CU I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CU I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. CU I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Christopher Uvalle

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christopher Uvalle
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3-11-26
Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Dallas

I, Christopher J. Uvalle, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3-11-2016
Date

Subscribed and Sworn to before me this 11th day of March 2026

Notary Public Signature

MARY MIRANDA
Notary ID #132937526
My Commission Expires
February 23, 2029
(Seal)

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Notice of Inspection

Facility Information

Name: *MED STORK RX*
License Number: *33248*
Address: *1413 E INTERSTATE 30 STE 6, GARLAND, TX 75043*
Phone: *(214) 484-6641*
Email:
Class of License: *A*
License Expiration: *05/31/2024*
DEA #: *FM9754070*
DEA Expiration: *01/31/2024*

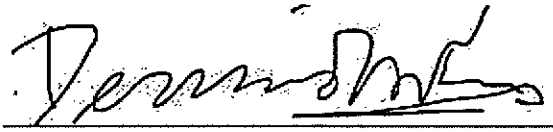
Inspection Information

Type: *Compliance*
Purpose: *Routine*
Date: *08/15/2023*
Arrival Time: *10:00 AM*

Acknowledgment

This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

. . I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.



Dennis Eldon WunnRelief RPh *38251*

Witness



Felicia Carrasco

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *MED STORK RX* License Number: *33248*

Class of License: *A*

Inspection Information

Type: *Compliance* Purpose: *Follow-up to Warning Notice*

Date: *10/06/2023* Arrival Time: *8:45 AM* Departure Time: *9:30 AM*

Action Taken: *Inspection*

General Comments:

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Not Inspected*
01. Required licenses posted	*Not Inspected*
09. Active licenses/certifications	*Not Inspected*
62. No aiding and abetting	*Not Inspected*
65. Proper registration procedures	*Not Inspected*
79. Identification badges	*Not Inspected*

Inventory Records

15. Change of PIC inventory	*Not Inspected*
17. Meets inventory requirements	*Satisfactory*
59. Proper drug destruction	*Not Inspected*
68. Change of ownership controlled substance inventory	*Not Applicable*
69. Annual controlled substance inventory	*Satisfactory*

Comment

Annual controlled substance inventory completed on: 8/22/23

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?)	*Not Applicable*
34. Notifications	*Not Inspected*

76. PIC (Does the pharmacy have a pharmacist-in-charge?)	*Not Inspected*

Environment/Equipment/Security

03. Orderly/Clean	*Not Inspected*
04. Balance inspection	*Not Applicable*
05. Equipment Inspection	*Not Inspected*
07. Security	*Not Inspected*
08. Environment	*Not Inspected*
48. Drugs (procurement, temperature, security, out-of-date, samples)	*Not Inspected*
90. TSBP complaint notification	*Satisfactory*

Controlled Substances

10. Prescriptions separated	*Not Inspected*
24. Theft/Loss	*Not Inspected*
26. Controlled substance prescription compliance	*Not Inspected*
30. Controlled substance invoices dated/initialed by pharmacist	*Not Inspected*
35. Controlled substance invoices separated	*Not Inspected*
46. Drug distribution	*Not Applicable*
53. Possession of controlled substances	*Not Inspected*
57. Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?)	*Not Inspected*

Labeling/Prepackaging

32. Prescription label (Is prescription label complete?)	*Not Inspected*
45. Proper dispensing/labeling	*Not Inspected*
54. Proper prepackaging procedures	*Not Applicable*

Library

06. Required Library	*Satisfactory*

Training

60. Documentation of required training	*Not Inspected*
61. Supervision of supportive personnel	*Not Inspected*

Patient/Computer/Dispensing Records

18. Records available	*Not Inspected*
22. Data processing system compliance	*Not Inspected*
25. Prescriptions (complete, retrievable, auto-refills, accelerated refills)	*Not Inspected*
37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?)	*Not Inspected*
56. Prescription transfers	*Not Inspected*
67. Written drug information provided	*Not Inspected*
80. Patient counseling	*Satisfactory*
82. Patient Medication Records	*Not Inspected*
84. Drug regimen review	*Not Inspected*
86. Absence of pharmacist records	*Not Applicable*

Policies & Procedures/SOPs

70. Required policies & procedures/SOPs	*Not Inspected*
92. Automated dispensing policy & procedures/SOPs	*Not Applicable*

Non-Sterile Compounding

38. Area for non-sterile compounding	*Not Applicable*
43. Records for non-sterile compounding	*Not Applicable*

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and
- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).

Joel John

Felicia Carrasco

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Warning Notice of Violation(s) Requiring Correction

Facility Information

Name: *MED STORK RX* License Number: *33248*

Class of License: *A*

Signatures

Notice is hereby given that you are not in compliance with the following laws and rules governing the practice of pharmacy. Unless the conditions noted below are corrected, disciplinary action may be instituted against the pharmacy license and the license of the pharmacist-in-charge.

I hereby acknowledge that the laws and/or rules cited in the Warning Notice below have been explained to me by the Board of Pharmacy Officer/Inspector.

Dennis Wunn *Date* 08/15/2023

Warning Notice

1. **Rule/Law/Code:** 291.17(c).

   Explanation of Violation and Correction Needed:
   Failure to take an annual inventory +/- 4 days of the previous year. Take annual c/s immediately, have notarized, and maintain record as required. Correct/resolve deficiency by date noted.
   Due Date for Completed Correction: *08/25/2023*

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *MED STORK RX* License Number: *33248*

Class of License: *A*

Inspection Information

Type: *Compliance* Purpose: *Routine*

Date: *08/15/2023* Arrival Time: *10:00 AM* Departure Time: *12:00 PM*

Action Taken: *Inspection*

General Comments:

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*
01. Required licenses posted	*Satisfactory*
09. Active licenses/certifications	*Satisfactory*
62. No aiding and abetting	*Satisfactory*
65. Proper registration procedures	*Satisfactory*
79. Identification badges	*Satisfactory*

Inventory Records

15. Change of PIC inventory — *Satisfactory*

Comment

Change of PIC inventory completed on: 8/13/2023

17. Meets inventory requirements — *Satisfactory*

Comment

Advised to take annual inventories +/- 4 days of previous inventory.

59. Proper drug destruction — *Satisfactory*

68. Change of ownership controlled substance inventory — *Not Applicable*

69. Annual controlled substance inventory — ***Unsatisfactory***

291.17(c).

Annual inventory.

(1) A Class A, Class A-S, Class C, Class C-S, or Class F pharmacy shall take an inventory on May 1 of each year, or on

69. Annual controlled substance inventory *(continued)* ***Unsatisfactory***

the pharmacy's regular general physical inventory date. Such inventory may be taken within four days of the specified inventory date and shall include all stocks of all controlled substances (including out-of-date drugs).

(2) A Class A, Class A-S, Class C, Class C-S, or Class F pharmacy applying for renewal of a pharmacy license shall include as a part of the pharmacy license renewal application a statement attesting that an annual inventory has been conducted, the date of the inventory, and the name of the person(s) taking the inventory.

(3) The person(s) taking the annual inventory and the pharmacist-in-charge shall indicate the time the inventory was taken (as specified in subsection (a)(7) of this section) and shall sign and date the inventory with the date the inventory was taken. The signature of the pharmacist-in-charge and the date of the inventory shall be notarized within three days after the day the inventory is completed, excluding Saturdays, Sundays, and federal holidays.

Warning Notice Due Date for Completed Correction: *08/25/2023*

Failure to take an annual inventory +/- 4 days of the previous year. Take annual c/s immediately, have notarized, and maintain record as required. Correct/resolve deficiency by date noted.

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?) *Not Applicable*

34. Notifications *Satisfactory*

76. PIC (Does the pharmacy have a pharmacist-in-charge?) *Satisfactory*

Comment

Advised to submit change of PIC within 10 days as required.

Environment/Equipment/Security

03. Orderly/Clean *Satisfactory*

04. Balance inspection *Not Applicable*

05. Equipment Inspection *Satisfactory*

07. Security *Satisfactory*

08. Environment *Satisfactory*

48. Drugs (procurement, temperature, security, out-of-date, samples) *Satisfactory*

90. TSBP complaint notification *Satisfactory*

Comment

Advised to notify patients of complaint information on deliveries as required.

Controlled Substances

10. Prescriptions separated *Satisfactory*

24. Theft/Loss *Satisfactory*

Comment

No theft or loss has occurred.

26. Controlled substance prescription compliance	*Satisfactory*
30. Controlled substance invoices dated/initialed by pharmacist	*Satisfactory*
35. Controlled substance invoices separated	*Satisfactory*
46. Drug distribution	*Not Applicable*
53. Possession of controlled substances	*Satisfactory*
57. Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?)	*Satisfactory*

Labeling/Prepackaging

32. Prescription label (Is prescription label complete?)	*Satisfactory*
45. Proper dispensing/labeling	*Satisfactory*
54. Proper prepackaging procedures	*Not Applicable*

Library

06. Required Library *Satisfactory*

291.33(e)(1).

Library. A reference library shall be maintained which includes the following in hard-copy or electronic format: current copies of the following:

(A) Texas Pharmacy Act and rules;

(B) Texas Dangerous Drug Act and rules;

(C) Texas Controlled Substances Act and rules; and

(D) Federal Controlled Substances Act and rules (or official publication describing the requirements of the Federal Controlled Substances Act and rules)

291.33(e)(2).

Library. A reference library shall be maintained which includes the following in hard-copy or electronic format: At least one current or updated reference from each of the following categories:

(A) a patient prescription drug information reference text or leaflets which are designed for the patient and must be available to the patient;

(B) at least one current or updated general drug information reference which is required to contain drug interaction information including information needed to determine severity or significance of the interaction and appropriate recommendations or actions to be taken; and

(C) if the pharmacy dispenses veterinary prescriptions, a general reference text on veterinary drugs.

Comment

Advised to obtain current copies of required references.

Training

60. Documentation of required training	*Satisfactory*
61. Supervision of supportive personnel	*Satisfactory*

Patient/Computer/Dispensing Records

18. Records available	*Satisfactory*
22. Data processing system compliance	*Satisfactory*
25. Prescriptions (complete, retrievable, auto-refills, accelerated refills)	*Satisfactory*
37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?)	*Satisfactory*
56. Prescription transfers	*Satisfactory*
67. Written drug information provided	*Satisfactory*
80. Patient counseling	*Satisfactory*

Comment

Advised to counsel on all new prescriptions and cease allowing non-pharmacist to screen patients on new prescriptions.

82. Patient Medication Records	*Satisfactory*
84. Drug regimen review	*Satisfactory*
86. Absence of pharmacist records	*Not Applicable*

Policies & Procedures/SOPs

70. Required policies & procedures/SOPs	*Satisfactory*
92. Automated dispensing policy & procedures/SOPs	*Not Applicable*

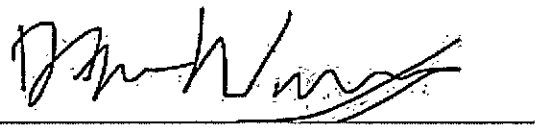
Non-Sterile Compounding

38. Area for non-sterile compounding	*Not Applicable*
43. Records for non-sterile compounding	*Not Applicable*

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and
- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).



Dennis Wunn



Felicia Carrasco

TEXAS STATE BOARD OF PHARMACY

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

JJ I am the Pharmacist-in-Charge (PIC) of *MED STORK RX*, pharmacy license number *33248*, and I ✓ was/ ☐ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *10/06/2023*.

JJ I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.

JJ I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF.

N/A If applicable, the Warning Notice issued contains *0* deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice.

JJ I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please email this completed form to the TSBP Compliance Inspector for your area or to inspections@pharmacy.texas.gov within 7 days of the date of the inspection.

Signed: _____ Date: *10/06/2023*

Printed Name: *Joel John* License No.(if applicable): *67862*

TEXAS STATE BOARD OF PHARMACY

Pharmacist (or other Responsible Party) on Duty Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

_____ I am the Pharmacist (or other responsible party) on duty at *MED STORK RX*, pharmacy license number *33248* during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *08/15/2023*.

_____ At the conclusion of the inspection, the Officer/Inspector left the following documents in my possession (check each applicable)

- ☑ Notice of Inspection
- ☑ Inspection Report
- ☑ Warning Notice outlining *1* deficiencies
- ☑ Pharmacist-in-Charge Attestation Form with the handout titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF.

_____ I will provide all of the records listed above, including this attestation, regarding the inspection to the Pharmacist-in-Charge(PIC), within 3 business days and ensure the PIC understands that he/she must file the completed PIC attestation within 7 days of the date of receipt (unless otherwise noted).

Signed: _____ Date: *08/15/2023*

Printed Name: *Dennis Wunn* License No.(if applicable): *38251*

Texas State Board of Pharmacy
"Red Flags" Checklist for Pharmacies
YOU MIGHT BE A PILL MILL IF...

Check all that apply:

	(1) Your pharmacy fills a discernable pattern of prescriptions for prescribers who write essentially the same prescriptions for numerous persons, indicating a lack of individual drug therapy
	(2) Your pharmacy operates with limited hours of operation or closes after a certain threshold of controlled substance prescriptions are dispensed, and has overall low prescription dispensing volume.
	(3) Prescriptions presented to the pharmacy are for controlled substances with popularity as street drugs, such as opiates, benzodiazepines, muscle relaxants, psychostimulants, and/or cough syrups, or any combination of these drugs.
	(4) The prescriptions for controlled substances contain nonspecific or no diagnoses.
	(5) The prescriptions are commonly for the highest strength of the drug and/or for large quantities.
	(6) Dangerous drugs or OTC products (such as multi-vitamins or laxatives) are added to the controlled substance prescriptions, maintaining relatively consistent 1:1 ratio of controlled substances to dangerous drugs and/or OTC products dispensed as prescriptions.
	(7) Prescriptions are authorized by the same prescriber with what appears to be different handwriting on the hardcopy prescription drug order forms.
	(8) Upon contact with the prescriber's office, you are unable to engage in comprehensive discussion with the actual prescriber, or he/she is unconcerned about your apprehensions regarding his/her prescribing practices or unwilling to provide additional information, such as treatment goals and/or prognosis with prescribed drug therapy.
	(9) You rely solely on the prescriber's representation, or on the representation of the individual answering the phone at the number on the prescription, that prescriptions are legitimate.
	(10) The prescriber's clinic is not registered as a pain management clinic by the Texas Medical Board, despite routinely receiving prescriptions from the prescriber foropiates, benzodiazepines, and/or muscle relaxants.
	(11) Drugs prescribed are inconsistent with the prescriber's area of practice.
	(12) The prescriber of the drugs is located a significant distance from your pharmacy.
	(13) The prescriber has been subject to disciplinary action by the licensing board, had his/her DEA registration removed, or been subject to criminal action.
	(14) The Texas PMP system indicates that persons are obtaining prescriptions for the same drugs from multiple prescribers or that persons are filling prescriptions for the same drugs at multiple pharmacies.
	(15) The person's address is a significant distance from your pharmacy and/or from the prescriber's office.
	(16) Multiple persons with the same address present prescriptions from the same prescriber.
	(17) Persons pay with cash or credit card more often than through insurance.
	(18) Persons presenting controlled substance prescriptions are doing so in such a manner that varies from seeking routine pharmacy services (e.g., willing to wait in long lines to receive drugs, persons arrive in the same vehicle with prescriptions from same prescriber, one person presents to pick up prescriptions for multiple others, persons refer to drugs by "street names" and/or comment on drug's color, persons seek early refills, persons travel from outside reasonable trade area of pharmacy).
	(19) Your pharmacy charges and persons are willing to pay more for controlled substances than they would at nearby pharmacies.
	(20) Your pharmacy routinely orders controlled substances from more than one drug supplier, or your pharmacy has been discontinued by a drug supplier related to controlled substance orders.
	(21) Sporadic and non-consistent dispensing volume (including zero dispensing) varies from day to day and week to week, and your pharmacy does not maintain operational hours each week on Monday through Friday.
	(22) Your pharmacy employs or contracts security personnel during operational hours to prevent problems.
	(23) Your pharmacy has been previously warned or disciplined by the Texas State Board of Pharmacy for inappropriate dispensing of controlled substances (i.e., corresponding responsibility).

If you checked any of the above items, you should review the laws and rules regarding corresponding responsibility and non-therapeutic dispensing, especially Board rule §291.29, in the law book or on our website: www.pharmacy.texas.gov (click on Texas Pharmacy Rules and Laws). Additional educational material is available at: http://www.pharmacy.texas.gov/Nontherapeutic.asp. Failure of pharmacies and pharmacists to detect patterns of inappropriate dispensing of prescription drugs is unprofessional practice and constitutes grounds for disciplinary action.

Updated 2/2018

TEXAS STATE BOARD OF PHARMACY

April 7, 2026

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway #206
Reno, Nevada, 89521
Email: pharmacy@pharmacy.nv.gov

RE: Med Stork Rx (Texas Pharmacy License #33248)

Dear NV BOP:

On April 6, 2026, the Texas State Board of Pharmacy (TSBP) received a request for information regarding the above-described licensee.

We have enclosed documents responsive to the request.

The Texas State Board of Pharmacy would like to request your assistance in assessing the customer service you received. We appreciate your time and input. Please use https://www.surveymonkey.com/r/WYGCJKS to access the survey.

If you need additional information, please contact Sandra Chatham, Senior Administrative Assistant, at (512) 305-8073.

Sincerely,

Open Records
Texas State Board of Pharmacy

TEXAS STATE BOARD OF PHARMACY

Re:	Med Stork Rx
Address:	1413 East IH 30, Suite 6 Garland, Texas 75043
License No.:	33248
Date Issued:	May 20, 2020
Licensure Status:	Active
Expiration Date:	May 31, 2026
Type of Pharmacy:	Community – Class A
Prior Disciplinary Orders:	Yes

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Med Stork Rx (Texas Pharmacy License #33248) has been subject to disciplinary action by the Texas State Board of Pharmacy (see attached).

Form Completed by:

Eamon D. Briggs
Deputy General Counsel
Texas State Board of Pharmacy

April 7, 2026
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

AGREED BOARD ORDER #2023-04104

RE: IN THE MATTER OF
MED STORK RX
(PHARMACY LICENSE #33248)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 33248 issued to Med Stork Rx (Respondent), 1413 East Interstate 30, Suite 6, Garland, Texas 75043.

By letter dated December 14, 2023, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

> Sections 565.001(a)(1), (12) and (13); 565.002(a)(3); 568.002(a) and (d); and 568.003(a)(1) and (7) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2021); and
>
> Sections 291.32(a)(2)(H); 291.32(c)(1)(C) and (E); 295.3; and 297.3(a)(1) and (d) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2023), in that allegedly:

COUNTS

(1) On or about November 30, 2022, through on or about March 18, 2023, Michael Brian Burch, while acting as an employee (pharmacy technician) of Med Stork Rx, 1413 East Interstate 30, Suite 6, Garland, Texas 75043, was unlawfully engaged in the duties of a pharmacy technician with a delinquent registration. Mr. Burch's registration became delinquent on November 30, 2022, due to his failure to renew the registration. As evidenced by pharmacy records, Mr. Burch continued to engage in the duties of a pharmacy technician with a delinquent registration during the time period previously described.

On or about March 27, 2023, Mr. Burch renewed his pharmacy technician registration with the Board.

(2) On or about November 30, 2022, through on or about March 18, 2023, Gayla Cheryle Dansby, while acting as an employee (pharmacist-in-charge) of Med Stork Rx, 1413 East Interstate 30, Suite 6, Garland, Texas 75043, failed to properly supervise pharmacy personnel as described above in Count (1).

By letter dated December 14, 2023, Respondent was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By signing this Order, Jessica Marie Miranda, Managing Officer,

Medstork Rx, LLC, on behalf of Respondent, neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to an informal conference, notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent shall pay an administrative penalty of three thousand dollars ($3,000) due one hundred twenty (120) days after the entry of this Order.

(2) Respondent shall develop and implement policies and procedures for the verification of valid licensure and registration status for pharmacists, pharmacist interns, and pharmacy technicians during the hiring process and on an on-going basis. A written report of such policies and procedures shall be submitted to Board staff within one hundred twenty (120) days after the entry of this Order.

(3) Respondent shall be responsible for all costs relating to compliance with the requirements of this Order.

(4) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2023), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2023).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

Signed and entered by the Executive Director on behalf of the Texas State Board of Pharmacy on this 10th day of January, 2024.

Daniel Carroll, Pharm.D.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Jessica Marie Miranda, Managing Officer, Medstork Rx, LLC
On behalf of Med Stork Rx

APPROVED AS TO FORM:

Megan G. Holloway, General Counsel
Texas State Board of Pharmacy

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 33248

MED STORK RX

License Information

License Status Active
License # 33248
Expiration Date 05/31/2028
Date License Issued 05/20/2020

Address

1413 E INTERSTATE 30 STE 6
GARLAND, TX 75043
County DALLAS
Phone (214) 484-6641

Pharmacy Details

Prior Disciplinary Orders* Yes

- 1092118 P33248 Med Stork Rx ED ABO #2023-04104 2024-01.pdf

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Pharmacy
Type of Ownership LLC
Type of Pharmacy Community Independent
# of Hospital beds

Employment Information

Pharmacist in Charge
UVALLE, CHRISTOPHER JASON

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	No

Translating services (Listed Below If Available)

Spanish

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and/or Inspection Reports

- 1092118 33248 MEDSTORKRX 2020-05 05-2025.pdf
- 1092118 33248 MEDSTORKRX 2021-03 03-2026.pdf
- 1092118 33248 MEDSTORKRX 2023-08 08-2028.pdf
- 1092118 33248 V MEDSTORKRX 2023-10 10-2028.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear No

Out-Patient Prescriptions	No
Ship Prescription Out of State	Yes
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	No
Compounding Sterile-Risk Level Med	No
Compounding Sterile-Risk Level High	No
Compounding Non-Sterile	No
24 Hour Service	No
Closed Door	No
Compounding, Office Use	No
Home Delivery	Yes
Infusion	No
Pharmacist Administered Immunizations	No
Veterinary Prescriptions	No
In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	No

Texas Pharmacist Employment Information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
AGBAJE, ADEJOKE OLUFUNKE	57619	10/15/2015	07/31/2027	Staff	Active
MAYES, ROBERT H.	25603	08/07/1981	11/30/2027	Relief	Active
UVALLE, CHRISTOPHER JASON	73894	04/04/2024	01/31/2028	PIC	Active

Page 1 of 1 20 View 1 - 3 of 3

Texas Registered Technicians/Trainees Employment Information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
BURCH, MICHAEL BRIAN	126115	01/20/2005	11/30/2026	Staff	Active
DICKEY, TYLER	351919	03/01/2023	04/30/2027	Staff	Active
ESQUIVEL, EMILY MARISSA	404230	06/04/2026	06/30/2028	Staff	Active
GUTIERREZ ARVISU, LUCIO	215824	01/18/2013	12/31/2027	Staff	Active
IBARRA, ANGELA CRISTINA	310741	08/24/2020	06/30/2027	Staff	Active
MIRANDA, MARY CHRISTINA	154412	11/28/2007	09/30/2027	Staff	Active
ORTIZ, NOHEMI	219106	05/09/2013	03/31/2027	Staff	Active
RIGGS, JESSICA MARIE	106352	04/28/2004	11/30/2027	Staff	Active
ROJAS, XIOMARA	325029	07/30/2021	07/31/2027	Staff	Active

Page 1 of 1 20 View 1 - 9 of 9

Texas Remote Pharmacy Information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner Information

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler MedStork Rx

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 1413 E. Interstate 30 Ste. 6

City Garland State Tx Zip 75043

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 214-484-6641 Website www.medstorkrx.com

Licensing Company Email info@medstorkrx.com

Section 2: Personal Information

First Jessica Middle Marie Last Riggs

Alias(es, nicknames, name changes, etc.) Jessica Miranda

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City Heath State Tx Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Dallas College Eastfield Campus		08/01 – 05/05	
Address	**City**	**State**	**Zip**
3737 Motley Dr	Mesquite	Tx	75150
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Seagoville High School		08/1999 – 05/2001	
Address	**City**	**State**	**Zip**
15920 Seagoville Rd	Dallas	Tx	75253
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2017 - Current	[redacted]	Heath	Tx	[redacted]
02/2005 - 8/2017	[redacted]	Mesquite	Tx	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From / To (MM/YY – MM/YY)	
Medstork Rx, LLC			05/2020 - Current	
Business Address		**City**	**State**	**Zip**
1413 E. Interstate 30 Ste. 10		Garland	Tx	75043
Phone	**Title**			
214-484-66041	Owner			
Description of Duties				
Retail Pharmacy				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Copies of the lawsuit and board order are attached

Jessica Riggs
Original Signature (electronic, copies or stamps not accepted)

3/3/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jessica Riggs

Print Name (First, Last)

Jessica Riggs

Original Signature (electronic, copies or stamps not accepted)

3/3/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Dallas

I, Jessica Riggs, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Jessica Riggs

Original Signature

3/3/2026

Date

Subscribed and Sworn to before me this 3rd day of March.

Emily Barrientos

Notary Public Signature

EMILY BARRIENTOS
Notary Public, State of Texas
Comm. Expires 10-02-2028
Notary ID 135115266

(Seal)

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Notice of Inspection

Facility Information

Name: *MED STORK RX*

License Number: *33248*

Address: *1413 E INTERSTATE 30 STE 6, GARLAND, TX 75043*

Phone: *(214) 484-6641*

Email

Class of License: *A*

License Expiration: *05/31/2024*

DEA #: *FM9754070*

DEA Expiration: *01/31/2024*

Inspection Information

Type: *Compliance*

Purpose: *Follow-up to Warning Notice*

Date: *10/06/2023*

Arrival Time: *8:45 AM*

Acknowledgment

This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

Joel Joseph John PIC 67862

Witness

Felicia Carrasco

4FFF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) * Current license #: PH_____	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Closed Door	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☒ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Neighborhood LTC Pharmacy

Physical Address: 690 N Cofco Center Ct, Ste 100

City: Phoenix State: AZ Zip: 85008

Mailing Address (if different from physical address): 300 S 68th Street Pl, Ste 501

City: Lincoln State: NE Zip: 68510

Telephone: 602 396 7330 Toll Free # (NAC 639.708, NRS 639.23286): 877 293 6581

Fax: 602 688 8016 Contact Email: marissa@neighborhoodrx.com

Website: www.neighborhoodrx.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Ronak Manek

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 25135

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Ronak Manek	NV Pharmacist Registration #: 25135
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nebraska

Parent Company (if any): Neighborhood LTC Pharmacy Inc. Employee Stock Ownership Trust

Corporation/Organization Name: Neighborhood LTC Pharmacy Inc.

Mailing Address: 300 S 68th Street Pl, Ste 501

City: Lincoln State: NE Zip: 68510

Telephone: 402 488 1184 Email: marissa@neighborhoodrx.com

Contact Person Name: Marissa McMahon

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chief Operating Officer (title) for Neighborhood LTC Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Marissa McMahon

Print Name of Authorized Person

Marissa McMahon

Original signature of Authorized Person (copies or stamps not accepted)

7/16/2026

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Marissa McMahon hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Chief Operating Officer (title) for Neighborhood LTC Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Marissa McMahon

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 16th day of July, 2026

Notary Public

GENERAL NOTARY - State of Nebraska
AVERY H KLUSMIRE
My Comm. Exp. January 20, 2030

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Marissa McMahon

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

7/16/2024
Date

Board Use Only	Date Received: 7/20/26	Amount: $500 ck 029651297O

Legal Name: Neighborhood LTC Pharmacy Inc.
Owner: 100% Ownership
Neighborhood LTC Pharmacy Inc. Employee Stock Ownership Trust
300 S 68th Street Pl, Ste 501, Lincoln NE 68510

Executive Management Team:

President/Chief Executive Officer
Scott Louderback
300 S 68th Street Pl, Ste 501, Lincoln NE 68510

Chief Operating Officer
Marissa McMahon
300 S 68th Street Pl, Ste 501, Lincoln NE 68510

Chief Quality Assurance Officer
Erica Raymond
300 S 68th Street Pl, Ste 501, Lincoln NE 68510

Secretary/Director of Office & Compliance Operations
Carrie Laible
300 S 68th Street Pl, Ste 501, Lincoln NE 6851

Vice President/Director
Stacy DiStefano
300 S 68th Street Pl, Ste 501, Lincoln NE 6851

Treasurer/Director
Harold Tamayo
300 S 68th Street Pl, Ste 501, Lincoln NE 6851

Director
Barry Lockard
300 S 68th Street Pl, Ste 501, Lincoln NE 6851

Director
Craig Douglas
300 S 68th Street Pl, Ste 501, Lincoln NE 6851

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the State of Nebraska, do hereby certify that

NEIGHBORHOOD LTC PHARMACY INC.

incorporated on July 25, 2013 and is duly incorporated under the law of Nebraska;

that no occupation taxes due from and assessable against the Corporation are unpaid and have become delinquent;

that no annual or biennial report required to be forwarded by the Corporation to the Secretary of State has become delinquent;

that Articles of Dissolution have not been filed.

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

In Testimony Whereof,

I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on this date of

March 9, 2026

Secretary of State

Verification ID 4e7c8c9 has been assigned to this document. Go to ne.gov/go/validate to validate authenticity for up to 12 months.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Neighborhood LTC Pharmacy

Pharmacy/Wholesaler License # (if applicable): Y009229

Physical Address: 690 N Cofco Center Ct, Ste 100

City: Phoenix State: AZ Zip: 85008

Mailing Address (if different from physical address): 300 S 68th Street Pl, Ste 501

City: Lincoln State: NE Zip: 68510

Telephone: 602 396 7330 Website: www.neighborhoodrx.com

Licensing Company Email: carrie@neighborhoodrx.com

Section 2: Personal Information

First: RONAK Middle: BHARAT Last: MANEK

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: MESA State: AZ Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 625.120)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: NAPERVILLE CENTRAL HIGH SCHOOL			From - To (MM/YY – MM/YY): 08/93 - 06/97
Address: 440 AURORA AVE	City: NAPERVILLE	State: IL	Zip: 60540
Diploma/Degree obtained, if any: HIGH SCHOOL DIPLOMA			
School Name: OHIO NORTHERN UNIVERSITY			From - To (MM/YY – MM/YY): 08/97 - 05/2002
Address: 525 S MAIN ST	City: ADA	State: OH	Zip: 45810
Diploma/Degree obtained, if any: BACHELORS OF SCIENCE IN PHARMACY			
School Name:			From - To (MM/YY – MM/YY):
Address:	City:	State:	Zip:
Diploma/Degree obtained, if any:			
School Name:			From - To (MM/YY – MM/YY):
Address:	City:	State:	Zip:
Diploma/Degree obtained, if any:			
School Name:			From - To (MM/YY – MM/YY):
Address:	City:	State:	Zip:
Diploma/Degree obtained, if any:			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2008 - 06/2020	[redacted]	PLAINFIELD	IL	[redacted]
07/20 - CURRENT	[redacted]	MESA	AZ	[redacted]

Section 7- A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
NEIGHBORHOOD LTC PHARMACY			03/01/22 → CURRENT
Business Address	**City**	**State**	**Zip**
690 N COFCO CENTER CT. STE 100	PHOENIX	AZ	85008
Phone	**Title**	**Number of Employed Hours**	
602 396 7330	PHARMACIST - IN- CHARGE	40 hrs/WEEK	
Description of Duties			
VERIFICATION of PRESCRIPTIONS, MANAGING TECHS, Staff PHARMACISTS, DELIVERY DRIVERS, MONITOR INVENTORY & PURCHASES, LINK TO FACILITIES WE SERVE			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, RONAK MANEK, **certify that as the designated representative for**

NEIGHBORHOOD LTC PHARMACY,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. RBM ✓ I am at least 21 years of age;
3. RBM ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. RBM ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RBM ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RBM ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. RBM ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

RONAK MANEK

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/13/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

RONAK MANEK

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/13/2026

Date

Please have this section completed in the presence of a Notary Public.

State of ARIZONA, ss. County of MARICOPA

I, RONAK MANEK, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

07/13/2026

Date

Subscribed and Sworn to before me this 13th day of July.

Notary Public Signature

FELISHA TAYLOR
NOTARY PUBLIC - STATE OF ARIZONA
MARICOPA COUNTY
COMM. #632266
MY COMMISSION EXPIRES
JULY 21, 2026

(Seal)

Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 03/20/2023 for Neighborhood LTC Pharmacy

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

DEMOGRAPHICS

AZ permit# : Y009229	AZ Permit Exp.Date : 10/31/2023	Business Name : Neighborhood LTC Pharmacy
Address : 690 N Cofco Center Ct		
Zip : 85008	City : Phoenix	State : AZ
Phone : (602) 396-7330	Email : 	Inspection Date : 03/20/2023
PIC : Ronak Manek	Pic License Exp Date : 10/31/2024	DEA # : [redacted]
DEA # Exp. date : 02/29/2024	Inspection Reviewed With : Ronak Manek	Reviewers License# : S014758
Inspection type : Relocation		
Inspection Conducted By : Chirag Patel		

ACTIVITIES

1	Nonsterile Compounding	○ YES ◉ NO
2	Nonsterile Hazardous Compounding	○ YES ◉ NO
3	Sterile Compounding	○ YES ◉ NO
4	Sterile Hazardous Compounding	○ YES ◉ NO

Hospital Facility Data

# Licensed Beds	DHS License #

PHARMACY DEPARTMENT

1	Size/Personnel 7625 sq ft. Allowable personnel: 125.	◉ S	○ C/P	○ U	○ N/A

R4-23-609(A); R4-23-655(B)(C); R4-23-670 to 675

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

2	Shelves	◉ S	○ C/P	○ U	○ N/A	R4-23-609(A); R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Design-efficient, safe pharmacy practice	◉ S	○ C/P	○ U	○ N/A	R4-22-609(A); R4-23-655(C); R4-23-672(A); R4-23-673(A)(B); R4-23-674(A)(3); R4-23-675(A)
4	Counter	◉ S	○ C/P	○ U	○ N/A	R4-23-609(B); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
5	Aisles	◉ S	○ C/P	○ U	○ N/A	R4-23-609(C); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
6	Consultation area Closed door pharmacy.	○ S	○ C/P	○ U	◉ N/A	R4-23-609(D)
7	Enclosed (barrier)	◉ S	○ C/P	○ U	○ N/A	R4-23-609(F); R4-23-655(D); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675
8	Entry doors	◉ S	○ C/P	○ U	○ N/A	R4-23-609(F); R4-23-610(B); R4-23-655(D); R4-23-657(A)(2); R4-23-672(A)(F)(2); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
9	Lighting	◉ S	○ C/P	○ U	○ N/A	R4-23-609(G); R4-23-655(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
10	Temperature controlled/Ventilation	◉ S	○ C/P	○ U	○ N/A	R4-23-609(G); R4-23-655(E); R4-23-656(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
11	Working counter barrier	◉ S	○ C/P	○ U	○ N/A	R4-23-609(H)
12	Receiving/checking area	◉ S	○ C/P	○ U	○ N/A	R4-23-610(E); R4-23-655(E); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
13	Opening for Rx receipt when closed	○ S	○ C/P	○ U	◉ N/A	R4-23-610(F)

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

14	Walls	◉ S	○ C/P	○ U	○ N/A	R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
15	Ceilings	◉ S	○ C/P	○ U	○ N/A	R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
16	Windows	◉ S	○ C/P	○ U	○ N/A	R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
17	Floors	◉ S	○ C/P	○ U	○ N/A	R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
18	Restroom	◉ S	○ C/P	○ U	○ N/A	R4-23-611(A)(4)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
19	Sink (hot and cold running water)	◉ S	○ C/P	○ U	○ N/A	R4-23-611(A)(9); R4-23-656(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
20	Nonsterile compounding area	○ S	○ C/P	○ U	◉ N/A	R4-23-410(E)

SECURITY

1	Controlled substances	◉ S	○ C/P	○ U	○ N/A	R4-23-609(E); R4-23-657(A)(1); R4-23-658(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
2	Pharmacist access	◉ S	○ C/P	○ U	○ N/A	R4-23-609(F); R4-23-610(B); R4-23-657(A)(1); R4-23-671(B)(1); R4-23-672(A)(B)(F); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Additional pharmacy drug storage areas	◉ S	○ C/P	○ U	○ N/A	R4-23-609(G)(2); R4-23-655(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
4	Filled Rx medication storage	◉ S	○ C/P	○ U	○ N/A	R4-23-610(G); R4-23-673(E); R4-23-674(C); R4-23-675(C)
5	Remote drug storage (hospitals)	○ S	○ C/P	○ U	◉ N/A	R4-23-654(D); R4-23-672(C)

PHARMACY LIBRARY

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

1	Pharmacology or Toxicology reference Lexicomp.	◉	○	○	○	R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
2	Therapeutics reference	◉	○	○	○	R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Drug compatibility reference	◉	○	○	○	R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
4	Drug product equivalency reference	◉	○	○	○	R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
5	Sterile products reference	○	○	○	◉	R4-23-612(A)(9); R4-23-656(1); R4-23-670(B)(6); R4-23-672(A); R4-23-673(C); R4-23-675(A)
6	Policy and procedure manual-pharmacy operations	◉	○	○	○	R4-23-610(A); R4-23-653(A); R4-23-658(A); R4-23-671(E); R4-23-672(A)(G); R4-23-673(G); R4-23-674(F); R4-23-675(D)
7	Policy and procedure manual-technicians	◉	○	○	○	R4-23-610(A); R4-23-653; R4-23-672(A)(G); R4-23-673(C); R4-23-674(F); R4-23-675(D)
8	Policy and procedure manual-automation	○	○	○	◉	R4-23-614; R4-23-615; R4-23-616; R4-23-654(D); R4-23-701.02; R4-23-701.04
9	Policy and procedure manual-compounding	○	○	○	◉	R4-23-410; R4-23-670
10	Arizona statutes/rules	◉	○	○	○	R4-23-612(A)(8); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
11	Current antidote/drug interaction information	◉	○	○	○	R4-23-612(A)(12); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
12	Poison Control # displayed	◉	○	○	○	R4-23-612(A)(13); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

S C/P U N/A

PHARMACY EQUIPMENT/FORMS

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

1	Refrigerator	◉ S	○ C/P	○ U	○ N/A	R4-23-609(G)(1); R4-23-612(A)(1); R4-23-656(4); R4-23-670; R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
2	Freezer	◉ S	○ C/P	○ U	○ N/A	R4-23-609(G)(1); R4-23-612(A)(1); R4-23-656(4); R4-23-670(B)(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Computer-security/data storage	◉ S	○ C/P	○ U	○ N/A	R4-23-408
4	Computer-patient profiles	◉ S	○ C/P	○ U	○ N/A	R4-23-408(B)(3)
5	Computer-single drug usage report	◉ S	○ C/P	○ U	○ N/A	R4-23-408(B)(4)
6	Computer-pharmacist log book/hard copy print out	◉ S	○ C/P	○ U	○ N/A	R4-23-408(C)(4)
7	Prescription label	◉ S	○ C/P	○ U	○ N/A	ARS 32-1963.01; ARS 32-1968; R4-23-612(A)(10); R4-23-658(D)(1)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)(D); R4-23-701.01(2); R4-23-703(C)
8	Federal transfer labels	◉ S	○ C/P	○ U	○ N/A	R4-23-612(A)(10); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A); R4-23-701.01(2)
9	Warning labels	◉ S	○ C/P	○ U	○ N/A	R4-23-612(A)(10); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A); R4-23-701.01(2)
10	Written patient information	◉ S	○ C/P	○ U	○ N/A	R4-23-402(C)(4); R4-23-402(I)
11	Consultation log Closed door pharmacy.	○ S	○ C/P	○ U	◉ N/A	R4-23-402(G)
12	Federal medication guides	◉ S	○ C/P	○ U	○ N/A	21 CFR part 208

13	Hospital IV label	○ S	○ C/P	○ U	◉ N/A	R4-23-658
14	Generic Rx blanks	◉ S	○ C/P	○ U	○ N/A	R4-23-402(A); R4-23-407(D)
15	Immunization administration recordkeeping	○ S	○ C/P	○ U	◉ N/A	R4-23-411(F)
16	Schedule V register	○ S	○ C/P	○ U	◉ N/A	R4-23-612(A)(2)
17	Methamphetamine precursor sales log RX Only.	○ S	○ C/P	○ U	◉ N/A	ARS 32-1977
18	Red C stamp	○ S	○ C/P	○ U	◉ N/A	R4-23-612(A)(11); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
19	CSPMP reporting	◉ S	○ C/P	○ U	○ N/A	R4-23-502
20	Graduates	◉ S	○ C/P	○ U	○ N/A	R4-23-612(A)(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
21	Mortar & Pestle	◉ S	○ C/P	○ U	○ N/A	R4-23-612(A)(4); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
22	Steel spatulas	◉ S	○ C/P	○ U	○ N/A	R4-23-612(A)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
23	Rubber (nonmetallic) spatula	◉ S	○ C/P	○ U	○ N/A	R4-23-612(A)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
24	Approved Rx balance	◉ S	○ C/P	○ U	○ N/A	R4-23-612(A)(6); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

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25	Weights for Rx balance	○ S ○ C/P ○ U ◉ N/A	R4-23-612(A)(6); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
26	Ointment tile	◉ S ○ C/P ○ U ○ N/A	R4-23-612(A)(7); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
27	Automated storage and distribution system (patient access)	○ S ○ C/P ○ U ◉ N/A	R4-23-614(A)(B)(1)(2)
28	Automated storage and distribution system (hospital)	○ S ○ C/P ○ U ◉ N/A	R4-23-614(A)(B)(1)(3); R4-23-654(D)
29	Mechanical storage and counting device	○ S ○ C/P ○ U ◉ N/A	R4-23-615
30	Mechanical counting device Kirby Lester	◉ S ○ C/P ○ U ○ N/A	R4-23-616
31	Emergency drug supply units (LTC)	◉ S ○ C/P ○ U ○ N/A	R4-23-701.02
32	Automated emergency drug supply units (LTC)	○ S ○ C/P ○ U ◉ N/A	R4-23-701.02(E)
33	Automated dispensing system (LTC)	○ S ○ C/P ○ U ◉ N/A	R4-23-701.04

STERILE PRODUCT COMPOUNDING AREA/EQUIPMENT:

1	Size Not supported.	○ S ○ C/P ○ U ◉ N/A	R4-23-670(A)
2	Dedicated to compounding sterile products	○ S ○ C/P ○ U ◉ N/A	R4-23-670(A)(1); R4-23-656(5)

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3	Isolated from other pharmacy functions	○ S	○ C/P	○ U	◉ N/A	R4-23-670(A)(2)
4	Restricts entry/access	○ S	○ C/P	○ U	◉ N/A	R4-23-670(A)(3)
5	Free from unnecessary disturbances airflow	○ S	○ C/P	○ U	◉ N/A	R4-23-670(A)(4)
6	Nonporous and cleanable floor	○ S	○ C/P	○ U	◉ N/A	R4-23-670(A)(5)
7	Nonporous and cleanable walls	○ S	○ C/P	○ U	◉ N/A	R4-23-670(A)(5)
8	Nonporous and cleanable ceiling	○ S	○ C/P	○ U	◉ N/A	R4-23-670(A)(5)
9	Environment ISO 7	○ S	○ C/P	○ U	◉ N/A	R4-23-670(A)(6)
10	Hood ISO 5	○ S	○ C/P	○ U	◉ N/A	R4-23-670(B)
11	Prep area ISO 7/ISO 8	○ S	○ C/P	○ U	◉ N/A	R4-23-110; R4-23-670(E)(F)

NOTES

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 10/03/2025
Receipt Number: 2025209304
Receipt Amount $: 480.00

Pharmacy - Independent

Closed Door,Long Term Care

PERMIT NO	EXPIRES
Y009229	10/31/2027

Issued to :

Neighborhood LTC Pharmacy
Neighborhood LTC Pharmacy Inc Employee Stock Ownership Trust
690 N COFCO CENTER CT STE. 100
PHOENIX, AZ 85008

Neighborhood LTC Pharmacy
690 N COFCO CENTER CT STE. 100
PHOENIX, AZ 85008

Xam Gandhi
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Neighborhood LTC Pharmacy Inc Employee Stock Ownership Trust
LICENSE NUMBER : Y009229
EXPIRES : 10/31/2027

http://www.azpharmacy.gov

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

Arizona State Board of Pharmacy

Physical Address: 1110 W. Washington St., Suite 260, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/registration/permit but serves as the primary source of verification.

Name :	Neighborhood LTC Pharmacy
Address :	690 N Cofco Center Ct Ste. 100 Phoenix AZ 85008
Registration No :	Y009229
Permit Type :	Pharmacy
Sub Type :	Independent
Date Issued :	05/16/2022
Expiration Date :	10/31/2027
Status :	OPEN
Discipline :	No

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 06/18/2026

4GGG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) * Current license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Costanoa Health Systems, LLC dba PhilRx

Physical Address: 14500 N Northsight Blvd. Suite 307

City: Scottsdale State: Arizona Zip: 85260

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 855-588-0387 Toll Free # (NAC 639.708, NRS 639.23286): 855-588-0387

Fax: 855-494-1548 Contact Email: azbop-applications@usephil.com

Website: _____

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Robert Andrew Pfleging

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 22351

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Robert Andrew Pfleging	NV Pharmacist Registration #: 22351
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Phil Inc.

Corporation/Organization Name: Costanoa Health Systems, LLC

Mailing Address: 14500 N Northsight Blvd. Suite 307

City: Scottsdale State: Arizona Zip: 85260

Telephone: 855-588-0387 Email: azbop-applications@usephil.com

Contact Person Name: Deepak Tony Thomas

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Sole Officer (title) for Costanoa Health Systems, LLC dba PhilRx (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Deepak Tony Thomas

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

06/04/2026

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding.

Affidavit for Pharmacy License

I, Deepak Tony Thomas hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Sole Officer (title) for Costanoa Health Systems, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

_____
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

SEE ATTACHED CERTIFICATE

_____
Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of: California

County of: Marin

Subscribed and sworn to (or affirmed) before me on this 04 day of JUNE 2026 by DEEPAK TONY THOMAS, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Frm P. Tabacca

SEAL

FRANK P. TABACCA
Notary Public - California
Marin County
Commission # 2413906
My Comm. Expires Sep 21, 2026

..... *Additional Information* .....

DOCUMENT INFORMATION

Document Title: PHARMACY APPLICATION

[X] Placed under Oath

[X] Document signed before the Notary

TYPE OF INDENTIFICATION

[X] Satisfactory Evidence

[ ] One credible witness acknowledging identity of principal

[ ] Two credible witnesses acknowledging identity of principal

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Deepak Tony Thomas

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

06/04/2026

Date

Board Use Only	Date Received: 6/17/26	Amount: $500 CK 300521

LLC Ownership & Corporate Officers

1) Phil, Inc.
   14500 N Northsight Blvd #307
   Scottsdale, AZ 85260
   100% Ownership of Costanoa Health Systems, LLC DBA PhilRx

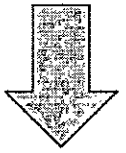
2) Deepak Thomas
   Sole Officer
   14500 N Northsight Blvd #307
   Scottsdale, AZ 85260
   0% Ownership of Costanoa Health Systems, LLC DBA PhilRx

Confidential & Proprietary © Phil

Company Tree

Phil, Inc.

- Parent company
- Incorporated in Delaware in 2017



Costanoa Health Systems, LLC

- DBA PhilRx (Northsight Blvd)
- Sole Officer: Deepak Thomas

Confidential & Proprietary © Phil

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COSTANOA HEALTH SYSTEMS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF MARCH, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COSTANOA HEALTH SYSTEMS LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. J. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

7715911 8300

SR# 20261312986

Authentication: 203422613

Date: 03-20-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Name of Pharmacy/Wholesaler: Costanoa Health Systems, LLC dba PhilRx

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 14500 N Northsight Blvd. Suite 307

City: Scottsdale State: Arizona Zip: 85260

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 855-588-0387 Website:

Licensing Company Email: azbop-applications@usephil.com

First: Robert Middle: Andrew Last: Pfleging

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Scottsdale State: AZ Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of the Sciences - Philadelphia College of Pharmacy			08/08 – 05/14	
Address	City	State	Zip	
600 S. 43rd St	Philadelphia	PA	19104	
Diploma/Degree obtained, if any				
Doctor of Pharmacy (PharmD)				
School Name			From - To (MM/YY – MM/YY)	
Staten Island Technical High School			09/04 - 06/08	
Address	City	State	Zip	
485 Clawson Street	Staten Island	NY	10306	
Diploma/Degree obtained, if any				
Advanced Regents Diploma				
School Name			From - To (MM/YY – MM/YY)	
Address	City	State	Zip	
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address	City	State	Zip	
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address	City	State	Zip	
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/25 -	[redacted]	Scottsdale	AZ	[redacted]
09/24 - 02/25		Scottsdale	AZ	
01/23 09/24		Brooklyn	NY	
05/21 12/22		New York	NY	
04/20 04/21		New York	NY	
04/19 04/20		New York	NY	
06/17 - 04/19		Staten Island	NY	
07/14 - 06/17		Scottsdale	NY	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above:

Business Name: Costanoa Health Systems DBA Phil Rx			From - To (MM/YY – MM/YY): 03/24 –
Business Address: 14500 N. Northsight Blvd	City: Scottsdale	State: AZ	Zip: 85260
Phone: 855-977-0975	Title: Pharmacist Manager / PIC		Number of Employed Hours: 4,500
Description of Duties: Oversee day to day processing of prescriptions			

Business Name: Mixlab			From - To (MM/YY – MM/YY): 01/18 – 01/24
Business Address: 336 W 37th St	City: New York	State: NY	Zip: 10018
Phone: 888-901-4480	Title: Pharmacist Manager / PIC		Number of Employed Hours: 12,500
Description of Duties: Oversee day to day processing of prescriptions			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.		Yes	No
1.	Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2.	If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3.	Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4.	Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Robert Andrew Pfleging, **certify that as the designated representative for**

Costanoa Health Systems, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. RP I am at least 21 years of age;
3. RP I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. RP I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RP I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RP I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. RP I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Robert Pfleging

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/18/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert Pfleging

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/18/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Robert Pfleging, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5/18/2026

Date

Subscribed and Sworn to before me this 18th day of May, 2026.

Notary Public Signature

AGNI RAGOTHAMAN
Notary Public - State of Arizona
MARICOPA COUNTY
Commission # 677940
Expires December 9, 2028

(Seal)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

DEMOGRAPHICS

AZ permit# :	AZ Permit Exp Date :	Business Name :
Y008386	10/31/2026	Costanoa Health Systems LLC dba PhilRx

Address :
14500 N Northsight Boulevard

Zip :	City :	State :
85260	Scottsdale	AZ

Phone :	Fax :	Email :
(855) 977-0975	(855) 494-1548	robert.pfleging@usephil.com

Inspection Date :	PIC :	Pic License Exp Date :
01/06/2026	Robert Pfleging	10/31/2027

Inspection Reviewed With :	Reviewers License# :	Inspection type :
Robert Pfleging	S020871	Routine

Inspection Conducted By :
Dennis Waggoner

Facility Data

# Rxs/Week	RPh Hours/Week	# Rxs/Hours
500	400	1.25

PERMITS

1 Arizona — ☑ S ☐ N/I ☐ V ☐ N/A
ARS § 32-1933(A); R4-23-606(A)

2 DEA — ☐ S ☐ N/I ☐ V ☑ N/A
ARS § 36-2522(A)(2); 21 CFR 1301.35(c)

No DEA registration.

3 Suppliers ☐ S ☐ N/I ☐ V ☑ N/A

ARS § 32-1929; R4-23-601(A); R4-23-604(A); R4-23-605(A); R4-23-607(A)

No drugs received, stocked or dispensed from this location.

LICENSES

1 Pharmacists ☑ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1925(A); R4-23-201(A)

2 Interns / Graduate interns ☐ S ☐ N/I ☐ V ☑ N/A

ARS § 32-1923(B); R4-23-301(G)

3 Technicians / Trainees ☑ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1925(A); R4-23-1101(A); R4-23-1102(D); R4-23-1103(B)(2)

4 Current renewal licenses maintained ☑ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1933(B)

PHARMACY

1 Drug storage and security ☐ S ☐ N/I ☐ V ☑ N/A

R4-23-609(G)(H)

No drugs received, stocked or dispensed from this location.

2 Personnel and security procedures ☑ S ☐ N/I ☐ V ☐ N/A

R4-23-610

Access controlled by electronic badge reader during business hours, doors locked by key after hours.

3 Facilities ☑ S ☐ N/I ☐ V ☐ N/A

R4-23-611(A)

4 Drug supply ☐ S ☐ N/I ☐ V ☑ N/A

R4-23-611(B)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

5	Quarantine expired drugs	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-611(B)(4)
6	Equipment	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-612
7	Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-610(A); R4-23-611(B)

TECHNICIANS

1	Training program	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1105(B)(D)
2	Training program - compounds	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-1105(C)
3	Activities - trainees	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1104(A)
4	Activities - technicians	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1104(A)(B)
5	Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1104(F)(G)

COUNSELING

1	Documentation	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-402(G)(H)
2	Oral consultation	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-402(C)(D)(E)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

3	Written information	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-402(C)(I)

PRESCRIPTION AUDIT

1	Prescription files	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1964; ARS § 36-2525(C)(1)(2)
	Prescriptions imaged/electronically maintained. No controlled substance prescriptions.		
2	Prescription label	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968(D); ARS § 36-2525(L)
	No dispensing from this location.		
3	CII prescriptions	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968; 36-2525(A) to (G); R4-23-407(A)
4	CIII - CV prescriptions	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968; 36-2525(A)(C)(2)(H)(I); R4-23-407(A)
5	Non-controlled prescriptions	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1968; R4-23-407(A)
6	Transfers	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-407(D)
7	Telephone	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1968(A)(5); R4-23-402(A)(1)(2)
8	Refill authorizations	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968(A)(6); R4-23-402(A)(13); R4-23-407(E)(5)
9	Facsimile	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-407(E)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

10	Electronically transmitted	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-407(F); R4-23-408(H)
11	Patient information	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(A)(3)(4)
12	Allergies / medical conditions	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(A)(3)(b)
13	Brand / generic	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1963.01
14	Foreign prescriptions	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1969
15	Prescription blank advertising prohibited	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-404(B); ARS § 32-1901.01(B)(25)
16	Prescription audit numbers		

Random electronically stored prescriptions reviewed.

COMPUTER REQUIREMENTS

1	Security	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(F)
2	Log books / printout	☐ S ☑ N/I ☐ V ☐ N/A	R4-23-408(C)(4)

Pharmacist signature log not found.

3	Reports	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-408(B)(5)(6)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

4	Policies and procedures	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-408(A)

IMMUNIZATIONS

1	Certification	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(D)(K); R4-23-411(A)
2	Recordkeeping	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(F)(3); R4-23-411(F)(I)
3	Reporting requirements	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(F); R4-23-411(F)(2)
4	Current certificate maintained	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-411(C)(2)
5	Administration without a prescription	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(A)(B); R4-23-411(A)
6	Prescription only administration	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(C)(I); R4-23-411(A)(4); (B); (I)

MECHANICAL STORAGE / COUNTING DEVICES

1	Cell identification	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(A)(1).
2	Paper / electronic log	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(A)(2)(3)
3	Training	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(C)(1)(D)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

4	Maintenance	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(C)(2)(D)
5	Accuracy validation testing	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(C)(3)(D)
6	Return by approval only	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(B)(G)
7	Policies and procedures	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(E)

MECHANICAL COUNTING DEVICES

1	Training	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-616(A)(1)(B)
2	Maintenance	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-616(A)(2)(B)
3	Accuracy validation testing	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-616(A)(3)(B)
4	Policies and procedures	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-616(C)

CONTROLLED SUBSTANCE RECORDS

1	CIIs purchase / sale / disposal	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 36-2523(A); ARS § 36-2524; R4-23-601(D);R4-23-1003(A)(4)(B)
2	CIII - CVs purchase / sale / disposal	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 36-2523(A); R4-23-601(D); R4-23-612(11); R4-23-1003(A)(4)

3	Inventory	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 36-2523(B); R4-23-1003
4	Audit	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 36-2523
5	DEA 106 Theft/Loss reporting	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-1003(A)(2); 21 CFR 1301.76(b)

MISCELLANEOUS

1	Badges - name / title	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(K); R4-23-671(B)(4); R4-23-1104(E)
2	Sales of drugs to practitioners	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1981(7)(d); R4-23-601(D); R4-23-1003(A)(4)
3	Schedule V register	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 36-2525(J)
4	Delivery	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1901.01(B)(23); R4-23-402(I)
5	CQA training / Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1973; R4-23-620
	Reminder to document CQA training all employees.		
6	Non-controlled substances purchase / sale / disposal	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-601(D)
7	Dextromethorphan sales restrictions	☐ S ☐ N/I ☐ V ☑ N/A	ARS 32-1978

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8	Federal medication guides	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR part 208
9	Pharmacy to pharmacy transfer of drugs (intracompany)	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-601(D); R4-23-1003(A)(4)

METHAMPHETAMINE PRECURSORS

1	Storage	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1977(B)
2	Documentation	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1977(C); 21 CFR 1314
3	Self-certification	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 1314.35; 21 CFR 1314.40

SHARED SERVICES

1	Current resident / nonresident permit	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(A)
2	Same owner / written contract / common electronic file	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(B)
3	Notification to patients	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(C)
4	Maintain manual / electronic records	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(D)
5	Work outside pharmacy	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(F)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

6	Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(E)

COMPOUNDING PRACTICES (GENERAL)

1	Documentation product compounded	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)
2	Patient label	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(I)(4)
3	Beyond-use dates	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(I)(4)(b); R4-23-410(B)(3)(d)
4	Equipment	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(F)(G)
5	Product produced in excess	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(B)(2); R4-23-410(J)
6	Component removed from original container	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(I)(6)
7	Compounds for medical practitioners	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(B)(3); R4-23-601(D); R4-23-1003(A)(4)
8	Patient written list	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(I)(5)
9	Protective apparel	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(C)(2)(c)
10	Facility	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(E)

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11	Components for compounding/storage	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(B)(H)
12	Policies and procedures	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(D)(G)(H)(I)(K)

STERILE COMPOUNDING

1	Compounding area	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(A)(E)(F)
2	Equipment	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(B)
3	Sterile product reference	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(B)(6)
4	Certification hood / environment	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(D)(14)(g)
5	Documentation routine cleaning / maintenance	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(D)(14)(g)
6	Personnel protective clothing	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(E)(3)(F)(2)
7	Annual / semi-annual media fill tests	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(E)(4)(F)(3)
8	Documentation of product compounded	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)
9	Beyond-use dates	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(D)(14)(d); R4-23-410(B)(3)(d)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

10	Process / product validation testing	☐ S	☐ N/I	☐ V	☑ N/A R4-23-670(D)(14)(f)
11	Policies and procedures	☐ S	☐ N/I	☐ V	☑ N/A R4-23-670(C)(D)

AUDIT

Date Of Inventory : 00/00/0000

Inventory Taken : Open

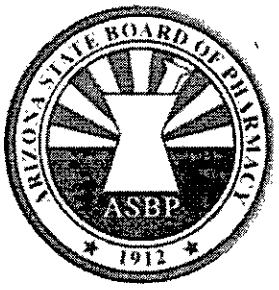
Date Of Audit : 00/00/0000

Name & Strength of Drug	Initial Inventory	Total Purchased	Total Accounted For	Closing Inventory	Sales (Rx & log)	Total Can Account for	Difference	Percentage
No controlled substances received, stocked or dispensed from this location.								

NOTES

Hours of operation: Weekdays 7A-7P, closed weekends

Handouts: 2023/2024 Statute/Rule Changes summary, ARS 32-1926 reminder, AzBOP Newsletter July 2025, Continuing Education Audit information, 2024 CE Requirements for Renewal.



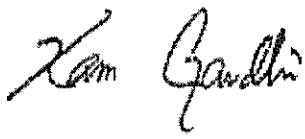
Arizona State Board of Pharmacy

Physical Address: 1110 W. Washington St., Suite 260, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/registration/permit but serves as the primary source of verification.

Name :	Costanoa Health Systems LLC dba PhilRx
Address :	14500 N Northsight Boulevard Suite 307 Scottsdale AZ 85260
Registration No :	Y008386
Permit Type :	Pharmacy
Sub Type :	Limited Service
Date Issued :	12/03/2020
Expiration Date :	10/31/2026
Status :	OPEN
Discipline :	No



Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 02/10/2026

Arizona State Board of Pharmacy

Physical Address: 1110 W. Washington St., Suite 260,
Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA PHARMACIST LICENSE FOR THE INDIVIDUAL LISTED BELOW :

This document is not a license/registration/permit but serves as the primary source of verification.

Name :	Robert Andrew Pfleging
Registration No :	S020871
Date Issued :	08/27/2014
Expiration Date :	10/31/2027
Status :	OPEN
Discipline :	No

Kam Gandhi

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
http://www.azpharmacy.gov

602-771-ASBP (2727)
FAX: 602-771-2749

Pharmacist

Score Transfer
S020871

EXPIRES
10/31/2027

Receipt Date: 10/27/2025
Receipt Number: 2025214882
Receipt Amount $: 180.00

Issued to: Robert Andrew Pfleging
7812 EAST ROVEY AVENUE
SCOTTSDALE, AZ 85250

Kam Gaddis
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF
PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Robert Andrew Pfleging
Score Transfer : S020871
EXPIRES : 10/31/2027

http://www.azpharmacy.gov

- Your Score Transfer number must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/registration/permit current.

Important Information

LICENSE/REGISTRATION HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license/registration number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license/registration, the licensee/registrant agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 09/09/2024
Receipt Number: 2024179868
Receipt Amount $: 480.00

Pharmacy - Limited Service

Closed Door,Shared Services

PERMIT NO	EXPIRES
Y008386	10/31/2026

Issued to :

Costanoa Health Systems LLC dba PhilRx
Phil Inc
14500 N NORTHSIGHT BOULEVARD SUITE 307
SCOTTSDALE, AZ 85260

Costanoa Health Systems LLC dba PhilRx
14500 N NORTHSIGHT BOULEVARD SUITE 307
SCOTTSDALE, AZ 85260

Kam Gaultin
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Phil Inc
LICENSE NUMBER : Y008386
EXPIRES : 10/31/2026

http://www.azpharmacy.gov

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.

You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-01 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law

In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the Board within 10 business days of move.

Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.

Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Costanoa Health Systems, LLC dba PhilRx

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 14500 N Northsight Blvd. Suite 307

City: Scottsdale State: Arizona Zip: 85260

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 855-588-0387 Website:

Licensing Company Email: azbop-applications@usephil.com

Section 2: Personal Information

First: Deepak Middle: Tony Last: Thomas

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Corte Madera State: CA Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
The University of Chicago Booth School of Business			09/2006-04/2008	
Address		City	State	Zip
5807 S Woodlawn Ave.		Chicago	IL	60637
Diploma/Degree obtained, if any				
Master of Business Administration				
School Name			From - To (MM/YY – MM/YY)	
National Institute of Technology Calicut			09/1992-05/1997	
Address		City	State	Zip
Calicut Mukkam Road, Kattangal, NIT Campus P.O.		Kozhikode, India	Kerala	673601
Diploma/Degree obtained, if any				
Bachelor of Technology				
School Name			From - To (MM/YY – MM/YY)	
Carmel Garden Matriculation HSS			09/1990 - 06/1992	
Address		City	State	Zip
Puliakulam Rd, Red Fields		Coimbatore	TN, India	641045
Diploma/Degree obtained, if any				
Higher Secondary Certificate				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/24 - Present	[redacted]	Corte Madera	CA	[redacted]
12/13 - 07/24	[redacted]	San Francisco	CA	[redacted]

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	From - To (MM/YY – MM/YY)
Phil Inc.	07/15 - Present

Business Address	City	State	Zip
14500 N Northsight Blvd. Ste 307	Scottsdale	AZ	85260

Phone	Title
855-977-0975	Chief Executive Officer

Description of Duties
- Sets the company's overarching strategic direction and manages the company's high-level operations and resources

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Deepak Thomas

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/04/2026

Date

Please have this section completed in the presence of a Notary Public.

State of CALIFORNIA, ss. County of MARIN

I, DEEPAK THOMAS, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

06/04/2026

Date

Subscribed and Sworn to before me this _____ day of _____.

SEE ATTACHED CERTIFICATE

Notary Public Signature

(Seal)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of: California

County of: Marin

Subscribed and sworn to (or affirmed) before me on this 04 day of JUNE 2026 by DEEPAK THOMAS, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

SEAL

FRANK P. TABACCA
Notary Public - California
Marin County
Commission # 2413906
My Comm. Expires Sep 21, 2026

Additional Information

DOCUMENT INFORMATION

Document Title: NV BOARD PHARMACY PERSONAL HISTORY

[X] Placed under Oath

[X] Document signed before the Notary

TYPE OF INDENTIFICATION

[X] Satisfactory Evidence

[ ] One credible witness acknowledging identity of principal

[ ] Two credible witnesses acknowledging identity of principal

4HHH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Y

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☒ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☒ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☒ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☒ Non-sterile Compounding
			☐ Sterile Compounding
			☒ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH_____		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☒ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Restore Pharma LLC

Physical Address: 12615 Race Track Rd.

City: Tampa State: FLORIDA Zip: 33626

Mailing Address (if different from physical address): N/A

City: _____ State: _____ Zip: _____

Telephone: 813-463-8009 Toll Free # (NAC 639.708, NRS 639.23286): 855-627-9909

Fax: 813-463-8002 Contact Email: sp@restorepharmacy.com

Website: www.restorepharmacy.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Steve Caddick PharmD

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): _____

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: Andrew Wee	NV Pharmacist Registration #: 22276
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		×
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		×
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	×	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		×
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		×

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: Restore Pharma LLC

Mailing Address: 12615 Race Track Rd.

City: Tampa State: FLORIDA Zip: 33626

Telephone: 813-463-8009 Email: sp@restorepharmacy.com

Contact Person Name: Steve Caddick PharmD

Please check type of partnership (NAC 639.214) ☐ General ☒ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☒ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Virgil A. Valdes (title) for Restore Pharma LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Virgil A. Valdes

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

02/18/2026

Date

Section 10: Affidavit for Pharmacies - MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Virgil A. Valdes hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Manager (title) for Restore Pharma LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 18th day of February, 2026

Notary Public

ERICA J. GEIGER
Notary Public - State of Florida
Commission # HH 260774
My Comm. Expires Sep 3, 2026

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Virgil A. Valdes

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original Signature of Authorized Person (copies or stamps not accepted)

02/18/2026

Date

Board Use Only	Date Received: _____	Amount: _____

Board of Pharmacy Disclosure Statement

(Non-Resident Licensure Application)

To the Members of the Board of Pharmacy,

I respectfully submit this statement in connection with my application for non-resident licensure to provide context regarding a **historical regulatory matter that occurred more than fifteen (15) years ago**, early in my professional career.

At that time, an issue related to pharmacy operations and regulatory compliance was identified by a Board of Pharmacy. Upon notification, I cooperated fully with the Board's review, complied with all directives, and successfully completed all requirements necessary to resolve the matter. The issue was fully adjudicated and closed, with no ongoing conditions or restrictions.

Immediately following resolution, corrective actions were implemented to ensure full compliance with applicable pharmacy laws and regulations. These measures included enhanced operational oversight, strengthened documentation and procedural controls, and a reinforced focus on regulatory adherence. Since that time, I have maintained an **uninterrupted record of compliance**, active licensure, and good standing across all jurisdictions in which I have practiced.

Over the past 15+ years, I have practiced pharmacy without recurrence of similar issues and have held positions of professional responsibility, including Pharmacist-in-Charge. I have successfully completed inspections, audits, and licensure renewals, and I remain committed to patient safety, professional accountability, and strict regulatory compliance.

This matter is remote in time, fully resolved, and not reflective of my current professional conduct, judgment, or standards of practice. I submit this disclosure in good faith and with full transparency, and I respectfully request that it be reviewed in the context of my longstanding record of compliant and ethical pharmacy practice.

Please do not hesitate to contact me should the Board require any additional information.

Respectfully submitted,

Steve Caddick, PharmD

PS37548 (Florida)

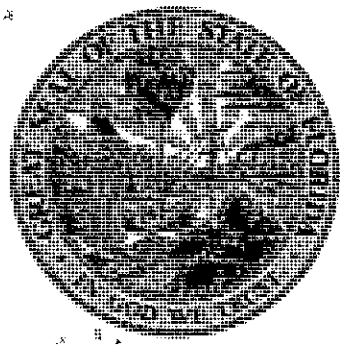
State of Florida
Department of State

I certify from the records of this office that RESTORE PHARMA LLC is a limited liability company organized under the laws of the State of Florida, filed on December 5, 2022.

The document number of this limited liability company is L22000511185.

I further certify that said limited liability company has paid all fees due this office through December 31, 2026, that its most recent annual report was filed on January 8, 2026, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Eighteenth day of January, 2026



Secretary of State

Tracking Number: 3893354492CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Restore Pharma, LLC

Pharmacy/Wholesaler License # (if applicable): PH 35018

Physical Address: 12617 Race Track Rd

City: Tampa State: Florida Zip: 33626

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 813-463-8009 Website: www.restorepharmacy.com

Licensing Company Email: sp@restorepharmacy.com

Section 2: Personal Information

First: Patrick Middle: Jose Last: Alonso

Alias(es, nick[redacted] etc.):

Date of Birth [redacted] SSN or ITIN [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Addres[redacted]

City: Tampa State: Florida Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of South Florida		2018 - 2022	
Address	**City**	**State**	**Zip**
12901 Bruce B Downs Blvd	Tampa	FL	33612
Diploma/Degree obtained, if any			
Degree - PharmD			

School Name		From - To (MM/YY – MM/YY)	
University of South Florida		2014 - 2017	
Address	**City**	**State**	**Zip**
4202 E Fowler Ave	Tampa	FL	33620
Diploma/Degree obtained, if any			
Degree - Chemistry / Political Science			

School Name		From - To (MM/YY – MM/YY)	
Hillsborough Community College		2006 - 2007	
Address	**City**	**State**	**Zip**
4001 W Tampa Bay Blvd	Tampa	FL	33614
Diploma/Degree obtained, if any			
Degree - AA			

School Name		From - To (MM/YY – MM/YY)	
Ranger College		2005 - 2006	
Address	**City**	**State**	**Zip**
1240 College Cir	Ranger	TX	76470
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Robinson High School		2001 - 2005	
Address	**City**	**State**	**Zip**
6311 S Lois Ave	Tampa	FL	33616
Diploma/Degree obtained, if any			
Diploma			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2018 - Present	[redacted]	Tampa	FL	[redacted]
1987 - 2018	[redacted]	Tampa	FL	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Restore Pharma, LLC			06/2025 - Present	
Business Address		**City**	**State**	**Zip**
12617 Race Track Rd		Tampa	FL	33626
Phone	**Title**		**Number of Employed Hours**	
813-463-8009	Pharmacist		2080	
Description of Duties				
Pharmacy management, dispensing and record keeping inclusive of business development				

Business Name			From - To (MM/YY – MM/YY)	
Your Tampa Healthcare Advocate			2023 - Present	
Business Address		**City**	**State**	**Zip**
613 S Boulevard		Tampa	FL	33606
Phone	**Title**		**Number of Employed Hours**	
813-956-8745	Owner		1040	
Description of Duties				
Pharmacist patient services, record keeping and business development				

Business Name			From - To (MM/YY – MM/YY)	
Aspen RxHealth			2019 - 2023	
Business Address		**City**	**State**	**Zip**
401 East jackson Street, Suite 3300		Tampa	FL	33602
Phone	**Title**		**Number of Employed Hours**	
866-277-3679	Pharmacist / Operations Specialist		3400	
Description of Duties				
Pharmacy management, dispensing and recordkeeping				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Patrick Jose Alonso, **certify that as the designated representative for**

Restore Pharma, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. PA I am at least 21 years of age;
3. PA I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. PA I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. PA I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. PA I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. PA I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Patrick Alonso

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/26/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Patrick Alonso

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/26/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Hillsborough

I, Patrick Alonso, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

06/26/26

Date

Subscribed and Sworn to before me this 26th day of June.

Notary Public Signature

Notary Public State of Florida
Tami J Brochman
My Commission HH 447859
Expires 9/29/2027

(Seal)

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

File # 29795
Insp # 207881

NAME	PERMIT NUMBER	DATE OF INSPECTION
Restore Pharma, LLC	35018	09/22/2025
DOING BUSINESS AS RESTORE PHARMA		
STREET ADDRESS 12617 Race Track Rd	**TELEPHONE #**	**EXT**
CITY TAMPA	**COUNTY** HILLSBOROUGH	**STATE/ZIP** FL/33626

Additional Information

Business Operation Hours

M-T-W-TH-F N	Monday Y
Monday Hours 10:00 AM - 2:00 PM	Tuesday Y
Tuesday Hours 10:00 AM - 2:00 PM	Wednesday Y
Wednesday Hours 10:00 AM - 2:00 PM	Thursday Y
Thursday Hours 10:00 AM - 2:00 PM	Friday Y
Friday Hours 10:00 AM - 2:00 PM	Saturday N
Sunday N	Saturday Hours CLOSED
Sunday Hours CLOSED	

Registered Pharmacist / Intern / Tech

License # PS 37548	Licensee Name Stephen Matthew Caddick
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # Pending Inspection Completion	

License Relations

Pharmacy Affiliate

ALONSO, PATRICK	License #
CADDICK, STEPHEN MATTHEW	License # 37548
GOBEA, RENIER	License #
VALDES, VIRGIL A JR	License #

RX DPT MGR/COR/POR

CADDICK, STEPHEN MATTHEW	License # 37548

INV 359 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081(2), F.A.C.]	Yes
"Prescription Department Closed" sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons. [64B16-28.109, F.A.C.]	Yes
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C] [64B16-28.1035, F.A.C.]	Yes

Community Requirements General Section

INV359 - Community Requirements

Insp # 207881 | Restore Pharma, LLC | File # 29795

Outdated medications removed from active stock. [64B16-28.110, F.A.C.] [64B16-28.1191, F.A.C.]	N/A
Prescription Department is open for a minimum of 20 hours per week. [64B16-28.1081(1), F.A.C.]	Yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c), F.S.] [21CFR1306.05]	N/A
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)] [64B16-28.140(3)(d), F.A.C.]	N/A
Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102(5)(a), F.A.C.]	Yes
Technicians properly identified. [64B16-27.100(2), F.A.C.] [64B16-27.4001, F.A.C.] [64B16-27.410, F.A.C.] [64B16-27.420, F.A.C.]	N/A
Legend drugs properly stored within confines of pharmacy department and maintained at appropriate temperature to preserve therapeutic activity. [64B16-28.118, F.A.C.]; [64B16-28.120, F.A.C.]; [64B16-28.102, F.A.C.]	N/A
Documentation of destruction or return of controlled substances. [64B16-28.303, F.A.C.]	N/A
Generic equivalent sign is posted. [465.025(7), F.S.]	Yes

Additional Community Requirements

Prescription department is operating under clean, sanitary, and uncrowded health conditions. [64B16-28.102, F.A.C.]	Yes
Prescription department has a sink with running water easily accessible to the prescription counter. [64B16-28.102, F.A.C.]	Yes
Pharmacist is on the premises and on duty when the prescription department is open. [64B16-28.109, F.A.C.]	Yes
Pharmacy maintains a written policy and procedure manual regarding the number of registered pharmacy technician positions and the pharmacy operates within the established ratio as defined by rule. [64B16-27.410(2)(a), F.A.C.]	Yes
Pharmacists, technicians, and interns are licensed in the State of Florida. [465.015(1)(a), F.S.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.]	N/A
Medication is properly labeled for dispensing to patient. [64B16-28.108, F.A.C.]	N/A
Unclaimed prescriptions are maintained in stock for no more than one year past dispensing date. [64B16-28.1191, F.A.C.]	N/A
Manufacturer containers are properly labeled. [499.003(26), F.S.]	N/A
Customized medication packages are labeled properly with beyond use date of not more than 120 days from the date of preparation but not later than the beyond use date for any of the medications in the package. [64B16-28.108(6)9., F.A.C.]	N/A
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and quarterly summarization of Quality-Related Events are available for inspection. [64B16-27.300, F.A.C.] [766.101(1)(a)(l), F.S.] *Polices and procedures reviewed. Previous CQI's not available, because pharmacy has not been in operation.*	N/A
Pharmacy maintains patient profile with allergy information and medications dispensed. [64B16-27.800, F.A.C.]	N/A
Compounding records include compounding date, lot number, expiration date, name and manufacturer of ingredients, package size, number of units, technician compounding and pharmacist verifying the final compound. [64B16-28.140(4), F.A.C.] *Hormone replacement therapy, Topical Pain management, Cosmetic Creams, Sublingual GLP1.*	N/A
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005, F.S.] [61N-1.012, F.A.C.]	N/A
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005(14), F.S.] *Will use PCCA, Medisca, Fagron.*	N/A
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility. [64B16-27.700(3)(g), F.A.C.]	N/A
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek follow-up care from his or her primary care physician. [465.1895(9), F.S.]	N/A
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S.]	Yes

Requirements for Dispensing Controlled Substances

Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a), F.S.] [21CFR1304.11]	N/A
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2), F.S.] [21CFR 1305.13(e)] [21CFR1305.22(g)]	N/A
Controlled substance records and prescription information in computer system are retrievable and maintained for 4 years. [465.022(12)(a), F.S.] [64B16-28.140, F.A.C.] [21CFR1306.22] [21CFR1304.04]	N/A
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	N/A
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b), F.S.] [465.022(11)(b), F.A.C.]	N/A
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4)(3)(a), F.S.]	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	Yes
Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	Yes

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	
Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Pharmacy engages in Centralized Prescription Filling [64B16-28.450, F.A.C.]

INV359 - Community Requirements

Insp # 207881

Restore Pharma, LLC

File # 29795

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	
The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	
If a controlled substance, the word "central fill" appears on the face of the original prescription.	
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, mathod of delivery and the name of the originating pharmacy's employee accepting delivery.	

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	
Toll-free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197(3)(e), F.S.]	
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	

HIV Infection Prevention Drugs

Pharmacists are screening, ordering or dispensing HIV postexposure prophylaxis drugs under a written Collaborative Practice Agreement. [465.1861, F.S.]	
An access-to-care plan has been submitted to the board office and is in place to assist patients in gaining access to appropriate care settings when they present to a pharmacist for HIV screening and indicate that they lack regular access to primary care. [465.1861, F.S.]	

Remarks:

Routine change of location inspection completed with Stephen Matthew Caddick. Pharmacy will begin operation once DEA license is acquired and pharmacy operating at this current location will cease operation. Operating requirements met.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signature

HODGES, PETER

Date:9/22/2025

Reprasentative:

Stephen Matthew Caddick

Date:9/22/2025

January 18, 2026

Steve Caddick
Restore Pharma, Llc
12617 Race Track Rd
Tampa, FL 33626

RE: License Certification for Restore Pharma, Llc

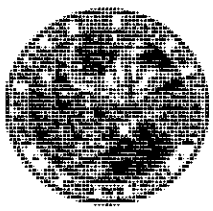
To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health:

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH35018
ORIGINAL CERTIFICATION:	03/08/2024
EXPIRATION DATE:	02/28/2027
CURRENT STATUS OF LICENSE:	Clear,
AGENCY ACTION:	No
LICENSE GRANTED BY:	N/A
OTHER CERTIFICATIONS:	Community Pharmacy, Schedule Ii & Iii

To expedite the verification process, the above format is the standard format for all license certifications. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,



Michelle Burns
Operations and Management Consultant Manager

Restore Pharma, LLC

Restore Pharma

License Number: PH35018

Data As Of 12/17/2025

Profession	Pharmacy
License	PH35018
License Status	Clear/
Qualifications	Schedule II & III Community Pharmacy
License Expiration Date	2/28/2027
License Original Issue Date	03/08/2024
Address of Record	12617 Race Track Rd TAMPA, FL 33626
Discipline on File	No
Public Complaint	No

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

Discipline Public Records Request

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:
Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:
1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a $25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Restore Pharma, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH 35018

Physical Address: 12617 Race Track Rd

City: Tampa State: Florida Zip: 33626

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 813-463-8009 Website: www.restorepharmacy.com

Licensing Company Email: sp@restorepharmacy.com

Section 2: Personal Information

First: Patrick Middle: Jose Last: Alonso

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Tampa State: Florida Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of South Florida		2018 - 2022	
Address	**City**	**State**	**Zip**
12901 Bruce B Downs Blvd	Tampa	FI	33612
Diploma/Degree obtained, if any			
Degree - PharmD			

School Name		From - To (MM/YY – MM/YY)	
University of South Florida		2014 - 2017	
Address	**City**	**State**	**Zip**
4202 E Fowler Ave	Tampa	FL	33620
Diploma/Degree obtained, if any			
Degree - Chemistry / Political Science			

School Name		From - To (MM/YY – MM/YY)	
Hillsborough Community College		2006 - 2007	
Address	**City**	**State**	**Zip**
4001 W Tampa Bay Blvd	Tampa	FL	33614
Diploma/Degree obtained, if any			
Degree - AA			

School Name		From - To (MM/YY – MM/YY)	
Ranger College		2005 - 2006	
Address	**City**	**State**	**Zip**
1240 College Cir	Ranger	TX	76470
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY	
Robinson High School		2001 - 2005	
Address	**City**	**State**	**Zip**
6311 S Lois Ave	Tampa	FL	33616
Diploma/Degree obtained, if any			
Diploma			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2018 - Present	[redacted]	Tampa	FL	[redacted]
1987 - 2018		Tampa	FL	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Restore Pharma, LLC			06/2025 - Present	
Business Address		**City**	**State**	**Zip**
12617 Race Track Rd		Tampa	FL	33626
Phone	**Title**			
813-463-8009	Pharmacist			
Description of Duties				
Pharmacy management, dispensing and record keeping inclusive of business development				

Business Name			From - To (MM/YY – MM/YY)	
Your Tampa Healthcare Advocate			2023 - Present	
Business Address		**City**	**State**	**Zip**
613 S Boulevard		Tampa	FL	33606
Phone	**Title**			
813-956-8745	Owner			
Description of Duties				
Pharmacist patient services, record keeping and business development				

Business Name			From - To (MM/YY – MM/YY)	
Aspen RxHealth			2019 - 2023	
Business Address		**City**	**State**	**Zip**
401 East Jackson Street, Suite 3300		Tampa	FL	33602
Phone	**Title**			
866-277-3679	Operations Specialist / Pharmacist			
Description of Duties				
Pharmacy management, dispensing and record keeping				

Business Name			From - To (MM/YY – MM/YY)	
iPathology			2015 - 2018	
Business Address		**City**	**State**	**Zip**
705 N Lake Parker Ave		Lakeland	FL	33801
Phone	**Title**			
813-376-4353	Laboratory Manager			
Description of Duties				
Management of lab services and processes				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Patrick Alonso

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/26/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Hillsborough

I, Patrick Alonso, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

06/26/26

Date

Subscribed and Sworn to before me this 26th day of June.

Notary Public Signature

Notary Public State of Florida
Tami J Brochman
My Commission HH 447859
Expires 9/29/2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Restore Pharma, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) PH 35018

Physical Address 12617 Race Track Rd

City Tampa State Florida Zip 33626

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 813-463-8009 Website www.restorepharmacy.com

Licensing Company Email sp@restorepharmacy.com

Section 2: Personal Information

First Steve Middle M Last Caddick

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Tampa State Florida Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Mercer University School of Pharmacy		1999-2003	
Address	**City**	**State**	**Zip**
1550 College St	Macon	GA	31207
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
University of Central Florida		1996-1999	
Address	**City**	**State**	**Zip**
4000 Central Florida Blvd	Orlando	FL	32816
Diploma/Degree obtained, if any			
Molecular/Microbiology			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2021 - Present	[redacted]	Tampa	FL	
06/2014 - 06/2021		Montreal	Quebec	[redacted]

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Restore Pharma, LLC			10/2025 - Present	
Business Address		City	State	Zip
12617 Race Track Rd		Tampa	FL	33626
Phone	Title			
813-463-8009	Compounding Pharmacist, Pharmacy Manager			
Description of Duties				
Compounding Pharmacist, Pharmacy Manager for all aspects of company.				

Business Name			From - To (MM/YY – MM/YY)	
Precision Specialty & Compounding Pharmacy			10/2022 - 10/2023	
Business Address		City	State	Zip
12617 Race Track Rd		Tampa	FL	33626
Phone	Title			
	Pharmaceutical Advisor			
Description of Duties				
Compounding Pharmacist, Business Development and Regulatory Compliance (PRN)				

Business Name			From - To (MM/YY – MM/YY)	
The Well Fruit Company			11/2022 - Present	
Business Address		City	State	Zip
4532 W. Kennedy Blvd		Tampa	FL	33609
Phone	Title			
	Pharmacist Advisor/Consultant			
Description of Duties				
Pharmaceutical advisor				

Business Name			From - To (MM/YY – MM/YY)	
NeuroSpa TMS			2018 - Present	
Business Address		City	State	Zip
6511 Gunn Hwy		Tampa	FL	33625
Phone	Title			
813-605-1122	Partner / Board Member			
Description of Duties				
General business development for 6 regional clinics to vertically integrate programs & platforms to complement TMS treatment of MDD along with other psychiatric disorders.				

Business Name			From - To (MM/YY – MM/YY)	
Oregon Processing Solutions			2018-2020	
Business Address		City	State	Zip
30395 SE Veterans Blvd		Estacada	OR	97023
Phone	Title			
503-855-0758	CEO / Founding Partner - Business Development & Leadership			
Description of Duties				
Business development, marketing and progression of company.				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
iSmart / Sugra / Canada			2014-2019	
Business Address		**City**	**State**	**Zip**
5465 Pare		Montreal	Quebec	H4PIR3
Phone	**Title**			
	Founding Partner - Business Development / Regulatory			
Description of Duties				
Development of compounding workspace & facilities development. Management of compounded formulation creation & logistics of running six regional pharmacies inclusive of clinical support to pharmacists and doctors.				

Business Name			From - To (MM/YY – MM/YY)	
Westchase Compounding Pharmacy			2004-2013	
Business Address		**City**	**State**	**Zip**
12617 Race Track Rd		Tampa	FL	33626
Phone	**Title**			
813-925-8200	Compounding Pharmacist / Owner-Founder - Sterile/Non-Sterile Compounding			
Description of Duties				
Pharmacist in Charge, compounding unique dosage forms for pt and dr needs, consultations, vaccinations, business management, marketing & facility development inclusive of a 1000 SF USP 797 compliant sterile cleanroom.				

Business Name			From - To (MM/YY – MM/YY)	
Westchase Physical Therapy & Medical Supply			2007-2013	
Business Address		**City**	**State**	**Zip**
12625 Race Track Rd		Tampa	FL	33626
Phone	**Title**			
813-343-3960	Partner / Co-Founder - Comprehensive Physical & Occupational Therapy/Med Supply			
Description of Duties				
Business management, marketing, accounting and facility development				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Steve Caddick

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6-24-2026

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Hillsborough

I, Steve M. Caddick, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6-24-2026

Date

Subscribed and Sworn to before me this 24th day of June.

Notary Public Signature

Notary Public State of Florida
Tami J Brochman
My Commission HH 447859
Expires 9/29/2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Restore Pharma, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH 35018

Physical Address: 12617 Race Track Rd

City: Tampa State: Florida Zip: 33626

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 813-463-8009 Website: www.restorepharmacy.com

Licensing Company Email: sp@restorepharmacy.com

Section 2: Personal Information

First: Renier Middle: Last: Gobea

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Tampa State: Florida Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Jefferson High School		1996 - 2000	
Address	**City**	**State**	**Zip**
4401 W Cypress St	Tampa	FL	33607
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted]	Tampa	FL	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Restore Pharma, LLC			10/2025 - Present
Business Address	**City**	**State**	**Zip**
12617 Race Track Rd	Tampa	FL	33626
Phone	**Title**		
813-463-8009	Owner		
Description of Duties			
Business advisor			

Business Name			From - To (MM/YY – MM/YY)
NeuroSpa			06/2018 - Present
Business Address	**City**	**State**	**Zip**
6511 Gunn Hwy	Tampa	FL	33625
Phone	**Title**		
813-605-1122	Owner		
Description of Duties			
Business development and direction			

Business Name			From - To (MM/YY – MM/YY)
Westchase Compounding Pharmacy			2004 - 2016
Business Address	**City**	**State**	**Zip**
12617 Race Track Rd	Tampa	FL	33626
Phone	**Title**		
813-925-8200	Owner		
Description of Duties			
Business development and direction			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Renier Gobea

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/25/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Hillsborough

I, Renier Gobea, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

06/25/26

Date

Subscribed and Sworn to before me this 25th day of June.

Notary Public Signature

Notary Public State of Florida
Tami J Brochman
My Commission HH 447859
Expires 9/29/2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Restore Pharma LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (If applicable): PH 35018

Physical Address: 12617 Race Track Rd

City: Tampa State: FL Zip: 33626

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 813-463-8009 Website: www.restorepharmacy.com

Licensing Company Email: virgil@restorepharmacy.com

Section 2: Personal Information

First: Virgil Middle: A Last: Valdes

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: St Pete State: FL Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Bayshore Christian HS			1/77-5/91	
Address		City	State	Zip
3909 S MacDill Ave		Tampa	FL	33611
Diploma/Degree obtained, If any				
School Name			From - To (MM/YY – MM/YY)	
USF			01/94-01/97	
Address		City	State	Zip
4202 E Fowler Ave		Tampa	FL	33620
Diploma/Degree obtained, If any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, If any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, If any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, If any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/97-01/2020	[redacted]	Tampa	FL	[redacted]
02/20-02/24		Tampa	FL	
03/2024-Current		St Pete	FL	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
PrecisionMED			01/05-01/24
Business Address	**City**	**State**	**Zip**
12615 Race Track RD	Tampa	FL	33626
Phone	**Title**		
NA	COO		
Description of Duties			
COO/ operations manager			

Business Name			From - To (MM/YY – MM/YY)
Restore Pharma LLC			02/24-Current
Business Address	**City**	**State**	**Zip**
12615 Race Track RD	Tampa	FL	33626
Phone	**Title**		
813-463-8009	Marketing		
Description of Duties			
Marketing Pharmacy Services to Community			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Virgil A. Valdes

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/25/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Hillsborough

I, Virgil A. Valdes, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

06/25/2026

Date

Subscribed and Sworn to before me this 25th day of June.

Notary Public Signature

Notary Public State of Florida
Tami J Brochman
My Commission HH 447859
Expires 9/29/2027

(Seal)

4III

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: [redacted] ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Senderra Rx Partners, LLC

Physical Address: 991 Aviation Parkway, Suite 200

City: Morrisville State: NC Zip: 27560

Mailing Address (if different from physical address): 9330 LBJ Freeway, Ste 1300

City: Dallas State: TX Zip: 75243

Telephone: 888-777-5547 Toll Free # (NAC 639.708, NRS 639.23286): 888-777-5547

Fax: 980-444-3054 Contact Email: PharmacyNC@SenderraRx.com

Website: https://www.senderrarx.com/

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Meyyappan Ramanathan

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23405

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Meyyappan Ramanathan	NV Pharmacist Registration #: 23405
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials: N/A	%: N/A
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Texas

Parent Company (if any): Senderra Rx Acquisitions, LLC

Corporation/Organization Name: Senderra Rx Partners, LLC

Mailing Address: 9330 LBJ Freeway, Ste 1300

City: Dallas State: TX Zip: 75243

Telephone: 888-777-5547 Email: PharmacyG@SenderraRx.com

Contact Person Name: John Finley, Executive VP and General Counsel

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CEO (title) for Senderra Rx Partners, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Will Howard, CEO

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

June 4, 2026

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Will Howard hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CEO (title) for Senderra Rx Partners, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 4th day of June, 2026

Lauren Leigh Decell
Notary Public

LAUREN LEIGH DECELL
Notary Public, State of Texas
Comm. Expires 05-30-2029
Notary ID 129441031

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Will Howard, CEO

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

June 4, 2026

Date

Board Use Only	Date Received: 6/22/26	Amount: $500-ck 4794

SENDERRA
Specialty Pharmacy

Ownership

Senderra RX Acquisition, LLC	100% Direct Owner	[redacted]	50 Kennedy Plaza, 17th Floor, Providence, RI 02903-2393	[redacted]
Senderra RX Midco, LLC	100% Indirect Owner		50 Kennedy Plaza, 17th Floor, Providence, RI 02903-2393	
Senderra RX Parent, LLC	100% Indirect Owner		50 Kennedy Plaza, 17th Floor, Providence, RI 02903-2393	

Officers

William Howard	CEO	[redacted]	9330 LBJ Freeway, Suite 1300 Dallas, TX 75243	[redacted]
Nicholas Black	CFO		9330 LBJ Freeway, Suite 1300 Dallas, TX 75243	

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Senderra RX Partners, LLC (file number 801157522), a Domestic Limited Liability Company (LLC), was filed in this office on August 14, 2009.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 28, 2026.

Jane Nelson
Secretary of State

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Senderra RX Partners LLC

Pharmacy/Wholesaler License # (if applicable) NA

Physical Address 991 Aviation Parkway Suite 200

City Morrisville State NC Zip 27560

Mailing Address (if different from physical address) 9330 Lyndon B Johnson Freeway Suite 1300

City Dallas State TX Zip 75243

Telephone 888-777-5547 Website www.SenderraRX.com

Licensing Company Email lauren.decell@senderrarx.com

Section 2: Personal Information

First Meyyappan Middle _____ Last Ramanathan

Alias(es, nicknames, name changes, etc.) Mey Ramanathan

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Morrisville State NC Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Annamalai University		08/94-01/00	
Address	**City**	**State**	**Zip**
Annamalai Nagar, TAMIL NADU, INDIA	Chidambaram	Tamilnad	608002
Diploma/Degree obtained, if any			
B. Pharm			

School Name		From - To (MM/YY – MM/YY)	
Muthiah Alagappa Mat. Higher Sec School		06/92-05/94	
Address	**City**	**State**	**Zip**
Hospital Road, TAMIL NADU, INDIA	Kottaiyur	Tamilnad	630108
Diploma/Degree obtained, if any			
High School			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Senderra RX Partners LLC			04/26 - Present	
Business Address		**City**	**State**	**Zip**
991 Aviation Parkway # 200		Morrisville	NC	27560
Phone	**Title**		**Number of Employed Hours**	
888-777-5547	Sr. Director, Specialty Pharmacy Production Ops		280 hrs	
Description of Duties				
Managing the daily production operations of the NC facility				

Business Name			From - To (MM/YY – MM/YY)	
Polaris Specialty Pharmacy			09/25-04/26	
Business Address		**City**	**State**	**Zip**
100 Enterprise Dr Ste # 501		Roackaway	NJ	07866
Phone	**Title**		**Number of Employed Hours**	
855-797-0857	Director, Specialty Pharmacy Ops		1450 hrs	
Description of Duties				
Managing the daily production operations of the NJ facility				

Business Name			From - To (MM/YY – MM/YY)	
Elevance Health			01/2024-09/2025	
Business Address		**City**	**State**	**Zip**
376 Northlake Blvd #1000		Altamonte Springs	FL	32701
Phone	**Title**		**Number of Employed Hours**	
4078308820	Manager, Specialty Pharmacy Operations		4350 hrs	
Description of Duties				
Managing the daily production operations of both front end and dispensing at the FL facility				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Meyyappan Ramanathan, **certify that as the designated representative for**

SenderraRX Partners LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MR I am at least 21 years of age;
3. MR I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MR I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MR I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MR I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MR I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

MEYYAPPAN RAMANATHAN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/05/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MEYYAPPAN RAMANATHAN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/05/2026

Date

Please have this section completed in the presence of a Notary Public.

State of NC, ss. County of Wake

I, MEYYAPPAN RAMANATHAN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/8/2026

Date

Subscribed and Sworn to before me this 8th day of June 2026

Notary Public Signature

REGINALD M. WRIGHT
NOTARY PUBLIC
Wake County
North Carolina
My Commission Expires June 28, 2030

(Seal)

Inspection Details

Name	Senderra Rx Partners, LLC	**Case #**		**Permit**	13893
		Person Providing Info	Priyanka Singh	**Inspection Date**	06/18/2025
Address	991 Aviation Parkway Suite 200 Morrisville, NC 27560	**Person In Charge**	Priyanka Singh	**Inspection User**	Junez, Ruben
				Inspection District	DISTRICT3
		Rx Volume/Date	Average of 100 prescriptions a day.		
# RPhs	1 pharmacist				
# Techs	1 technician	**Hours**			
Follow-Up CAP	No	**Office**	No		
CAP Requested	No	**Commercial Use**	No		
CAP Documentation Received	No	**Ship to Other States**	Yes		
Additional Documents	Yes	**States Shipped To**			
		Commercial Use	No		
Office Use	No	**Documented Clinical Indication**			
Office Use Comments					

Non-Sterile Compounding

Non-Sterile No

Does the pharmacy engage in Occasional Basic Non-Sterile Compounding?

Does facility engage in moderate or complex Non-Sterile compounding?

Does facility engage in Hazardous Drug Compounding?

Is there documented clinical indication for the approved medication?

Sterile Compounding

Sterile Compounding No

Does facility compound Immediate Use CSP?

Does facility compound Category 1 Sterile Compounding?

Does facility compound Category 2 Sterile Compounding?

Does facility compound Category 3 Sterile Compounding?

Does facility compound hazardous medications?

Does facility compound Allergenic Extracts?

Pharmacy Staffing

How many pharmacists are employed at the pharmacy: 1 pharmacist

How many technicians are employed at the pharmacy: 1 technician

What is the P:T ratio at the time of inspection: 1

How often is there only one pharmacist on duty:

If ratio is above 1:2 at the time of inspection, how many certified technicians are on shift: Not above ratio

How many technicians are usually on shift at a time: Usually 2 technicians per shift, but facility currently has 1 technician on staff.

What is the approved Pharmacist: Technician ratio? N/A

Are pharmacists asked to do any duties outside of the pharmacy :

Pharmacy Volume

What is the average daily prescription volume of the pharmacy: Average of 100 prescriptions a day.

Does pharmacy conduct any point of care testing such as COVID: No

Does pharmacy administer vaccines: No

What is the daily average of testing:

What is the daily average of vaccines:

What staff is responsible for administering test and what is testing procedure:

What staff members are administering vaccines and what type of vaccines:

Are administered vaccines reported to the appropriate vaccine registry:

How far behind is the pharmacy on filling and verifying prescriptions: N

Please explain:

How long has this backlog persisted:

Comments

Carepath houses all patient information and Helix program processes all billing aspects of the pharmacy.
Pharmalink is the reverse distributor.
McKesson used as main distributor.

General Pharmacy Regulations

	Answer	Question
1)	Satisfactory	NCGS 90-85.15A (a) - tech must register with the Board within 30 days after the date of completing the training program.
2)	Satisfactory	NCGS 90-85.15A (b) – Current registration of a pharmacy tech shall be readily available for inspection
3)	Satisfactory	NCGS 90-85.15A (c) - 2:1 ratio, if ratio above provide waiver documentation. Any technician above the 2:1 ratio must be certified.
4)	Satisfactory	NCGS 90-85.23- PM license, permit and current renewal shall be posted. Licenses and renewals of each RPh. are readily available for inspection.
5)	Satisfactory	NCGS 90-85.25 (b) - PM shall report within 10 days any disaster, accident, theft.
6)	Satisfactory	NCGS 90-85.26 (a) - prescriptions preserved for 3 years. (b) - Documentation of alleged medication errors.
7)	Satisfactory	NCGS 90-85.29 (1) - prescription label shall contain a discard date that is earlier of 1 yr. from date dispensed or manuf's exp. date, whichever is earlier. (2) - not obscure exp. date and storage statement when product dispensed in manuf's original container.
8)	Satisfactory	NCGS 90-85.32 (a) - prescriptions marked PRN not refilled more than 1 yr. after issue date.
9)	Satisfactory	NCGS 90-85.47 - Quality Assurance Program
		Comments: A dispensing error form is filled and saved to patient profiles. Any errors found are shared and discussed with staff.
10)	Not Applicable	NCGS 90-93 (3)(d): Sch. V log book or record of disposition.
11)	Satisfactory	NCGS 90-106.1 (a) - documentation system of photo ID. Kept on premises or central location for 3 years.
12)	Not Applicable	NCGS 90-113.52 (b) - pseudoephedrine Products kept behind counter. (c) - record of every purchaser, amount of product in grams. (d) - records kept for two 2 years.
		Comments: Closed door pharmacy.
13)	Satisfactory	NCGS 90-113.54 - posting of sign prohibiting sale of more than 2 pkgs (3.6grams total) of pseudoeph. /day, no more than 3 pkgs (9grams total) within 30- day period.
14)	Satisfactory	NCGS 90-640 (b) - ID badge
15)	Satisfactory	21CFR 201.17- Misbranded drugs: Medications stored in pharmacy should be labeled with an expiration date and manufacturer lot number. Note: Return to stock prescription vial with the pharmacy's own label affixed will not be deemed misbranded
16)	Satisfactory	21 NCAC GS 106-134.1 (b)- label lacks any requirement listed in the subsection. (px name, name/add. of pharmacy, disp. rph's name, rx #, fill date of rx, prescriber name, dir. for use, name & strength of drug.)
17)	Satisfactory	21 NCAC 46.1601 (a)(2)- posted Pharmacy hours. (4)(A-E)- reference library, hard copy or electronic. (5)- lavatory facilities w/ hot and cold running water; clean, orderly and sanitary. (b)(1)- records are readily retrievable. (b)(2)- toll free number on labels of dispensed medications. (e)- pharmacy permit is countersigned by rphmgr. as represented in the application.
18)	Satisfactory	21 NCAC 46.1802 (a) - refills limited to prescriber's orders.
19)	Satisfactory	21 NCAC 46.1803 - All records pertaining to the filling and refilling of prescriptions shall be available to designated employees of the Board during normal business hours.
20)	Satisfactory	21 NCAC 46.1806 - proper documentation and handling of transferred rxs
21)	Satisfactory	21 NCAC 46.1818 - label shall list generic name of drug, even if unavailable to dispense or generic is not authorized.
22)	Satisfactory	21 NCAC 46.2302 (a)(1-5) - records of dispensing shall be kept for 3 years.
23)	Satisfactory	21 NCAC 46.2303 - records of prescription filling and refilling shall be kept for 3 yrs.
24)	Satisfactory	21 NCAC 46.2304 (1) - produce sight-readable documents. (3) - RPh. responsible for completeness and accuracy of entries, provides documentation that prescription information entered is correct. (5) - pharmacy has auxiliary recordkeeping system. (7) - current version of drug interactions software is utilized

General Pharmacy Regulations

	Answer	Question
25)	Satisfactory	21 NCAC 46.2305 - To maintain the confidentiality of patients' prescription orders, there must be adequate safeguards or security of the records.
26)	Satisfactory	21 NCAC 46.2502 (a) - PM shall assure that rx meds & cs meds are safe/secure within the pharmacy. (b) - PM is present one-half the hrs. the pharmacy is open or 32 hrs. /wk., whichever is less. (d) - system of inventory recordkeeping and control to detect any shortage or discrepancies of cs meds. (e) - control of all keys to pharmacy. (j) - written disaster plan. (k) - separate from the dispensing stock all drugs more than 6 months out of date.
27)	Satisfactory	21 NCAC 46.2504 (a) - effective communication of information to the patient(s). (b) - offer to counsel for all new and transfer prescriptions. (g) - Documentation of refusals.
28)	Satisfactory	21 NCAC 46.3001 (a) - policy/procedure for all out dated, improperly labeled, adulterated damaged or unwanted drugs or drug containers are destroyed or disposed.
29)	Satisfactory	21 NCAC 46.3301 (b) - Current registration of a pharmacy tech shall be readily available for inspection.
30)	Not Applicable	21CFR 1301.75 (b) - controlled substances listed in II, III, IV, and V shall be stored in a substantially constructed cabinet, or disbursed throughout the non-controlled substances
	Comments: No scheduled medication is filled at this facility.	
31)	Not Applicable	21CFR 1304.04 (2)(h)(1) - inventories and records of Sch. I & II substances maintained separate from all other records (2)(h)(2)- paper prescriptions for Sch. II substances maintained in separate file.
	Comments: No scheduled medication is filled at this facility.	
32)	Not Applicable	21CFR 1304.11 (a) - complete/accurate inventory of all cs meds and maintained at the registered location. (c) - Biennial inventory.
	Comments: No scheduled medication is filled at this facility.	
33)	Not Applicable	21CFR 1305.05 (a) - power of attorney on file at registered location.
34)	Not Applicable	21CFR 1305.12 (b) - purchaser shall record 1 item on each numbered line. (c) - name/address of supplier on form. Only 1 supplier on any form. (d)- DEA Form 222 properly signed and dated.
35)	Not Applicable	21CFR 1305.13 (e) - purchaser must record the number of commercial or bulk containers furnished on each item and dates on which the containers are received.
36)	Not Applicable	21CFR 1305.22 Procedure for filling electronic orders. (g) - purchaser receives shipment, purchaser must create a record of the quantity of each item received and date received. Record must be electronically linked to the original order and archived.
37)	Not Applicable	21CFR 1305.27 Preservation of electronic orders. (a) purchaser must, for each order filled, retain the original signed order and all linked records for that order for 2 years. Purchaser must also retain all copies of each unaccepted or defective order and each linked statement. (b) supplier must retain each original order filled and the linked records . (Note: 2yrs for Federal Law; 3yrs for NC Law) (c) If electronic order records are maintained on a central server, records must be readily retrievable at the registered location. (Note: 2yrs for Federal Law; 3yrs for NC Law)
38)	Not Applicable	21CFR 1306.05 (a) - all cs prescriptions shall bear full name and address of the patient along with date, drug, strength, dosage form, quantity, dirs. for use, and name, address and registration number of practitioner. (d) - computer generated prescription that is printed or faxed must be manually signed
39)	Not Applicable	21CFR 1306.08 (3)(b) - pharmacy may fill electronically transmitted prescription for a cs med provided the pharmacy complies with all requirements. A Sch. II order signed by the prac- titioner.
40)	Not Applicable	21CFR 1306.14 (a) - prescription vials labeled for Sch. II display pharmacy name and address, rx #, initial fill date, patient name, practitioner name, dirs. for use and any cautionary statements.
41)	Not Applicable	21CFR 1306.21 (a) - order for Sch. III, IV, or V that is a facsimile is signed by practitioner.
42)	Not Applicable	21CFR 1306.22 (b) - cs refills entered on a medication record or electronic record must be uniformly maintained and readily retrievable.
43)	Not Applicable	21CFR 1306.24 (a) - prescription vials labeled for Sch. III, IV, or V display pharmacy name and address, rx #, initial fill date, patient name, practitioner name, dirs. for use and any cautionary statements.
44)	Not Applicable	21CFR 1306.26 (b) - not more than 8oz. of any cs containing opium, nor more than 4oz. of any other cs; not more than 48 dosage units of any such cs containing opium, nor more than 24 dosage units of any other such cs to the same purchaser in any 48-hr. period. (c) - purchaser at least 18 yoa (d) - furnish suitable ID (e) - maintain

General Pharmacy Regulations

	Answer	Question
		log containing name and address of purchaser, name and qty. of cs, date of purchase, name or initials of RPh. who dispensed the substance.
45)	Not Applicable	21CFR 1311.10 Eligibility to obtain a CSOS digital certificate. (a) - person who signed the most recent DEA registration application or renewal application and a person authorized to sign a registration application. (b) - person granted power of attorney by a DEA registrant to sign orders for one or more schedules of controlled substances.
46)	Not Applicable	21CFR 1311.30 Requirements for storing and using a private key for digitally signing orders. (a) - Only the certificate holder may access or use his or her digital certificate and private key. (b) - The certificate holder must provide FIPSapproved secure storage for the private key, as discussed by FIPS 140-2, 180-2, 186-2, and accompanying change notices and annexes, as incorporated by reference in §1311.08. (c) - A certificate holder must ensure that no one else uses the private key. While the private key is activated, the certificate holder must prevent unauthorized use of that private key.
47)	Not Applicable	21CFR 1311.35 Number of CSOS digital certificates needed. A purchaser of Schedule I and II controlled substances must obtain a separate CSOS certificate for each registered location for which the purchaser will order these controlled substances.
48)	Not Applicable	21CFR 1311.60 Recordkeeping. (a) - supplier and purchaser must maintain records of CSOS electronic orders and any linked records for 2 years. Records may be maintained electronically. Records regarding controlled substances that are maintained electronically must be readily retrievable from all other records. (Note: 2yrs for Federal Law; 3yrs for NC Law) (b) - Electronic records must be easily readable or easily rendered into a format that a person can read. Must be made available to the Administration upon request. (c) - CSOS certificate holders must maintain a copy of the subscriber agreement that the Certification Authority provides for the life of the certificate.

NORTH CAROLINA BOARD OF PHARMACY

Facility: Senderra Rx Partners, LLC
Address: 991 Aviation Parkway Suite 200 Morrisville, NC 27560
Permit Type: Pharmacy
Permit #: 16406
Issue Date: 03/05/2026
Expiration Date: 12/31/2026
Pharmacy Manager: Priyanka Singh (#25191)

NC Law requires notification of address change within 30 days.

PLEASE NOTIFY BOARD OF NAME AND/OR ADDRESS CHANGE

REFER TO YOUR LICENSE NUMBER IN ANY COMMUNICATION

Permit #: 16406

NORTH CAROLINA BOARD OF PHARMACY

2026 Pharmacy

This is to certify that

Senderra Rx Partners, LLC

doing business as

Senderra Rx Partners, LLC

991 Aviation Parkway Suite 200 Morrisville, NC 27560

Has been renewed for the year ending December 31st 2026, as required by law and is issued to the pharmacist-manager pursuant to the representations made in application therefore. The issuance of this renewal permit is not complete and the permit is not valid until countersigned in the space indicated below by the pharmacist-manager as represented in the application. THIS PERMIT CERTIFICATE MUST BE CONSPICUOUSLY DISPLAYED IN THE PHARMACY TO WHICH IT APPLIES. Pharmacy permits are not transferable and may be revoked for the causes specified in the Law and the Rules and Regulations of the Board.

Priyanka Singh (#25191)

03/05/2026
Issued

PRESIDENT

EXECUTIVE DIRECTOR

NC Board of Pharmacy, 6015 Farrington Road, Suite 201, Chapel Hill, NC 27517

North Carolina
Board of Pharmacy

Only the top 100 records are shown

This serves as Primary Source Verification of the credential issued by the North Carolina Board of Pharmacy

Name:	Senderra Rx Partners, LLC	**Permit #:**	16406
Address:	991 Aviation Parkway Suite 200	**Permit Status:**	Active
City:	Morrisville	**Issue Date:**	03/05/2026
State/Zip:	NC 27560	**Expire Date:**	12/31/2026
Manager:	Priyanka Singh	**Discipline:**	No

Information loaded from this database is current as of 6/2/2026 4:08:40 PM

4JJJ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Dangerous drugs ☒ Controlled substances DEA #: [redacted] ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☒ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: TheraGenix Pharmacy Inc

Physical Address: 2 Mill and Main PL STE500

City: Maynard State: MA Zip: 01754-2685

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 877-468-4979 Toll Free # (NAC 639.708, NRS 639.23286): 877-468-4979

Fax: 888-907-1156 Contact Email: contact@tgxrx.com

Website: TGXRX.COM

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): John Leighton

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 21167

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: John Leighton	NV Pharmacist Registration #: 21167
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: n/a	Credentials: n/a	%: n/a
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: MA

Parent Company (if any): n/a

Corporation/Organization Name: THERAGENIX PHARMACY INC.

Mailing Address: 2 Mill and Main PL STE500

City: Maynard State: MA Zip: 01754-2685

Telephone: 877-468-4979 Email: JOHN@TGXRX.COM

Contact Person Name: John Leighton

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for THERAGENIX PHARMACY INC. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

John Leighton

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

7/10/2026

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, John Leighton hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President (title) for THERAGENIX PHARMACY INC. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature 7/13/2026

SUBSCRIBED AND SWORN TO
Before me, a notary public this 13th day of July, 2026

SHYLASREE RAPOLU
Notary Public, Commonwealth of Massachusetts
My Commission Expires March 25, 2033

Notary Public RShylasree

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Leighton

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

7/10/2026
Date

Board Use Only	Date Received: 7/21/26	Amount: $500CC

TheraGenix Pharmacy, Inc.

2 Mill and Main PL, STE500 Maynard, MA 01754-2685

Owner and Officer Statement

This document certifies the current ownership and officer structure for **TheraGenix Pharmacy, Inc.**

As of the date of execution, John Leighton is the sole owner of TheraGenix Pharmacy, Inc. He also holds all officer positions for the corporation, including any positions customarily designated for corporate governance and operational authority.

For internal, licensing, credentialing, banking, contracting, or regulatory use, the corporation affirms that no other individual or entity holds an ownership interest or serves in an officer capacity unless and until this statement is amended by the corporation.

Corporate Representation

- Sole Owner: John Leighton
- President: John Leighton
- Treasurer: John Leighton
- Secretary: John Leighton
- Any other officer position maintained by the corporation: John Leighton
- Residential Address[redacted] Acton, MA[redacted]

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

Date: July 08, 2026

To Whom It May Concern :

I hereby certify that according to the records of this office,

THERAGENIX PHARMACY INC.

is a domestic corporation organized on **November 18, 2025** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 26070142210

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: hng

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application
Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler THERAGENIX PHARMACY INC.
Pharmacy/Wholesaler License # (if applicable) MA DS100562
Physical Address 2 MILL AND MAIN PL, STE 500
City MAYNARD State MA Zip 01754
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone 877-468-4979 Website TGXRX.COM
Licensing Company Email JOHN@TGXRX.COM

Section 2: Personal Information

First JOHN Middle JOSEPH Last LEIGHTON
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X
Mailing Address [redacted]
City ACTON State MA Zip [redacted]
Telephone [redacted] Email [redacted]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
MASS COLLEGE OF PHARMACY AND HELTH SCIENCES		09/05-05/10	
Address	**City**	**State**	**Zip**
179 LONGWOOD AVE	BOSTON	MA	02115
Diploma/Degree obtained, if any			
PHARMD			

School Name		From - To (MM/YY – MM/YY)	
BERKLEE COLLEGE OF MUSIC		9/98-5-/03	
Address	**City**	**State**	**Zip**
140 BOYLSTON ST	BOSTON	MA	02215
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
WATERTOWN HIGH SCHOOL		9/91-5/97	
Address	**City**	**State**	**Zip**
50 COLUMBIA ST	WATERTOWN	MA	02472
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/20-CURRENT	[redacted]	ACTON	MA	[redacted]
7/13-12/20	[redacted]	HOPKINTON	MA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
THERAGENIX PHARMACY INC.			11/25-CURRENT
Business Address	**City**	**State**	**Zip**
2 MILL AND MAINB PL, STE 500	MAYNARD	MA	01754
Phone	**Title**	**Number of Employed Hours**	
877-468-4979	PRESIDENT	320	
Description of Duties			
OWNER AND PIC OF PHARMACY START-UP			

Business Name			From - To (MM/YY – MM/YY)
ALLCARE PLUS PHARMACY LLC			4/20-05/25
Business Address	**City**	**State**	**Zip**
50 BEARFOOT RD	NORTHBOROUGH	MA	01752
Phone	**Title**	**Number of Employed Hours**	
833-383-3533	VICE PRESIDENT OF PHARMACY AND PIC	10,400	
Description of Duties			
HELD PIC DUTIES AND MANAGED ALL PHARMACY SERVICES			

Business Name			From - To (MM/YY – MM/YY)
ALLCARE PLUS PHARMACY INC			03/13-4/20
Business Address	**City**	**State**	**Zip**
50 BEARFOOT RD	NORTHBOROUGH	MA	01752
Phone	**Title**	**Number of Employed Hours**	
833-383-3533	CHEIF CLINICAL PHARMACIST AND PIC	14,560	
Description of Duties			
MANAGED ALL NON-COMMERCIAL PHARMACY SERVICES AND PIC DUTIES			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, JOHN LEIGHTON, **certify that as the designated representative for**

THERAGENIX PHARMACY INC.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JL I am at least 21 years of age;
3. JL I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JL I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JL I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JL I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JL I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

JOHN LEIGHTON

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/03/2026

Date

I, JOHN LEIGHTON, **certify that as the designated representative for**

THERAGENIX PHARMACY INC.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JL I am at least 21 years of age;
3. JL I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JL I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JL I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JL I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JL I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

JOHN LEIGHTON

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/03/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JOHN LEIGHTON

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/03/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Massachusetts, ss. County of Middlesex

I, John Leighton, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/4/2026

Date

Subscribed and Sworn to before me this 4th day of August 2026.

R. Shylasree

Notary Public Signature

SHYLASREE RAPOLU
Notary Public, Commonwealth of Massachusetts
My Commission Expires March 25, 2033

(Seal)

RETAIL COMPLIANCE INSPECTION REPORT

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure

Board of Registration in Pharmacy
250 Washington Street, Boston, MA 02108-4619
(617) 973-0960
(617) 973-0960 TTY

DATE(S) OF INSPECTION:	06/24/2026	INSPECTION #:	ISP- 33056-RCNEW
PHARMACY DBA NAME:	Theragenix Pharmacy		
STORE NUMBER:	n/a		
STREET ADDRESS:	2 Mill and Main Pl STE 500 (Building 2, elevator to 5th Floor, follow signage)		
CITY / STATE / ZIP:	Maynard, MA 01754		
TELEPHONE:	(877) 468-4979		
FAX:	(888) 907-1156		
EMAIL:	john@tgxrx.com		
PHARMACY LIC.NUMBERS:	DS100562 / CS100145		
PHARMACY LIC. EXPIRATION:	12/31/2027		
DEA REG. NUMBER:	pending		
DEA REG. EXPIRATION:			
PURPOSE OF INSPECTION:	New		
MANAGER OF RECORD (MOR):	John Joseph Leighton		
MOR REG. NUMBER:	PH233100		
PHARMACY HOURS:	MON 9am-5pm | TUE 9am-5pm | WED 9am-5pm | THU 9am-5pm | FRI 9am-5pm		
	SAT 9am-5pm	SUN closed	
PRACTICE:	☐ COMMUNITY CHAIN	☐ LONG TERM CARE	☐ RESEARCH DRUGS
	☑ COMMUNITY INDEPENDENT	☑ SPECIALTY	☐ DRIVE-THRU
DAILY PHARMACY VOLUME:	Less than 100		
SECURITY CAMERAS?:	Yes		
COMPUTER SOFTWARE NAME:	DRX		
CDTM PHARMACIST(S)?:	No	Agreement availability required under 247 CMR 9.19 (8) (c)	
SPECIAL LICENSE(S) ISSUED?:	No		
OUT OF STATE LICENSE(S)?	No	Plan to apply for licenses after MA licensure	

[1] MA Board of Registration in Pharmacy: Pharmacy Practice Resources - https://www.mass.gov/lists/pharmacy-practice-resources (last accessed 12.5.24)

PHARMACY STAFF PRESENT AT TIME OF INSPECTION			
PHARMACISTS	**LICENSE #**	**CURRENT?**	**EXP. DATE**
1 John Joseph Leighton	PH233100	Yes	12/31/2026
2			
3			
4			
5			
6			

PHARMACY INTERNS	LICENSE#	CURRENT?	EXP. DATE
1			
2			
3			
4			

PHARMACY TECHNICIANS	LICENSE #	EXP. DATE	CURRENT?	CERTIFIED?	(PTT Only) HOURS/HIRE DATE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

OTHER PHARMACY STAFF	POSITION
1	
2	
3	

Item #	Requirements	YES/NO/N/A	Comment / Observation
A	**Security**		
1	A pharmacy shall store all controlled substances within the secured prescription area and in a safe and secure manner. *247 CMR 9.21 (1)*	Yes	
2	A pharmacy shall store Schedules II through V controlled substances in a securely locked and substantially constructed cabinet, or similarly secured storage area, or dispersed throughout the stock of Schedule VI controlled substances and in such a manner as to obstruct theft and diversion. *247 CMR 9.21 (2)*	Yes	CIII-V dispersed CII lock in safe
3	A pharmacy shall maintain a centrally monitored security system that is able to detect a breach in security and is designed to prevent theft. A pharmacy shall activate the security system when the pharmacy is closed. *247 CMR 9.21 (3)*	Yes	ADT
4	A pharmacy shall maintain surveillance cameras in a manner designed to record theft and diversion of controlled substances. A pharmacy shall retain video records for at least 14 days or, in the case of known or suspected theft or diversion, at least two years. *247 CMR 9.21 (4)*	Yes	
5	A pharmacy shall be secured by a floor to ceiling barrier, securely locked and separately alarmed at all times when the pharmacy is closed. *247 CMR 9.21 (5)*	Yes	the pharmacy is within a building that has 24/7 security guard on site
6	The pharmacist Manager of Record and the pharmacist on duty are responsible for pharmacy security and shall control access to the prescription area. They are also responsible for the proper preservation, storage, and security of all controlled substances in the pharmacy. They shall be on the pharmacy premises at all times the pharmacy is open for business and shall be present at all times non-pharmacist personnel have unrestricted access to the pharmacy. They shall limit access to all pharmacy areas to authorized personnel only. *247 CMR 9.21 (6); 247 CMR 9.01 (8); 247 CMR 9.19 (16) (a); 247 CMR 9.19 (16) (b) (ii); 247 CMR 9.19 (16) (b) (iv)*	Yes	Controlled Keys, Limited Access
7	All drug order deliveries containing controlled substances shall be delivered directly to the pharmacy. *247 CMR 9.21 (7)*	Yes	
B	**Display**		
8	A pharmacy in Massachusetts shall conspicuously display within the pharmacy the pharmacy's Massachusetts Drug Store pharmacy license, any other pharmacy license(s) issued by the Board, as applicable, the pharmacy's Massachusetts controlled substance registration; and the pharmacy's U.S. Drug Enforcement Administration registration. *247 CMR 9.19 (8) (a) thru (d)*	Yes	
9	The hours of operation shall be prominently posted at all consumer entrances to the pharmacy and, in the case of a pharmacy located within a retail establishment, the hours shall also be posted at all consumer entrances to the retail store and at the pharmacy. If the hours of operation of a pharmacy located within another retail establishment are different from those of the retail establishment, all advertising referring to the pharmacy shall clearly specify the pharmacy's hours of operation. *247 CMR 9.19 (14) (a) and (b)*	Yes	at entry door
10	A pharmacy shall have a sign affixed to each customer entrance that is easily observable from the outside and clearly identifies the presence of a pharmacy. *247 CMR 9.19 (10)*	Yes	at egress door and hall

Item #	Requirements	Yes/No/N/A	Comment / Observation
B	**Display**		
11	A pharmacy shall conspicuously display, in legible letters **not less than one inch high**, over, on, or adjacent to the main entrance of the pharmacy, the name of the Manager of Record. *247 CMR 9.19 (11)*	Yes	At entry door
12	A pharmacy shall have a designated patient consultation area, with signage stating, "Patient Consultation Area," designed to provide adequate privacy for confidential visual and auditory patient counseling. The private consultation area shall be accessible by a patient from the outside of the prescription dispensing area without having to traverse a stockroom or the prescription dispensing area. *247 CMR 9.18 (6)*	N/A	Waiver
13	A pharmacy shall post sign **of not less than 11 inches in height by 14 inches in width** in a conspicuous place, adjacent to each area where prescriptions are dispensed, for the purpose of informing customers of their right to counseling by a pharmacist. Said sign shall read, in letters **not less than ½ inch** in height: "Dear patients, you have the right to know about the proper use of your medication and its effects. If you need more information, please ask the pharmacist." *247 CMR 9.18 (7)*	N/A	waiver
14	A Massachusetts-located pharmacy may not engage in any **sterile compounding** unless it holds a drug store pharmacy license and a sterile compounding pharmacy license. *247 CMR 6.02 (2) (a)*	N/A	No Sterile Compounding License
15	A Massachusetts-located pharmacy may not engage in any **complex non-sterile compounding** unless it holds a drug store pharmacy license and a complex non-sterile compounding pharmacy license. *247 CMR 6.02 (3)*	N/A	waiver
C	**Pharmacist Manager of Record**		
16	A pharmacy shall designate a Manager of Record who is licensed as a pharmacist in Massachusetts. *247 CMR 9.23 (1)*	Yes	Currently John Leighton
17	A Manager of Record is responsible for the operation of the pharmacy and ensuring compliance with all state and federal laws and regulations governing the practice of pharmacy, the **proper maintenance of records** as required by all state and federal laws and regulations, planning and maintaining **adequate staffing** that promotes patient safety, and enforcement of policies and procedures which maintain the standards of professional practice. *247 CMR 9.23 (2) (a) thru (d)*	Yes	
18	A Manager of Record of a retail drug store pharmacy may not be the Manager of Record of more than one pharmacy at a time. *247 CMR 9.23 (3)*	Yes	
19	A Manager of Record shall work an average of **at least 30 hours per week** at the pharmacy they manage. *247 CMR 9.23 (4)*	Yes	
20	A pharmacy located in Massachusetts shall notify the Board **within 14 calendar days** of the resignation, or termination, or change of its Manager of Record. An application for change of Manager of Record shall satisfy this requirement. *247 CMR 6.10 (1); 247 CMR 20.05 (1); 247 CMR 20.05 (3)*	Yes	

Item #	Requirements	Yes/No/N/A	Comment / Observation
C	**Pharmacist Manager of Record**		
21	**Extended Absence of a Manager of Record** The pharmacy shall appoint a Board-licensed pharmacist Interim Manager prior to any planned absence of the Manager of Record that is expected to last **30 days or longer**. The Interim Manager is expected to fulfill the duties of the MOR in their absence. The pharmacy shall appoint a Board-licensed pharmacist Interim Manager **within five days** of any unplanned absence of the Manager of Record that is likely to last **30 days or longer**. Prior to their absence, a Manager of Record shall perform a controlled substances inventory that is signed by the Manager of Record and the Interim Manager. If the Manager of Record is unexpectedly not available, another licensed pharmacist shall perform the controlled substances inventory. In the event a Manager of Record is away from their position for **100 days or more**, the pharmacy shall submit an application for a change of Manager of Record. *247 CMR 9.23 (5) (a) thru (d); Board Policy No. 2022-02*	Yes	
22	**Supervisory Ratios** A pharmacist utilizing pharmacy interns, certified pharmacy technicians, pharmacy technicians, and pharmacy technician trainees to assist in filling prescriptions shall comply with the following supervisory ratios: One pharmacist for a maximum of four support personnel, provided: • one is a pharmacy intern and at least one is a certified pharmacy technician; or • at least two are certified pharmacy technicians; or • two are pharmacy interns One pharmacist for a maximum of three support personnel, provided that one is a pharmacy intern or at least one is a certified pharmacy technician. Cashiers, messengers, delivery personnel, secretaries, and any other persons who do not fall within the definitions of a pharmacy intern, certified pharmacy technician, pharmacy technician, or pharmacy technician trainee shall not be included for purposes of determining the ratios as long as such persons are not supporting the pharmacist in any professional capacity. *247 CMR 8.06 (3); Board Policy No. 2024-03*	Yes	
23	Licensed Pharmacists on duty shall ensure compliance with supervisory ratios in accordance with 247 CMR 8.06; report problems with sanitary conditions or repair to Manager of Record, be familiar with applicable Board approved audit tool(s), and have access to all pharmacy records and be able to provide requested records to Board investigators. *247 CMR 9.19 (16) (b) (i), (iii), (v), and (vi)*	Yes	
24	A pharmacy shall maintain written policies and procedures regarding the operation of the pharmacy during the temporary absence of a pharmacist. *247 CMR 9.19 (17) (e)*	Yes	
25	A pharmacy shall perform a self-inspection **within seven days** of any renovation, expansion, relocation, or change of Manager of Record, and at least **one time per year**, utilizing a Board-approved inspection tool for routine compliance, sterile compounding, and non-sterile compounding, as applicable. The pharmacy shall retain the completed self-inspection tool for at least two years. *247 CMR 9.19 (21)*	Yes	6/22/2026 for new store inspection
26	A pharmacy shall maintain a written continuity of care plan that describes the manner in which patient needs will be met in the event the pharmacy is unexpectedly unable to provide pharmacy services. The pharmacy shall notify the Board if pharmacy operations are unexpectedly suspended for more than 24 hours. *247 CMR 9.19 (15)*	Yes	Policy TRX O-007

Item #	Requirements	Yes/No/N/A	Comment / Observation
C	**Pharmacist Manager of Record**		
27	A licensee may not practice in a pharmacy for more than 12 hours in a 24-hour period without completing an eight consecutive hour rest period prior to resuming work in a pharmacy. In the event of an extenuating circumstance, a licensee may exceed 12 hours in order to act in the best interest of the patient, provided the time in excess of 12 hours is minimized and the licensee documents the extenuating circumstance. *247 CMR 9.01 (17)*	Yes	
28	A Manager of Record of a pharmacy shall report to the Board any improper dispensing of a prescription drug that results in serious injury or death **within seven business days** of discovery of serious injury or death related to the improper dispensing. *247 CMR 20.02 (1)*	Yes	
29	A Manager of Record of a pharmacy, shall report any serious adverse drug event that occurs as a result of a patient's interaction with any drug or pharmaceutical manufactured, produced, or compounded at the pharmacy, to: the Board, the Federal Food and Drug Administration MedWatch Program, and the Betsy Lehman Center for Patient Safety and Medical Error Reduction. A Manager of Record shall report a serious adverse drug event within **seven business days** of the knowledge of the serious adverse drug event by any pharmacy employee. *247 CMR 20.02 (2) (a) thru (c)*	Yes	Policy TRX N-002
30	The duty to report to the Board improper dispensing of a prescription drug that results in serious injury or death or a serious adverse drug event shall be in addition to the Continuous Quality Improvement (CQI) Program requirements of 247 CMR 15.00. *247 CMR 20.02 (3)*	Yes	Policy TRX N-002
31	A pharmacy shall retain all records relating to the improper dispensing of a prescription drug that results in serious injury or death and all records relating to serious adverse drug events for a minimum period of five years from the date the report is filed with the Board. The records shall be readily retrievable. *247 CMR 20.02 (4)*	Yes	Policy TRX N-002
D	**Licensure, Registration, Certification, Training of Pharmacy Staff**		
32	A licensee shall practice pharmacy within the scope of their education, training and experience and within the recognized licensee scope of practice. *247 CMR 9.01 (4); Board Policy 2020-15 Scope of Practice*	Yes	Policy TRX H-001
33	No individual may serve as a pharmacy intern, certified pharmacy technician, pharmacy technician or pharmacy technician trainee without holding a valid license (PI, PT or PTT) from the Board. *247 CMR 8.01 (6); 247 CMR 8.02 (1); 247 CMR 8.03 (1); 247 CMR 8.04 (1)*	Yes	
34	A pharmacy intern shall wear a name tag which indicates the intern's name and the words "Pharmacy Intern" and adhere to the regulations and board policies associated with pharmacy interns. *247 CMR 8.01 (14); 247 CMR 8.01*	Yes	
35	A certified pharmacy technician shall wear a name tag with the individual's first name and the title "Certified Pharmacy Technician" and adhere to the regulations and board policies associated with certified Pharmacy technicians. *247 CMR 8.04 (4) (a); 247 CMR 8.04;*	Yes	
36	A pharmacy technician shall wear a name tag which indicates the individual's first name and the title "Pharmacy Technician" and adhere to the regulations and board policies associated with pharmacy technicians. *247 CMR 8.02 (6) (a); 247 CMR 8.02;*	Yes	

Item #	Requirements	Yes/No/N/A	Comment / Observation
D	**Licensure, Registration, Certification, Training of Pharmacy Staff**		
37	A pharmacy technician trainee shall wear a name tag with the individual's first name and the title "Pharmacy Technician Trainee" and adhere to the regulations and board policies associated with pharmacy technician trainees. *247 CMR 8.03 (4) (a); 247 CMR 8.03*	Yes	
38	Limitation on Period of Employment as a Pharmacy Technician Trainee. An individual may not work as a pharmacy technician trainee for more than 1500 hours or for more than one year, whichever period is shorter, unless the Board grants an extension; the individual has not yet reached 18 years of age; or the individual has not yet completed at least 500 hours of employment as a pharmacy technician trainee. An individual who has worked as a pharmacy technician trainee for more than 1500 hours or for more than one year prior to his or her 18th birthday shall submit an application for a pharmacy technician license within 30 days of his or her 18th birthday. *247 CMR 8.03 (5) (a) thru (c)*	Yes	
39	A pharmacist may train a pharmacy technician or pharmacy technician trainee through an on-the-job training program, in accordance with 247 CMR 8.00. All such training programs shall comply with written guidelines formulated by the pharmacy in a manner consistent with professional, ethical, and legal standards of proper pharmacy practice. Copies of training program guidelines shall be provided to the Board on request. *247 CMR 8.06 (2)*	Yes	
E	**Controlled Substance Management**		
40	A pharmacy shall post on the wall or maintain in a readily retrievable location current power of attorney (POA) forms required for DEA 222 forms, as applicable. A registrant may authorize one or more individuals, whether or not located at his or her registered location, to issue orders for Schedule II controlled substances on the registrant's behalf by executing a power of attorney for each such individual, if the power of attorney is retained in the files with executed Forms 222 where applicable, for the same period as any order bearing the signature of the attorney. The power of attorney must be available for inspection together with other order records. *247 CMR 9.19 (8) (b); 247 CMR 9.01 (1); 21 CFR 1305.05 (a)*	Yes	currently only owner will order Sch II's
41	A pharmacy and pharmacist shall maintain a perpetual inventory of each controlled substance in Schedule II which the pharmacy has received, dispensed, or disposed of. The perpetual inventory may be in a hard copy, written format or in an electronic format. The perpetual inventory shall reflect the amount of each Schedule II controlled substance that is located on the pharmacy premises. *247 CMR 9.21 (8) (a)*	Yes	
42	The perpetual inventory record shall include the names and strengths of each Schedule II control substance, quantity of each drug purchased or added to inventory, starting inventory, prescription numbers, dispensed quantity, remaining balance, and pharmacist identification for each transaction. *247 CMR 9.21 (8) (b)*	Yes	
43	A pharmacy shall reconcile the perpetual inventory for each Schedule II controlled substance **at least once every ten days** by performing an accurate physical count of inventory on hand and comparing that number with the perpetual inventory. The Manager of Record shall investigate any discrepancy and report any significant loss or suspected theft in accordance with federal and state requirements. *247 CMR 9.21 (8) (c)*	Yes	

Item #	Requirements	Yes/No/N/A	Comment / Observation
E	**Controlled Substance Management**		
44	A pharmacy shall require any inventory adjustment resulting from a discrepancy be performed only by the pharmacist Manager of Record. In the absence of the Manager of Record, a pharmacist designee may make the changes and report to the Manager of Record. *247 CMR 9.21 (8) (d)*	Yes	
45	An unlicensed individual may not make any entry into or adjust the perpetual inventory. *247 CMR 9.21 (8) (e)*	Yes	
46	**General/Initial/Biennial Inventory** Each inventory shall contain a complete and accurate record of all controlled substances on hand on the date the inventory is taken, and shall be maintained in written, typewritten, or printed form at the registered location, the inventory may be taken either as of opening or as of the close of business on the inventory date and it shall be indicated on the inventory. An inventory shall be conducted upon initial receipt of controlled substances and at least every 2 years. *247 CMR 9.01 (1); 21 CFR 1304.11(a) thru (c)*	Yes	
47	Each DEA Form 222 must be signed and dated by a person authorized to sign an application for registration or a person granted power of attorney to sign a Form 222 under §1305.05. The name of the purchaser, if different from the individual signing the DEA Form 222, must also be inserted in the signature space. *247 CMR 9.01 (1); 21 CFR 1305.12 (d)*	Yes	
48	The purchaser must record on its copy of the DEA Form 222 the number of commercial or bulk containers furnished on each item and the dates on which the containers are received by the purchaser. *247 CMR 9.01 (1); 21 CFR 1305.13 (e)*	Yes	
49	**CSOS** When a purchaser receives a shipment, the purchaser must create a record of the quantity of each item received and the date received. The record must be electronically linked to the original order and archived. *247 CMR 9.01 (1)); 21 CFR 1305.22 (g)*	Yes	
50	The date on which the controlled substances are actually received shall be used as the date of receipt (e.g., invoices or packing slips). *247 CMR 9.01 (1); 21 CFR 1304.21 (d)*	Yes	
51	A pharmacy shall maintain an accurate record of all controlled substances returned to a reverse distributor or disposed of in accordance with state and federal laws and regulations, including proper DEA forms in the case of Schedule II controlled substances. *247 CMR 9.21 (9)*	Yes	
52	Each requirement of 247 CMR 9.21 shall apply to controlled substances that are expired, quarantined, or pending reverse distribution. *247 CMR 9.21 (10)*	Yes	
53	Accountability for and security of Schedule II controlled substances shall be the direct responsibility of the pharmacist if/when pharmacy technicians are involved in handling. *247 CMR 8.05 (1)*	Yes	Pharmacist only

Item #	Requirements	Yes/No/N/A	Comment / Observation
E	**Controlled Substance Management**		
54	Under the supervision of a pharmacist a pharmacy technician may assist in the transporting of Schedule II controlled substances, and certified pharmacy technician's may assist in the transporting and handling of Schedule II controlled substances, provided, the pharmacist has approved the certified pharmacy technician or pharmacy technician to assist the pharmacist in the handling or transporting of Schedule II controlled substances, in accordance with 247 CMR 8.05(2) and as evidenced by written policies and procedures to be followed in the pharmacy. Such policies and procedures shall be made available to the Board on request. *247 CMR 8.05 (2) (a) and (b)*	Yes	
55	A certified pharmacy technician, pharmacy technician, or pharmacy technician trainee may not handle any hydrocodone-only extended-release medication that is not in an abuse deterrent form. Pharmacy interns under the direct supervision of a registered pharmacist may handle hydrocodone-only extended-release medication that is not in an abuse deterrent formulation. *247 CMR 8.05 (3)*	Yes	
56	A licensee shall adhere to 105 CMR 721.000 when dispensing a controlled substance in Schedule II in an emergency situation. *247 CMR 9.04 (6)*	Yes	
57	A pharmacist who dispenses prescriptions that are reported to the Massachusetts Prescription Monitoring Program (known as PMP or MassPAT) shall register with and maintain login information for the electronic system to monitor the prescribing and dispensing of controlled substances as authorized by M.G.L. c. 94C, § 24A. *247 CMR 9.15 (1)*	Yes	
58	A Drug Store pharmacy, sterile compounding pharmacy, complex non-sterile compounding pharmacy, and nuclear pharmacy located in Massachusetts shall report a theft or loss of a significant amount of controlled substances by submitting to the Board a copy of "Report of Theft or Loss of Controlled Substance" and (DEA Form 106) **within seven days** of such theft or significant loss and, where applicable, shall comply with the reporting requirements of the DEA, the Department and the state and local police. *247 CMR 20.03 (7)*	Yes	
59	Every pharmacy licensed by the Board that dispenses controlled substances in Schedules II thorough V pursuant to a prescription shall, in accordance with standards established by the Department, transmit to the Department or its agent, required information for each prescription, in accordance with Prescription Monitoring Program reporting requirements (105 CMR 700.012). *247 CMR 20.04 (1)*	Yes	
60	Since all areas of Massachusetts experience high incidences of opioid-related overdoses or deaths, Massachusetts pharmacies are required to stock naloxone in accordance with M.G.L. c. 94C, § 19C. Pharmacies must maintain a continuous, sufficient supply of naloxone to meet the needs of the community. *247 CMR 9.06 (2) (a) and (b), Policy 2024-01: Naloxone Dispensing.*	Yes	
61	A pharmacy that dispenses a naloxone rescue kit or other approved opioid antagonist shall provide counseling and the "opioid antagonist information pamphlet" at the time of dispensing. *247 CMR 9.06 (3)*	Yes	

Item #	Requirements	Yes/No/N/A	Comment / Observation
E	**Controlled Substance Management**		
62	A pharmacy that does not have a naloxone rescue kit or other approved opioid antagonist readily available for dispensing at the time requested shall refer the requestor to the nearest location that has a naloxone rescue kit or other approved opioid antagonist readily available. *247 CMR 9.06 (4)*	Yes	
F	**Equipment, Facility, and Drug Storage**		
63	Drug Store pharmacies shall have a prescription area that is at least **325 square feet**. *247 CMR 9.19 (2)*	Yes	
64	The prescription area shall provide for the arrangement and storage of drugs, supplies, and equipment in a manner that is calculated to prevent accidental misuse, cross contamination, and error. *247 CMR 9.19 (4)*	Yes	
65	A pharmacy shall store medications in the manufacturer's stock bottles or in other stock containers that are clearly labeled with the product name, strength or concentration, NDC number, manufacturer or supplier, lot number, assigned expiration date, and date that the medication was transferred out of its original stock bottle. *247 CMR 9.19 (5)*	Yes	
66	A pharmacy shall be clean and sanitary and in good repair at all times. *247 CMR 9.19 (6)*	Yes	
67	Pharmacy equipment shall be clean and sanitary and in good repair at all times. *247 CMR 9.19 (7)*	Yes	
68	A pharmacy shall store and dispose of waste in a sanitary and timely manner. *247 CMR 9.19 (19)*	Yes	
69	A balance capable of accurately weighing quantities as small as 10 milligrams, which shall be tested and sealed by the state or local sealer of weights and measures **at least once each calendar year**. All new balances shall have "legal for trade" designation. *247 CMR 9.19 (1) (e)*	N/A	Waiver
70	The pharmacy shall maintain equipment, supplies, and medications necessary to conduct the practice of pharmacy in accordance with the usual needs of the community and scope of practice of the pharmacy. *247 CMR 9.19 (1) (f)*	N/A	Waiver
71	A potable water supply in or near the prescription area is available in order to wash hands and equipment. The sink shall have hot and cold water, soap or detergent, and single use towels. *247 CMR 9.19 (1) (i)*	Yes	
72	Policies and procedures are available to ensure supplies, tools, utensils, and equipment are used and maintained in a manner that avoids cross contamination and ensures proper functioning. *247 CMR 9.19 (1) (h)*	Yes	
G	**Proper Storage of Refrigerated and Frozen Medications**		
73	A pharmacy shall maintain policies and procedures to ensure proper refrigeration equipment is available, of adequate size, and utilized to maintain proper refrigeration and freezer temperatures. The policies and procedures shall include a protocol to respond to any out-of-range temperature, including an assessment of the integrity of the medication. *247 CMR 9.22 (1); Board Policy 2020-05: Proper Storage of Refrigerated and Frozen Medications*	Yes	1 x double door refigerator

Item #	Requirements	Yes/No/N/A	Comment / Observation
G	**Proper Storage of Refrigerated and Frozen Medications**		
74	A pharmacy shall utilize a combination refrigerator / freezer or a standalone refrigerator or standalone freezer. Freezer units shall be frost-free with an automatic defrost cycle, unless otherwise approved by the Board. A pharmacy may not utilize an appliance that contains a freezer compartment within the refrigerator space, such as a dorm-style refrigerator. *247 CMR 9.22 (2); Board Policy 2020-05: Proper Storage of Refrigerated and Frozen Medications*	Yes	
75	A pharmacy shall measure and maintain refrigerator and freezer temperatures in accordance with Board guidance. *247 CMR 9.22 (3); Board Policy 2020-05: Proper Storage of Refrigerated and Frozen Medications*	Yes	Temp stick continuous monitor with alerts
76	A pharmacy shall maintain temperature logs to clearly identify out of range temperatures and shall document actions taken in response to an out-of-range temperature. A pharmacy shall maintain records for at least one year. *247 CMR 9.22 (4); Board Policy 2020-05: Proper Storage of Refrigerated and Frozen Medications*	Yes	
77	A pharmacy may not store any food or beverage in a refrigerator or freezer used to store medications. *247 CMR 9.22 (5); Board Policy 2020-05: Proper Storage of Refrigerated and Frozen Medications*	Yes	
H	**Non-Sterile Compounding**		
78	Unless otherwise regulated by the Board, a licensee shall adhere to the most current standards established by each chapter of the United States Pharmacopeia (USP). *247 CMR 9.01 (3); Board Policy 2023-07: Non-Sterile Compounding*	N/A	Waiver
79	The pharmacy has a designated compounding area for simple and moderate non-sterile compounding. *247 CMR 9.19 (1) (j); Board Policy 2023-07: Non-Sterile Compounding*	N/A	
80	The pharmacy has the equipment necessary to perform simple and moderate non-sterile compounding. *247 CMR 9.19 (1) (g); Board Policy 2023-07: Non-Sterile Compounding*	N/A	
81	With the exception of complex non-sterile compounded preparations, a licensee may not refuse to compound non-sterile compounded preparations customary to the community needs except upon extenuating circumstances or by a waiver of Board regulation. *247 CMR 9.01 (15); Board Policy 2023-07: Non-Sterile Compounding*	N/A	
82	A licensee may not place more than one commercially available medication into an oral liquid single-dose package, unless compounded pursuant to a prescription. *247 CMR 9.08 (1) (h)*	N/A	
83	Hazardous drugs shall be stored, prepared, and handled by appropriately trained personnel under conditions that protect the healthcare workers and other personnel. **NOTE: Compounding of hazardous drugs is not considered simple compounding. A "yes" requires a full USP Inspection.** *247 CMR 9.01 (3); USP Chapter <795>; Board Policy 2023-07: Non-Sterile Compounding; USP Chapter <800>*	N/A	
84	All significant procedures performed in the compounding area are covered by written standard operating procedures (SOPs). *247 CMR 9.01 (3); USP Chapter <795>; Board Policy 2023-07: Non-Sterile Compounding*	N/A	
85	Compounding facilities shall have an adequate space that is specifically designated for compounding of prescriptions and is suitable for its intended purpose. This space shall provide for the orderly placement of equipment and materials to prevent mix-ups among ingredients, containers, labels, in process materials, and finished preparations and is designed, arranged, and used to prevent adventitious cross-contamination. *247 CMR 9.01 (3); USP Chapter <795>; Board Policy 2023-07: Non-Sterile Compounding*	N/A	

Item #	Requirements	Yes/No/N/A	Comment / Observation
H	**Non-Sterile Compounding**		
86	The areas used for compounding shall be maintained in clean, orderly, and sanitary conditions and shall be maintained in a good state of repair. *247 CMR 9.01 (3); USP Chapter <795>; Board Policy 2023-07: Non-Sterile Compounding*	N/A	Waiver
87	All equipment used in compounding is clean, properly maintained, and used appropriately. *247 CMR 9.01 (3); USP Chapter <795>; Board Policy 2023-07: Non-Sterile Compounding*	N/A	
88	Compounding ingredients are purchased from reliable sources and are properly stored according to manufacturer specifications or USP standards. *247 CMR 9.01 (3); USP Chapter <795>*	N/A	
89	Purified Water (see Purified Water monograph) shall be used for compounding non-sterile drug preparations when formulations indicate the inclusion of water. *247 CMR 9.01 (3); USP Chapter <795>*	N/A	
90	In the absence of stability information that is applicable to a specific drug and preparation, the following BUDs are not exceeded. a) Non-preserved aqueous formulations – The BUD is not later than 14 days when stored under refrigeration. b) Preserved aqueous formulations – The BUD is not later than 35 days when stored at either controlled room temperature or under refrigeration. c) Oral liquids (non-aqueous) – The BUD is not later than 90 days when stored at controlled room temperature or under refrigeration. d) Other non-aqueous formulations – The BUD is not later than 180 days when stored at controlled room temperature or under refrigeration. *247 CMR 9.01 (3); USP Chapter <795>; Board Policy 2023-07: Non-Sterile Compounding*	N/A	
91	For components that do not have expiration dates assigned by the manufacturer or supplier, the compounder shall label the container with the date of receipt and assign a conservative expiration date, not to exceed one year after receipt to the component. (While not mandated by USP Chapter, the Board of Registration in Pharmacy expects this "Best Practice" to be followed.) *247 CMR 9.01 (3); USP Chapter <795>*	N/A	
92	A Master Formulation Record shall be followed each time that preparation is made. *247 CMR 9.01 (3); USP Chapter <795>*	N/A	
93	Compounding Record is completed each time a preparation is compounded. (The Board's interpretation of the language in USP mandates this standard be followed.) *247 CMR 9.01 (3); USP Chapter <795>*	N/A	
94	Safety Data Sheets (SDSs) shall be readily accessible to all employees working with drug substances or bulk chemicals located on the compounding facility premises. *247 CMR 9.01 (3); USP Chapter <795>*	N/A	
95	The labeling indicates that "this is a compounded preparation". (The Board's interpretation of the language in USP mandates this standard be followed.) *247 CMR 9.01 (3); USP Chapter <795>; Board Policy 2023-07: Non-Sterile Compounding; MGL c. 94C s. 21*	N/A	
96	Does the pharmacy maintain a defective drug log for any compounded drug preparation that is or may be defective as defined by the Board? *Board Policy 2024-04: Defective Drug Preparations*	N/A	

Item #	Requirements	Yes/No/N/A	Comment / Observation
I	Standards for Prescription Labeling, Format & Containers		
97	A licensee may not process a prescription; dispense a drug, device, or other substance; or administer a controlled substance including a vaccine in a manner which is intended, either directly or indirectly, to circumvent any law or regulation governing the practice of pharmacy. *247 CMR 9.01 (2)*	Yes	
98	A licensed pharmacist is responsible for the final dispensing process validation of a prescription. *247 CMR 9.04 (1)*	Yes	
99	A pharmacy shall utilize a computerized pharmacy system for processing prescriptions and for maintaining patient profiles. *247 CMR 9.04 (2)*	Yes	DRX
100	A licensee may only dispense pursuant to a patient-specific prescription. *247 CMR 9.04 (3)*	Yes	
101	A licensee shall ensure the label affixed to a prescription drug container or package is clearly printed by a computerized pharmacy system. In the event of printing or equipment failure, a prescription label may be legibly handwritten or typed during an emergency period. *247 CMR 9.04 (4)*	Yes	
102	A pharmacy that provides bedside delivery service of discharge prescriptions to patients in an inpatient healthcare facility must obtain patient consent to provide such services and may not restrict a patient's freedom of choice of pharmacy services. A pharmacy that provides bedside delivery service shall deliver any medications directly to the patient or patient's agent. *247 CMR 9.04 (5)*	Yes	
103	Whenever a prescription drug has been distributed solely under a generic name, the dispensing pharmacist shall record the NDC number in the computerized pharmacy system. In the event an NDC number does not exist, the pharmacist shall record the name of the manufacturer, or, if the manufacturer's name is not available, the name of the distributor, packer, or repacker. *247 CMR 9.04 (8)*	Yes	
104	A pharmacy may not dispense any medication that was processed outside its licensed pharmacy premises unless said process was verified by a Massachusetts licensed pharmacist or performed in a pharmacy licensed by the Board. *247 CMR 9.04 (11)*	Yes	
105	A prescription for a Schedule VI medication is valid for one year from the date of issue. A licensee may not refill a Schedule VI prescription after one year. In the event a Schedule VI prescription expires or has no remaining refills, and the pharmacist is unable to obtain prescriber authorization in a timely manner, the pharmacist in their professional judgment may dispense a quantity not to exceed 30 days or the smallest available unit of use packaging. *247 CMR 9.04 (12)*	Yes	

Item #	Requirements	Yes/No/N/A	Comment / Observation
I	**Standards for Prescription Labeling, Format & Containers**		
106	Medical Emergencies In a medical emergency a pharmacist may fill a prescription marked "no substitution" by dispensing a less expensive interchangeable drug product as allowed by the *Massachusetts List of Interchangeable Drugs* if the particular brand is not in stock; similarly, a pharmacist may fill a prescription not marked "no substitution" in a medical emergency by dispensing the brand name product as written if they have no less expensive interchangeable drug product in stock to be dispensed. In such instances, the pharmacist must record the date, hour, and nature of the medical emergency on the back of the prescription or in the computerized pharmacy system and the person purchasing the drug product must indicate acceptance of this deviation from the law in writing. All such prescriptions shall be clearly identifiable and available for review by the Board. *247 CMR 9.05 (1) (a) and (b)*	Yes	
107	Generic Prescriptions Upon receiving a prescription for a generic name drug product with no manufacturer specified by the prescriber, a pharmacist may select, regardless of whether or not the prescriber has marked "no substitution" on the prescription, any legally marketed drug product whether or not it appears in the *Massachusetts List of Interchangeable Drugs*, in accordance with the prescriber's intent and the normal exercise of professional judgment. *247 CMR 9.05 (2)*	Yes	
108	Labeling When a less expensive generic drug product has been dispensed, the words "interchange" plus the generic name and manufacturer of the product shall appear on the label in the following manner: "Interchange": (generic name of less expensive drug product dispensed plus manufacturer). When a less expensive brand name drug product has been dispensed, the words "interchange" plus either the generic name and manufacturer of the product or the less expensive brand name dispensed shall appear on the label in the following manner: "Interchange": (generic name of less expensive brand drug plus manufacturer of brand name of less expensive drug product). In addition to the above, the brand name of the prescribed drug product may also appear on the label in the following manner: "Interchange": (name of less expensive generic drug product plus manufacturer or brand name drug product actually dispensed) for (brand name drug product dispensed). Abbreviations are permissible as long as they are commonly understood. For example, "IC" may be used for "interchange" and manufacturers' names may be abbreviated as shown in the *Massachusetts List of Interchangeable Drugs.* *247 CMR 9.05 (3) (a) thru (d)*	Yes	Generic For
109	A pharmacy shall obtain and record consent from a patient or patient's agent prior to enrolling that patient in an automatic refill program. A pharmacy shall provide a method for patients to discontinue participation in an automatic refill program. *247 CMR 9.19 (12)*	N/A	currently, no auto refill permitted
110	A pharmacy and pharmacist shall dispense or recommend a proper measuring device with all liquid medications. *247 CMR 9.18 (9)*	Yes	

Item #	Requirements	Yes/No/N/A	Comment / Observation
I	**Standards for Prescription Labeling, Format & Containers**		
111	A pharmacy shall maintain a readily accessible policy and procedure for computer downtime which shall include a process for filling prescriptions during downtime, a process for ensuring prescriptions dispensed during computer downtime are duly recorded in the patient's medication profile of the computerized pharmacy system when it becomes operational; continuity of care, if necessary; and process for performing an appropriate drug utilization review. *247 CMR 9.19 (21) (a) thru (d)*	Yes	
112	A pharmacy and pharmacist may dispense prescription drugs by mail or common carrier in a manner consistent with federal and state laws and regulations. *247 CMR 9.02 (1)*	Yes	
113	A pharmacy shall ensure that packing, shipping, and transportation processes do not adversely affect the integrity or stability of medications dispensed by mail. *247 CMR 9.02 (2)*	Yes	
114	A pharmacy shall maintain policies and procedures regarding packing, shipping, transporting, and delivering controlled substances. *247 CMR 9.02 (3)*	Yes	Policy TRX M-003, M-007
115	A pharmacist shall comply with all elements of a drug's FDA required risk evaluation and mitigation strategy (REMS), including any distribution or dispensing restriction included in its REMS. *247 CMR 9.01 (18)*	Yes	TRX C-005
J	**Daily Planners, Compliance Packaging, Single and Multidose Packaging**		
116	At the patient's or patient's agent's request medications may be dispensed in a reusable daily dosage planner provided the medication was not previously dispensed by another pharmacy, a space is dedicated and allows for the orderly placement of equipment, materials, and medications for the proper preparation, and for the prevention of cross-contamination, policies and procedures for cleaning, labeling, dispensing, and proper hand hygiene are available. The pharmacy cleans and stores reusable daily dosage planners in a manner that prevents contamination of both the pharmacy and the planner. Labeling must meet requirements of M.G.L. c. 94C, § 21 for each medication. *247 CMR 9.07 (1) thru (5)*	N/A	Currently no complinace packaging offered
117	A pharmacy or pharmacist may utilize compliance packaging provided there is a designated space that allows for the orderly placement of equipment, materials, and medications for proper preparation, prevention of cross contamination. Policies and procedures pertaining to each type of compliance packaging utilized including cleaning, labeling, dispensing, proper hand hygiene, quarantine, and reverse distribution are available. Compliance packaging does not conflict with the USP-DI monograph or FDA-approved labeling and medications are compatible with packaging components and with each other. The compliance packaging is designed to prevent the container from being re-closed, to show evidence of having been opened, and in such a manner that the label cannot be altered or removed. The quantity of drugs in each package does not exceed the capacity of the container or potentially cause damage to the individual dosage forms. The compliance packaging must adhere to USP requirements for containers and packaging. *247 CMR 9.08 (1) (a) thru (h)*	N/A	

Item #	Requirements	Yes/No/N/A	Comment / Observation
J	**Daily Planners, Compliance Packaging, Single and Multidose Packaging**		
118	**Single-Drug-Single-Dose Packaging** A pharmacy or pharmacist may utilize single-drug-single-dose packaging for solid oral dosage forms. If a pharmacy or pharmacist places a medication in a single-drug-single-dose package prior to the receipt of a patient specific prescription, the pharmacy and pharmacist shall properly label the package and utilize bar-code scanning or similar technology to ensure proper identification of the pre-packaged medication at the time of dispensing. *247 CMR 9.08 (2) (a) and (b); Policy 2023-01: Compliance Packaging and Reusable Dose Planners*	N/A	
119	**Multi-Drug-Single-Dose Packaging** A pharmacy or pharmacist may utilize multi-drug-single-dose packaging for solid oral dosage forms provided not more than a 60-day supply of medication is dispensed, Schedules II or III controlled substances are not dispensed, and medications to be taken on an as needed basis are not dispensed in a multi-drug-single-dose package. *247 CMR 9.08 (3) (a) thru (c); Policy 2023-01: Compliance Packaging and Reusable Dose Planners*	N/A	
120	**Return and Repackaging of Multi-Drug-Single-Dose Packaging** A pharmacy or pharmacist may accept a return of a multi-drug-single-dose package that the pharmacy previously dispensed for the purpose of repackaging and re-dispensing to that same patient. If a patient's medication was discontinued, a pharmacy may remove the discontinued drug(s) from the multi-drug-single-dose package and re-dispense the remaining medications in the multi-drug-single-dose package to the same patient. If a patient's drug therapy changed, a pharmacy may remove the discontinued drug(s) from the multi-drug-single-dose package(s) and may add a new medication(s) to the multi-drug-single-dose package and re-dispense the multi-drug-single-dose package to the same patient. A pharmacy shall label the multi-drug-single-dose package in accordance with 247 CMR 9.08(6) prior to re-dispensing. A pharmacy shall implement policies and procedures pertaining to security and accountability of controlled substances during return and repackaging. *247 CMR 9.08 (4) (a); Policy 2023-01: Compliance Packaging and Reusable Dose Planners*	N/A	
121	A licensee may not return any medication removed from a multi-drug-single-dose package to inventory. A licensee may not dispense any medication removed from a multi-drug-single-dose package to any patient other than the patient who returned the multi-drug-single-dose package. *247 CMR 9.08 (4) (b); Policy 2023-01: Compliance Packaging and Reusable Dose Planners*	N/A	
122	A pharmacy shall maintain a record that accounts for and documents any repackaging, removal, or re-dispensing of any medication it previously dispensed in a multi-drug-single-dose package. The record shall identify the pharmacist making the change. *247 CMR 9.08 (4) (a) thru (c)*	N/A	
123	A licensee shall label each oral-liquid-single dose, single-drug-single-dose, and multi-drug-single-dose package with information required by M.G.L. c. 94C, § 21 and USP for each medication in the package including the name, strength, physical description, and total quantity of each drug dispensed; the dispensing or preparation date; a beyond-use date, which may not exceed the expiration date on the original manufacturer's container or **60 days**, whichever is shorter, for each drug contained in a multi-drug-single-dose package; and the telephone number of the pharmacy. *247 CMR 9.08 (5) (a) thru (e)*	N/A	
124	If the compliance package has removable cells, a pharmacy shall utilize a label of sufficient size to label each cell properly and clearly with each drug name and strength. *247 CMR 9.08 (6)*	N/A	

Item #	Requirements	Yes/No/N/A	Comment / Observation
K	**Use, Reuse, Return, and Disposal of Medications**		
125	Unless otherwise permitted by law, regulation, or Board policy, a licensee may not accept or re-dispense any medication which has been previously dispensed. *247 CMR 9.01 (5)*	Yes	Policy TRX H-007
126	A licensee may not accept, or purchase medications designated as "drug samples not for resale" for the purpose of compounding, repacking, or in any way reselling said medications. *247 CMR 9.01 (6)*	Yes	
127	A pharmacy shall accept a medication that it previously dispensed to a patient if the medication was dispensed to the patient in error; or is suspected to be defective or contaminated. A medication accepted by a pharmacy pursuant to this section may not be returned to the pharmacy's inventory and must be quarantined and properly disposed. A pharmacy is not required to accept a medication from a patient that was properly dispensed and not defective at the time it was dispensed. *247 CMR 9.01 (7) (a) and (b)*	Yes	
128	A licensee may not dispense or distribute any expired, outdated, defective, contaminated, counterfeit, contraband, or otherwise substandard drug or device to any person or entity who is not licensed or legally authorized to receive such drug or device. *247 CMR 9.01 (12)*	Yes	TRX C-002
129	In the event a pharmacy prepares a prescription for dispensing, but the medication is not dispensed, the pharmacy may return the medication to stock as long as they do not return a medication to the manufacturer's stock bottle. The pharmacy shall keep a medication to be returned to stock in the original patient container or place medication an appropriate container and shall affix a label to the container containing the product name, strength or concentration, name of the manufacturer, supplier, or NDC number; and the expiration date assigned at the time of filling. *247 CMR 9.13 (1) (a) and (b)*	Yes	
130	A pharmacy shall maintain a policy and procedure regarding returning medications to stock. *247 CMR 9.13 (2)*	Yes	
131	In the event of a recall, a pharmacy may not dispense any medication that has been returned to stock and is potentially subject to the recall unless it can confirm the specific lot number is not included in the recall. *247 CMR 9.13 (3)*	Yes	TRX C-006
132	A pharmacy shall effectuate a recall of medication that is or may be defective in any way. *247 CMR 9.19 (11)*	Yes	TRX C-006
L	**Emergency Kits, Automated Pharmacy Systems, Pharmacy Processing Automation, and Automated Dispensing Devices**		
133	A pharmacy shall maintain a policy and procedure for the proper dispensing of medication through emergency medication kits pertaining to security, maintenance, and use. *247 CMR 9.09 (1)*	N/A	
134	A pharmacy shall reconcile medication dispensed through emergency medication kits with prescriptions or orders. *247 CMR 9.09 (2)*	N/A	
135	A pharmacy may only provide emergency medication kits to facilities approved by the Department. *247 CMR 9.09 (3)*	N/A	

Item #	Requirements	Yes/No/N/A	Comment / Observation
L	**Emergency Kits, Automated Pharmacy Systems, Pharmacy Processing Automation, and Automated Dispensing Devices**		
136	A pharmacy may dispense Schedule IV through VI controlled substances from an Automated Pharmacy System (APS) to a patient or a patient's agent during or after pharmacy hours of operation provided the APS is located within the same building as the pharmacy, is secured against or within a wall or floor in a manner that prevents unauthorized access and removal, location and APS are monitored by continuous, recordable video surveillance, the APS does not stock medications that require refrigeration or reconstitution, utilizes industry standard technological verification, such as bar code verification, electronic verification, weight verification, radio frequency identification, or another similar process, to ensure the correct medication is dispensed to the correct patient, electronic data is maintained that creates an audit trail of activity and includes the identity of each person to whom a drug was released, the patient is allowed to choose whether or not to use an APS, the offer to counsel is provided to the patient in the case of new or changed therapy before placing the filled prescription in the APS, and the means and opportunity for a pharmacist consultation is provided during the pharmacy's usual hours of operation. *247 CMR 9.10 (1) (a) thru (l); Policy 2022-07: Automated Pharmacy Systems*	N/A	No APS
137	A pharmacy utilizing an APS shall maintain policies and procedures pertaining to the APS that include APS location(s); operation and maintenance; security; controlled substances accountability; quality assurance; stocking and return activities; and patient confidentiality. *247 CMR 9.10 (2) (a) thru (g); Policy 2022-07: Automated Pharmacy Systems*	N/A	
138	A pharmacy may utilize Pharmacy Processing Automation (PPA) to count, fill vials or compliance packaging, and label, provided the PPA utilizes technological verification, such as bar code verification, electronic verification, weight verification, radio frequency identification ("RFID"), or another similar process, to ensure that the correct medication is dispensed; and if lot numbers are comingled in a single cell, the pharmacy maintains a policy and procedure to quarantine all comingled lot numbers in the event a single lot number is recalled. *247 CMR 9.11 (1) (a) and (b)*	N/A	No PPA
139	The pharmacy shall implement and maintain policies and procedures pertaining to the PPA that include operation and maintenance; security; controlled substance accountability; quality assurance; and stocking and return activities. *247 CMR 9.11 (2) (a) thru (e)*	N/A	
140	A pharmacy may utilize an automated dispensing device (ADD) for controlled substances provided that the ADD is in a licensed health care facility; dispensing is pursuant to a valid patient specific prescription or order; utilization is in accordance with all laws, regulations, and policies; and the pharmacy maintains ADD policies and procedures including the location operation and maintenance; security; controlled substances accountability; quality assurance; stocking and return activities; and patient confidentiality. *247 CMR 9.12 (1) thru (4); Policy 2019-02: Automated Dispensing Device Use*	N/A	No ADDs
M	**Patient Records, Transfers, Counseling, and Prospective Drug Utilization**		
141	A pharmacy shall transfer a prescription to another pharmacy at the request of a patient or their agent in a timely manner so as not to delay patient therapy. *247 CMR 9.14 (1)*	Yes	
142	The pharmacy may act as the patient's agent in order to facilitate a transfer. *247 CMR 9.14 (2)*	Yes	
143	A pharmacy may not charge a fee for transferring a prescription. 247 CMR 9.14 (3)	Yes	

Item #	Requirements	Yes/No/N/A	Comment / Observation
M	**Patient Records, Transfers, Counseling, and Prospective Drug Utilization**		
144	A certified pharmacy technician may, with the approval of the pharmacist on duty, perform prescription transfers between pharmacies for prescriptions issued for controlled substances in Schedule VI only. *247 CMR 8.04 (4) (d); 247 CMR 9.00*	Yes	pharmacist only
145	Schedule VI A pharmacy shall transfer prescriptions for Schedule VI controlled substances in the same manner as prescriptions for Schedules III through V controlled substances. Prescriptions for Schedule VI controlled substances may be transferred up to the maximum number of remaining refills authorized by the prescriber. A pharmacy may not transfer a prescription authorizing refills for Schedule VI controlled substances more than one year after the date the prescription was issued. *247 CMR 9.14 (a) thru (c)*	Yes	
146	A DEA registered pharmacy may transfer original prescription information for schedules III, IV and V controlled substances to another DEA registered pharmacy for the purpose of refill dispensing between pharmacies, on a one-time basis only. Transfer of any original unfilled prescription received in paper (including fax) or oral form to another pharmacy may not be conducted. 21 CFR 1306.25; 21 CFR 1306f25.	Yes	
147	A pharmacist may only fill a prescription if in the exercise of their professional judgment, determines that the prescription was issued for a legitimate medical purpose by a practitioner acting in the usual course of their professional practice; there is a valid patient-practitioner relationship; the prescription is authentic; and the dispensing is in accordance with M.G.L. c. 94C, § 19(a). *247 CMR 9.15 (2) (a) thru (d)*	Yes	
148	A pharmacist and pharmacy shall maintain prescription records, purchasing and return records, and disposal and destruction records in a readily retrievable manner for at least two years. *247 CMR 9.16 (1)*	Yes	TRX H-007
149	Prescriptions for Schedule II, schedule III-V, and schedule VI controlled substances shall be segregated if maintained in paper format and electronically separable if maintained in electronic format. *247 CMR 9.16 (2) thru (4)*	Yes	
150	A pharmacy shall be able to print readable copies of electronic prescriptions including electronically stored images of prescriptions. *247 CMR 9.16 (5) and (6)*	Yes	
151	A pharmacist and pharmacy shall maintain a confidential patient profile for each patient to whom a prescription is dispensed. The computerized pharmacy system shall provide for the immediate retrieval of information necessary for the pharmacist to identify previously dispensed drugs at the time the prescription is presented for dispensing. The pharmacist or pharmacist's designee shall make a reasonable effort to obtain, record, and maintain the name, address, contact information, date of birth or age, and gender of the patient for whom the prescription is intended patient history, including known drug allergies and drug reactions; a comprehensive list of medications and relevant devices dispensed by the pharmacy; and the pharmacist's comments relevant to the patient's drug therapy. *247 CMR 9.16 (7) (a) thru (d)*	Yes	

Item #	Requirements	Yes/No/N/A	Comment / Observation
M	**Patient Records, Transfers, Counseling, and Prospective Drug Utilization**		
152	A pharmacist shall conduct a prospective drug utilization review (DUR) before each prescription or medication order is dispensed or delivered to a patient or a patient's agent. The DUR may include a review of computerized alerts, the patient record, and each new and renewed prescription or medication order for the purpose of promoting therapeutic appropriateness, by making a reasonable effort to identify over-utilization or under-utilization; therapeutic duplication; drug-disease contraindication; drug-drug interaction; drug-food interaction; improper drug dosage, directions, or duration of drug treatment; drug-allergy interactions; abuse or misuse; any significant change in drug, dose, or directions; and any age-related contraindications. *247 CMR 9.17 (1) (a) thru (j)*	Yes	
153	Upon identifying any of the above, a pharmacist shall take appropriate measures to ensure the proper care of the patient which may include consultation with the prescribing practitioner or direct consultation with the patient or patient's agent. A pharmacist shall document any measures taken in response to a drug utilization review. *247 CMR 9.17 (2)*	Yes	
154	A pharmacist or pharmacist's designee shall offer the counseling services of the pharmacist to each person who receives a prescription medication. The individual must be appropriately trained. Counseling must be provided on each new drug therapy and each drug therapy that in the pharmacist's professional judgment is deemed to be significant for the health and safety of the patient. *247 CMR 9.18 (1) thru (4); 247 CMR 8.04 (4) (b); 247 CMR 8.02 (6) (b)*	Yes	
155	When counseling a patient, a pharmacist or pharmacy intern shall provide such information which, in the pharmacist's professional judgment, is necessary for the patient to understand the proper use of the patient's prescription which may include the name, description, and indication of the medication; dosage form; dosage; route of administration and duration of therapy; special directions and instructions for preparation, administration, and use by the patient; common side and adverse effects or interactions and therapeutic contraindications or precautions with legend and non-legend medications and other substances which the pharmacist deems relevant; techniques for self-monitoring drug therapy; proper storage and disposal; prescription refill information; and action to be taken in the event of a missed dose or adverse reaction. *247 CMR 9.18 (5) (a) thru (h)*	Yes	
156	A licensee shall maintain patient confidentiality and protect a patient's confidential information. *247 CMR 9.01 (16)*	Yes	
157	A pharmacy and pharmacist shall ensure counseling is available at all times when a pharmacy is open for business. *247 CMR 9.18 (8)*	Yes	Toll Free Phone number
N	**Continuous Quality Improvement**		
158	Continuous Quality Improvement Program Requirements. Each pharmacy shall establish a Continuous Quality Improvement (CQI) Program for the purpose of detecting, documenting, assessing and preventing Quality Related Events (QREs). At a minimum, a CQI program shall include provisions to designate an individual or individuals responsible for monitoring CQI Program compliance with the requirements of 247 CMR 15.00; identify and document QREs; minimize impact of QREs on patients; analyze data collected in response to QREs to assess causes and any contributing factors; use the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs; and provide ongoing education at least annually in the area of CQI to pharmacy personnel. *247 CMR 15.02 (1) (a) thru (f)*	Yes	CQI Binder on site

Item # N	Requirements Continuous Quality Improvement	Yes/No/N/A	Comment / Observation
159	QRE Discovery and Notification. All pharmacy personnel shall be trained to bring any QRE to the attention of the pharmacist on duty or the pharmacist Manager of Record immediately upon discovery. The pharmacist who has discovered or been informed of a QRE shall immediately provide notification to the patient or patient's representative, the prescriber (if indicated in the professional judgment of the pharmacist) and other members of the healthcare team; directions for correcting the error; and instructions for minimizing the negative impact on the patient. *247 CMR 15.03 (1) (a) thru (c)*	Yes	
160	QRE Documentation: A QRE shall be initially documented by the pharmacist who has discovered or been informed of the QRE within 24 hours after the QRE is discovered by or described to the pharmacist. QRE documentation shall include a description of the event that is sufficient to permit categorization and analysis of the event. QRE documentation shall include the date when the pharmacist discovered or received notification of the QRE and the name of the person who notified the pharmacy; the names and titles of the persons recording the QRE information and performing the QRE analysis; a description of the QRE reviewed; and documentation of the contact with the patient, or patient's representative, and prescribing practitioner (if indicated in the professional judgment of the pharmacist), and other members of the healthcare team. *247 CMR 15.03 (a) and (b)*	Yes	
161	QRE Analysis: The investigative and other pertinent data collected in response to QREs shall be analyzed, individually and collectively, to assess the cause and any contributing factors such as system or process failures. The QRE analysis and assessment shall include a consideration of the effects on quality assurance related to workflow processes, technological support, personnel training and staffing levels; any recommended remedial changes to pharmacy policies, procedures, systems, or processes; and the development of indicators that identify means against which a pharmacy's program intends to measure its standards over a designated period of time. *247 CMR 15.03 (3) (a)*	Yes	
162	Response: Each pharmacy shall inform pharmacy personnel of changes to pharmacy policies, procedures, systems, or processes resulting from recommendations generated by the CQI Program. *247 CMR 15.03 (3) (b)*	Yes	
163	Each pharmacy shall maintain a written copy of its CQI Program description on the pharmacy premises. The CQI Program description shall be readily available to all pharmacy personnel. *247 CMR 15.04 (1)*	Yes	
164	Each pharmacy shall maintain a record of all QREs for a minimum period of two years from the date of the QRE report. *247 CMR 15.04 (2)*	Yes	
165	QRE records shall be maintained in an orderly manner and filed by date. *247 CMR 15.04 (3)*	Yes	

Item #	Requirements	Yes/No/N/A	Comment / Observation
O	**Immunizations**		
166	A registered pharmacist, pharmacy intern, and pharmacy technician may dispense by administration influenza vaccine, Covid-19 vaccine, and other immunizations designated by the Department to persons 5 years of age or older. *247 CMR 9.01 (1); 105 CMR 700.004 (B) (6); Board Policy 2023-02: Vaccine Administration*	N/A	No plans to immunize
167	Does the pharmacist conduct this activity in accordance with guidelines adopted by the Department which includes requirements for training through an accredited program by the Centers for Disease Control and Prevention, the American Council on Pharmaceutical Education or a similar health authority or professional body. *247 CMR 9.01 (1); 105 CMR 700.004 (B) (6) (d)*	N/A	
168	As applicable, a pharmacy shall post on the wall or maintain in a readily retrievable location immunization certifications and current CPR card for each licensee that performs immunizations and any standing orders. *247 CMR 9.19 (9) (a) and (e); Board Policy 2023-02*	N/A	
169	Does the pharmacy have a standing order to administer single dose emergency epinephrine? Standing Order Physician: _____ Signed/Expiration Date: _____ *247 CMR 9.01 (1); Board Policy 2023-02: Vaccine Administration*	N/A	
170	Such administration is conducted pursuant to a standing order of a practitioner? Standing Order Practitioner: _____ Signed/Expiration Date: _____ *247 CMR 9.01 (1); 105 CMR 700.004 (6) (b); Board Policy 2023-02: Vaccine Administration*	N/A	
171	Prior to administering a vaccine (other than influenza or COVID-19) the Pharmacy reviews the Massachusetts Immunization Information System ("MIIS") to ensure the vaccine has not been administered by another provider. *247 CMR 9.01 (1); Board Policy 2023-02: Vaccine Administration*	N/A	
172	After administration of any vaccine, the vaccination information is reported to "MIIS". *247 CMR 9.01 (1); Board Policy 2023-02: Vaccine Administration*	N/A	
P	**References**		
173	A pharmacy shall maintain the following on the pharmacy premises a current copy or access to electronic version of the *Massachusetts List of Interchangeable Drugs*, including the Orange Book, Additional List, and Exception List. *247 CMR 9.19 (1) (a)*	Yes	
174	A pharmacy shall maintain the following on the pharmacy premises a current copy or access to electronic version with quarterly updates of a compendia appropriate to the practice setting approved by the Manager of Record. *247 CMR 9.19 (1) (b)*	Yes	Clinical Pharmacology
175	A pharmacy shall maintain the following on the pharmacy premises a current copy or access to electronic version of laws and regulations governing the practice of pharmacy. *247 CMR 9.19 (1) (c)*	Yes	
176	A pharmacy shall maintain the following on the pharmacy premises a current copy or access to electronic version of Plumb's Veterinary Drug Handbook or other veterinary reference approved by the Board. *247 CMR 9.19 (1) (d)*	Yes	Merck Veterinary Manual

Item #	Requirements	Yes/No/N/A	Comment / Observation
Q	**Hazardous Handling Requirements (USP <800>)** *24.7 CMR 9.01 (3); Advisory: USP <800> in Community Pharmacies*		
177	Does the Pharmacy have a designated person(s) who is(are) qualified and trained to be responsible for developing and implementing procedures, overseeing compliance, as well as other requirements of USP <800>?	Yes	Policy K-001
178	Does the Pharmacy review the most recent National Institute for Occupational Safety and Health (NIOSH) list?	Yes	
179	Does the Pharmacy have a method to identify all stocked HDs?	Yes	
180	Does the Pharmacy review drug on the list at least every 12 months?	Yes	
181	Does the Pharmacy have a procedure to assess new drugs?	Yes	Proactive drug risk assessment
182	Does the Pharmacy identify the risk category of each drug as either antineoplastic, non-antineoplastic, reproductive risk only, or alternative method as applicable to the practice setting?	Yes	
183	If manipulation of antineoplastic drugs or compounding with any NIOSH hazardous drug API is conducted, does the Pharmacy utilize appropriate containment as described in USP <800>?	N/A	no HD manipulation
184	Does the Pharmacy provide appropriate PPE to employees based on activities being conducted?	Yes	reviewed ASTM6978 gloves
185	Does the Pharmacy store antineoplastics separate from other inventory?	N/A	
186	Does the Pharmacy ensure that antineoplastic HDs in tablet and capsule form are not placed in automated counting or packaging machines?	Yes	
187	Before independently handling HDs, are all employees trained based on their job functions (e.g., in the receipt, storage, dispensing, etc.)?	Yes	
188			
R	**Drug Supply Chain and Security Act (DSCSA)**		
189	Does the pharmacy have procedures in place to ensure that the manufacturers, repackagers, wholesale distributors, third party logistics providers, and other pharmacies doing business with are properly licensed or registered with the appropriate authority?	Yes	
190	Does the Pharmacy ensure that only prescriptions drugs that are accompanied by product tracing information are accepted? If not provided, does the Pharmacy work with the trading partner to acquire such documentation?	Yes	
191	Does the Pharmacy have a process to investigate and handle suspect and illegitimate prescription drugs, including drugs that may be or have evidence that it is counterfeit, diverted, stolen, intentionally adulterated or unfit for distribution?	Yes	
192	Does the Pharmacy quarantine prescription drugs identified as suspect or illegitimate?	Yes	Quarantine cabinet
193	Does the Pharmacy have a process in place for notifying FDA and the trading partner they bought the drug from and/or sold the drug to?	Yes	
194	Does the Pharmacy maintain documentation for the appropriate length of time? (i.e. – at least 6 years)	Yes	
195	Is the product tracing information readily retrievable for review by Pharmacy staff in either electronic or hard copy form?	Yes	Yes DRX

Waivers Granted to Licensee: All approved waivers shall be posted or readily retrievable by the pharmacy including written finding from the Board waiving such Board regulations. 247 CMR 9.19 (8) (d)

Waivers expire 6/4/2031

247 CMR 9.01 (15): not refuse to compound, 247 CMR 9.18 (6): consult area w/sign, 247 CMR 9.18 (7): Dear patients sign, 247 CMR 9.19 (1) (f): equipment, supplies, and medications necessary to meet the usual needs of the community, 247 CMR 9.19 (1) (j): designated area to perform non-sterile compounding

Investigator Notes:

The MOR/Owner may in the future apply for a waiver to 247CMR 9.19(1)(e): balance
There is a sealed balance on site for the new store inspection, however, the site currently has approved waivers for compounding.

The site plan is for a low volume specialty pharmacy coordinating gene therapy medication access and possibly access to orphan drugs.

Pending Certificate of Occupancy from the town Building Commissioner.

Investigator Notes (continued):

Inspection Completion

Exit Interview

Plan of Correction (POC) Issued: ☐ Yes ☑ No

Plan of correction for all findings due within 15 business days. POC Due: _____

Investigator Signatures

Investigator:	Paul Seed
Date:	6/24/2026
Investigator:	n/a
Date:	
Investigator:	n/a
Date:	
Investigator:	n/a
Date:	

Model Attestation Regarding a Requested Use or Disclosure of Protected Health Information Potentially Related to Reproductive Health Care

The entire form must be completed for the attestation to be valid.

Name of person(s) or specific identification of the class of persons to receive the requested PHI.
e.g., name of investigator and/or agency making the request Paul Seed; Board of Registration in Pharmacy
Name or other specific identification of the person or class of persons from whom you are requesting the use or disclosure.
e.g., name of covered entity or business associate that maintains the PHI and/or name of their workforce member who handles requests for PHI TheraGenix
Description of specific PHI requested, including name(s) of individual(s), if practicable, or a description of the class of individuals, whose protected health information you are requesting.
e.g., visit summary for [name of individual] on [date]; list of individuals who obtained [name of prescription medication] between [date range] Any PHI encountered during routine review of any pharmacy records during inspection.

I attest that the use or disclosure of PHI that I am requesting is not for a purpose prohibited by the HIPAA Privacy Rule at 45 CFR 164.502(a)(5)(iii) because of one of the following (check one box):

☑ The purpose of the use or disclosure of protected health information is **not** to investigate or impose liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care or to identify any person for such purposes.

☐ The purpose of the use or disclosure of protected health information **is** to investigate or impose liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care, or to identify any person for such purposes, but the reproductive health care at issue was **not lawful** under the circumstances in which it was provided.

I understand that I may be subject to criminal penalties pursuant to 42 U.S.C. 1320d-6 if I knowingly and in violation of HIPAA obtain individually identifiable health information relating to an individual or disclose individually identifiable health information to another person.

Signature of the person requesting the PHI

Paul Seed Date 06/24/2026

If you have signed as a representative of the person requesting PHI, *provide a description of your authority to act for that person.*

This attestation document may be provided in electronic formot, and electronically signed by the person requesting protected health information when the electronic signature is valid under applicable Federal and state law.

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Tel: 617-624-6000
www.mass.gov/dph

MAURA T. HEALEY
Governor
KIMBERLEY DRISCOLL
Lieutenant Governor

KIAME MAHANIAH, MD, MBA
Secretary
ROBERT GOLDSTEIN, MD, PhD
Commissioner

Verification of Licensure

07/07/2026

To Whom It May Concern:

The organization named below was issued the following in the Commonwealth of Massachusetts:

Retail Pharmacy License

Name of Organization: TheraGenix Pharmacy
Registration Number: DS100562
Registration Status: Current
Issue Date: 07/01/2026
Expiration Date: 12/31/2027
Disciplinary Actions: There are no disciplinary actions against this license.

Registration verification may be obtained at http://checkahealthlicense.mass.gov/. The information provided in this "Verification" is based on the records maintained by the Massachusetts Bureau of Health Professions Licensure and its licensing boards. Individuals are deemed to be in good standing if their license is current and not subject to any disciplinary status on the date of issuance of the "Verification." Disciplinary status is defined as voluntary surrender, revocation, suspension or probation of a license. The "Verification" does not include information about the existence, absence, or status of complaints. To request such information, please submit a public record request to publicrecordsadmin@massmail.state.ma.us.

Michael J. Godek
Executive Director

fc74cbbe-2023-455e-a199-874f4c2bc477

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Tel: 617-624-6000
www.mass.gov/dph

MAURA T. HEALEY
Governor
KIMBERLEY DRISCOLL
Lieutenant Governor

KIAME MAHANIAH, MD, MBA
Secretary
ROBERT GOLDSTEIN, MD, PhD
Commissioner

Verification of Licensure

07/08/2026

To Whom It May Concern:

The individual named below was issued the following in the Commonwealth of Massachusetts:

Pharmacist License

Name of Registrant: John Joseph Leighton
Registration Number: PH233100
Registration Status: Current
Issue Date: 07/19/2010
Expiration Date: 12/31/2026
Disciplinary Actions: There are no disciplinary actions against this license.

Registration verification may be obtained at http://checkahealthlicense.mass.gov/. The information provided in this "Verification" is based on the records maintained by the Massachusetts Bureau of Health Professions Licensure and its licensing boards. Individuals are deemed to be in good standing if their license is current and not subject to any disciplinary status on the date of issuance of the "Verification." Disciplinary status is defined as voluntary surrender, revocation, suspension or probation of a license. The "Verification" does not include information about the existence, absence, or status of complaints. To request such information, please submit a public record request to publicrecordsadmin@massmail.state.ma.us.

Michael J. Godek
Executive Director

c40f317f-fe70-41e4-8c53-d0eadfa18cbc

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH

PHARMACIST LICENSE

The Board of Registration in Pharmacy, in accordance with the provision of Massachusetts General Laws, issues the license of Pharmacist to:

John Joseph Leighton

Michael J. Godek
Executive Director, Board of Registration in Pharmacy

Pharmacist License Number: PH233100

Issue Date: 07/19/2010 Expiration Date: 12/31/2026

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

3120

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH

RETAIL DRUG STORE & CONTROLLED SUBSTANCE PERMIT

The Board of Registration in Pharmacy, in accordance with the provision of Massachusetts General Laws, issues a Retail Drug Store & Controlled Substance Permit to:

John Joseph Leighton
TheraGenix Pharmacy
2 Mill and Main PL, STE500
Maynard, MA 01754

Schedules: II, III, IV, V, VI

Michael J. Godek
Executive Director, Board of Registration in Pharmacy

Controlled Substance Permit Number: CS100145

Retail Drug Store Permit Number: DS100562

Issue Date: 07/01/2026 Expiration Date: 12/31/2027

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler THERAGENIX PHARMACY INC.

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 2 MILL AND MAIN PL, STE 500

City MAYNARD State MA Zip 01754-2685

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 877-468-4979 Website TGXRX.COM

Licensing Company Email CONTACT@TGXRX.COM

Section 2: Personal Information

First JOHN Middle JOSEPH Last LEIGHTON

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City ACTON State MA Zip [redacted]

Telephon[redacted] Emai[redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
MASS COLLEGE OF PHARMACY AND HELTH SCIENCES		09/05-05/10	
Address	**City**	**State**	**Zip**
179 LONGWOOD AVE	BOSTON	ma	02115
Diploma/Degree obtained, if any			
PHARMD			

School Name		From - To (MM/YY – MM/YY)	
BERKLEE COLLEGE OF MUSIC		9/98-5-/03	
Address	**City**	**State**	**Zip**
1140 BOYLSTON ST	BOSTON	MA	02215
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
WATERTOWN HIGH SCHOOL		9/91-5/97	
Address	**City**	**State**	**Zip**
50 COLUMBIA ST	WATERTOWN	MA	02472
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/20-CURRENT	[redacted]	ACTON	MA	[redacted]
7/13-12/20		HOPKINTON	MA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
THERAGENIX PHARMACY INC.			11/25-CURRENT
Business Address	**City**	**State**	**Zip**
2 MILL AND MAINB PL, STE 500	MAYNARD	MA	01754
Phone	**Title**		
877-468-4979	PRESIDENT		
Description of Duties			
OWNER AND PIC OF PHARMACY START-UP			

Business Name			From - To (MM/YY – MM/YY)
ALLCARE PLUS PHARMACY LLC			4/40-5/25
Business Address	**City**	**State**	**Zip**
50 BEARFOOT RD	NORTHBOROUGH	MA	01752
Phone	**Title**		
833-383-3533	VICE PRESIDENT OF PHARMACY AND PIC		
Description of Duties			
HELD PIC DUTIES AND MANAGED ALL PHARMACY SERVICES			

Business Name			From - To (MM/YY – MM/YY)
ALLCARE PLUS PHARMACY INC			03/XX-4/20
Business Address	**City**	**State**	**Zip**
50 BEARFOOT RD	NORTHBOROUGH	MA	01752
Phone	**Title**		
833-383-3533	CHEIF CLINICAL PHARMACIST AND PIC		
Description of Duties			
MANAGED ALL NON-COMMERCIAL PHARMACY SERVICES AND PIC DUTIES			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Leighton
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/16/2026
Date

Please have this section completed in the presence of a Notary Public.

State of Massachusetts, ss. County of Middlesex

I, John Leighton, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/16/2026
Date

Subscribed and Sworn to before me this 16 day of July 2026

Notary Public Signature

BRANDON J. MCCARTHY
Notary Public, Commonwealth of Massachusetts
My Commission Expires January 15, 2032

(Seal)

4KKK

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☒ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☒ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☒ Non-sterile Compounding
			☐ Sterile Compounding
			☒ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #:		☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Viais

Physical Address: 16402 FM 2920 Rd. Bldg D

City: Tomball State: TX Zip: 77377

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 346-781-8772 Toll Free # (NAC 639.708, NRS 639.23286): 877-842-5719

Fax: 346-181-5436 Contact Email: kyle@viaispharm.com

Website: N/A

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Jimmy Nguyen

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 25147

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Jimmy Nguyen	NV Pharmacist Registration #: 25147
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials: NA	%: NA
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Texas

Parent Company (if any): _____

Corporation/Organization Name: N19 Health Group, LLC

Mailing Address: 16402 FM 2920 Rd, Bldg D

City: Tomball State: TX Zip: 77377

Telephone: 346-781-8772 Email: kyle@viairpharm.com

Contact Person Name: Kyle Martens

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Kyle Martens (title) for Officer (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Kyle Martens
Print Name of Authorized Person

Kyle Martens
Original signature of Authorized Person (copies or stamps not accepted)

07/10/2026
Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Kyle Martens hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the officer (title) for Vials (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 10 day of July, 2026

Notary Public

Eugenia Mae Shepherd
My Commission Expires
4/11/2028
Notary ID134848165

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kyle Martens

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Kyle Martens

Original signature of Authorized Person (copies or stamps not accepted)

07/10/2026

Date

Board Use Only	Date Received: 7/13/26	Amount: $500 CK 4411 ✓

ORGANIZATION CHART - OWNERSHIP

Pharmacy Legal Name: NI9 HEALTH GROUP LLC

dba VIALS

Address: 16402 FM 2920 RD BUILDING D, TOMBALL, TX 77377

Phone: 832-209-1400

NI9 HEALTH GROUP LLC DBA: VIALS

100%

Kyle D Martens – OFFICER

100%

JIMMY NGUYEN

0%

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Deputy Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Ni9 Health Group LLC (file number 804754951), a Domestic Limited Liability Company (LLC), was filed in this office on October 03, 2022.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 30, 2026.

Jane Nelson
Secretary of State

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Vials

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 16402 FM 2920 Road, Bldg D

City Tomball State TX Zip 77377

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 346-781-5436 Website N/A

Licensing Company Email kyle@vialspharm.com

Section 2: Personal Information

First Jimmy Middle _____ Last Nguyen

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City Houston State TX Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Texas Southern University		08/12 - 05/16	
Address	**City**	**State**	**Zip**
3100 Cleburne St	Houston	TX	77004
Diploma/Degree obtained, if any			
Pharm D			

School Name		From - To (MM/YY – MM/YY)	
University of Houston		08/07 - 05/11	
Address	**City**	**State**	**Zip**
4302 University Dr	Houston	TX	77004
Diploma/Degree obtained, if any			
Bachelor of Science in Nutrition & Food Science			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]	City	State	[redacted]
03/19 - present		Houston	TX	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Vials			03/26 - present	
Business Address		**City**	**State**	**Zip**
16402 FM 2920 Rd, Bldg D		Tomball	TX	77377
Phone	**Title**		**Number of Employed Hours**	
346-781-8772	Pharmacist in charge		~ 740 hours	

Description of Duties
Oversees pharmacy operations, staff, medication dispensing, inventory, and regulatory compliance. Serves as the primary contact for the Board of Pharmacy and ensures all pharmacy policies and procedures are followed.

Business Name			From - To (MM/YY – MM/YY)	
HEB Pharmacy			1/23 - 3/26	
Business Address		**City**	**State**	**Zip**
5985 San Felipe Dr		Houstion	TX	77057
Phone	**Title**		**Number of Employed Hours**	
346-598-7654	Pharmacist		~ 6000	

Description of Duties
Reviews and dispenses prescriptions, counsels patients, verifies medication accuracy and safety, maintains pharmacy records, and follows all applicable pharmacy laws and policies.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ka Jimmy Nguyen
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/10/2026
Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Harris

I, Jimmy Nguyen, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

07/10/2026
Date

Subscribed and Sworn to before me this 10 day of July 2026

Notary Public Signature

Eugenia Mae Shepherd
My Commission Expires
4/11/2028
Notary ID134848165
(Seal)

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *VIALS*

License Number: *34546*

Class of License: *A*

Inspection Information

Type: *Compliance*

Purpose: *Routine*

Date: *04/08/2026*

Arrival Time: *10:00 AM*

Departure Time: *12:30 PM*

Action Taken: *Inspection*

General Comments: *Pharmacy has current DEA registration but does not order, stock or fill narcotic prescriptions.*

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*
01. Required licenses posted	*Satisfactory*
09. Active licenses/certifications	*Satisfactory*
62. No aiding and abetting	*Satisfactory*
65. Proper registration procedures	*Satisfactory*
79. Identification badges	*Satisfactory*

Inventory Records

15. Change of PIC inventory	*Satisfactory*

Comment

Change of PIC inventory completed on: 5/20/25, 1/28/26.

17. Meets inventory requirements	*Satisfactory*
59. Proper drug destruction	*Satisfactory*
68. Change of ownership controlled substance inventory	*Not Applicable*
69. Annual controlled substance inventory	*Satisfactory*

Comment

Annual controlled substance inventory completed on: 1/28/26 ending of business

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?)	*Satisfactory*
34. Notifications	*Satisfactory*
76. PIC (Does the pharmacy have a pharmacist-in-charge?)	*Satisfactory*

Environment/Equipment/Security

03. Orderly/Clean	*Satisfactory*
04. Balance inspection	*Satisfactory*

Comment

Number of balances: 1 assigned to license.

05. Equipment Inspection	*Satisfactory*
07. Security	*Satisfactory*
08. Environment	*Satisfactory*
48. Drugs (procurement, temperature, security, out-of-date, samples)	*Satisfactory*
90. TSBP complaint notification	*Satisfactory*

Controlled Substances

10. Prescriptions separated	*Not Applicable*
24. Theft/Loss	*Satisfactory*

Comment

No theft or loss has occurred.

26. Controlled substance prescription compliance	*Not Applicable*
30. Controlled substance invoices dated/initialed by pharmacist	*Not Applicable*
35. Controlled substance invoices separated	*Not Applicable*
46. Drug distribution	*Satisfactory*
53. Possession of controlled substances	*Not Applicable*
Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?)	*Satisfactory*

Labeling/Prepackaging

32. Prescription label (Is prescription label complete?)	*Satisfactory*
45. Proper dispensing/labeling	*Satisfactory*
54. Proper prepackaging procedures	*Not Applicable*

Library

06. Required Library	*Satisfactory*

Training

60. Documentation of required training	*Satisfactory*
61. Supervision of supportive personnel	*Sotisfactory*

Patient/Computer/Dispensing Records

18. Records available	*Satisfactory*
22. Data processing system compliance	*Satisfactory*
25. Prescriptions (complete, retrievable, auto-refills, accelerated refills)	*Satisfactory*
37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?)	*Satisfactory*
56. Prescription transfers	*Satisfactory*
67. Written drug information provided	*Satisfactory*
80. Patient counseling	*Satisfactory*
82. Patient Medication Records	*Satisfactory*
84. Drug regimen review	*Satisfactory*
86. Absence of pharmacist records	*Not Applicable*

Policies & Procedures/SOPs

70. Required policies & procedures/SOPs	*Satisfactory*
92. Automated dispensing policy & procedures/SOPs	*Not Applicable*

Non-Sterile Compounding

03. Orderly/Clean/Hand Hygiene	*Satisfactory*
04. Balance inspection (for non-sterile compounding)	*Not Applicable*
05. Equipment Inspection	*Satisfactory*
06. Non-sterile Library	*Satisfactory*
32. Non-sterile compound label (Is label complete?)	*Satisfactory*
38. Area/Environment for non-sterile compounding	*Satisfactory*
43. Records for non-sterile compounding	*Satisfactory*
60. Documentation of non-sterile required training	*Satisfactory*
70. Required policies & procedures/SOPs	*Satisfactory*

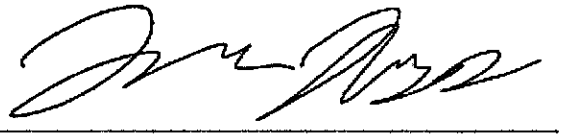
87. Quality Control/Assurance *Satisfactory*

Signatures

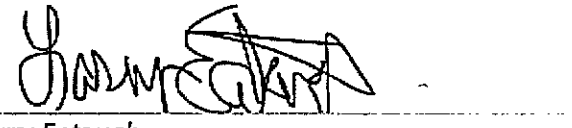
An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and

- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).



NGUYEN, JIMMY



Larry Eatough

TEXAS STATE BOARD OF PHARMACY
1801 Congress Avenue, Suite 13.100
Austin, TX 78701-1319
(512) 305-8000

License Number: 34546

(Date PDF Version Generated: 2/24/2026)

HELPFUL PHARMACY INFORMATION

- Pharmacies are required to notify TSBP within 10 days of a discontinuance of service, change of location or closure. See the TSBP website here Pharmacy - Renew & Update (texas.gov) for changes.
- Renewals open about 60 days prior to your expiration date, renewal information can be found here Renew | Pharmacy (texas.gov).
- Change of Employment or Change of PIC information can be found here Update | Employment (texas.gov).
- Change of Ownership – Call (512) 305-8021 or see Apply | Change of Ownership (texas.gov).
- For questions or assistance regarding rules, contact TSBP Rules Queue line at (512) 305-8070 see www.pharmacy.texas.gov.
- Non-Resident Pharmacy questions call (512) 305-9127 or email NonResPhcy@pharmacy.texas.gov.

An up-to-date License Verification is always available on the Board's website: http://www.pharmacy.texas.gov/

This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **34546** Expiration Date: **12/31/2026**

Balances: **1**

VIALS
16402 FM 2920 RD BUILDING D
TOMBALL, TX 77377

Daniel R. Carroll, Pharm.D.,
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 34546

VIALS

License Information

License Status Active
License # 34546
Expiration Date 12/31/2026
Date License Issued 12/13/2022

Address

16402 FM 2920 RD BUILDING D
TOMBALL, TX 77377
County HARRIS
Phone (832) 209-1400

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Pharmacy
Type of Ownership LLC
Type of Pharmacy Community Independent
# of Hospital beds

Employment Information

Pharmacist in Charge
NGUYEN, JIMMY

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	No
Translating services (Listed Below If Available)	
Spanish	

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and/or Inspection Reports

- 3272704 34546 VIALS 2026-04 04-2031.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	Yes
Ship Prescription Out of State	Yes
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	No
Compounding Sterile-Risk Level Med	No
Compounding Sterile-Risk Level High	No
Compounding Non-Sterile	Yes
24 Hour Service	No
Closed Door	Yes
Compounding, Office Use	No
Home Delivery	Yes
Infusion	No
Pharmacist Administered Immunizations	Yes
Veterinary Prescriptions	Yes
In-Patient Medication Orders	No

3146

Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	No

Texas Pharmacist Employment Information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
NGUYEN, VINCENT	52132	08/16/2012	08/31/2027	Relief	Active
NGUYEN, THUY THI	51006	12/02/2011	04/30/2028	Staff	Active
NGUYEN, JIMMY	59282	08/25/2016	12/31/2026	PIC	Active
NGUYEN-COOLEY, ANN	39117	05/02/2000	05/31/2028	Staff	Active
PHUONG, QUOC	56737	07/16/2015	05/31/2027	Relief	Active
TRAN, THAI MINH	49449	10/13/2010	09/30/2026	Relief	Active
TRAN, JORDAN	63063	08/09/2018	10/31/2026	Relief	Active
VO, TRAM MINH	54972	07/17/2014	05/31/2028	Relief	Active

Page 1 of 1 20 View 1 - 8 of 8

Texas Registered Technicians/Trainees Employment Information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
ARANJO, NOEHLY MARIA	285648	07/19/2018	07/31/2027	Staff	Active
BOLANOS, JACKIELOU V	394726	09/29/2025	09/30/2027	Staff	Active
CARDENAS, JOSE	396711	11/11/2025	11/30/2027	Staff	Active
CARRILLO, YANET	401416	03/06/2026	03/31/2028	Staff	Active
MADERA, KARINA GISELLE	393685	09/12/2025	09/30/2027	Staff	Active
MORENO, ERICK	375339	08/20/2024	02/29/2028	Staff	Active
PARUSZEWSKI, BRAELYND ROSE	326486	08/31/2021	05/31/2027	Staff	Active
PHAM, STEVEN	397934	12/09/2025	12/31/2027	Staff	Active
PHAN, BAILEY	293159	02/08/2019	02/28/2027	Staff	Active
RAZO, ANDREA	343613	08/25/2022	04/30/2028	Staff	Active
SMITH , MCKENNA RAE	324606	07/20/2021	06/30/2028	Staff	Active
TRAN, DYLAN	396464	11/05/2025	03/31/2028	Staff	Active
VELASQUEZ, KENNETH	219155	05/10/2013	05/31/2027	Staff	Active
WINFREE, PRESLEY ARLETTE	366121	01/22/2024	10/31/2026	Staff	Active

Page 1 of 1 20 View 1 - 14 of 14

Texas Remote Pharmacy Information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner Information

Owner Name	Owner Title	Address	City	State	Zipcode
NI9 HEALTH GROUP LLC	OWNER	,			
MARTENS, KYLE	OFFICER	,			

Page 1 of 1 20 View 1 - 2 of 2

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

TEXAS STATE BOARD OF PHARMACY

Re:	Vials
Address:	16402 FM 2920 Road, Building D Tomball, Texas 77377
License No.:	34546
Date Issued:	December 13, 2022
Licensure Status:	Active
Expiration Date:	December 31, 2026
Type of Pharmacy:	Community – Class A
Prior Disciplinary Orders:	No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Vials (Texas Pharmacy License #34546) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Eamon D. Briggs
Deputy General Counsel
Texas State Board of Pharmacy

June 12, 2026
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Vials

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 16402 FM 2920 Road, Bldg D

City Tomball State TX Zip 77377

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 346-781-5436 Website N/A

Licensing Company Email kyle@vialspharm.com

Section 2: Personal Information

First Kyle Middle Dean Last Martens

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City League City State TX Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Rice University		08/2008 - 05/2011	
Address	**City**	**State**	**Zip**
6100 Main St.	Houston	TX	77005
Diploma/Degree obtained, if any			
Kinesiology			

School Name		From - To (MM/YY – MM/YY)	
Spearfish High School		08/2004 - 05/2008	
Address	**City**	**State**	**Zip**
1725 N Main St	Spearfish	SD	57783
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2025-present	[redacted]	League City	TX	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Molecular Lab			6/22 - 12/23
Business Address	**City**	**State**	**Zip**
14401 SE 1st St	Vancouver	WA	98684
Phone	**Title**		
360-693-8550	President of sales in Lab		

Description of Duties
President of Sales responsible for leading sales stragery, driving revenue growth, building key cliend relationships, and overseeing sales operations to achieve company goals

Business Name			From - To (MM/YY – MM/YY)
Optimal balance pharmacy			1/24- present
Business Address	**City**	**State**	**Zip**
2204 Cypress Creek Pkwy Ste f	Houston	TX	77090
Phone	**Title**		
281-919-2964	President of sales		

Description of Duties
President of Sales responsible for leading sales strategy, driving revenue growth, building key client relationships, and overseeing sales operations to achieve company goals.

Business Name			From - To (MM/YY – MM/YY)
NI9 Health Group, LLC			11/25 - present
Business Address	**City**	**State**	**Zip**
16402 FM 2920 Rd, Bldg D	Tomball	TX	77377
Phone	**Title**		
346-781-5436	Buisness Officer		

Description of Duties
A Business Officer oversees the company's financial, operational, and administrative functions, supporting strategic planning, compliance, budgeting, and overall business growth.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kyle Martens
Print Name (First, Last)

Kyle Martens
Original Signature (electronic, copies or stamps not accepted)

07/10/2026
Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Harris

I, Kyle Martens, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Kyle Martens
Original Signature

07/10/2026
Date

Subscribed and Sworn to before me this 10 day of July 2026

Notary Public Signature

Eugenia Mae Shepherd
My Commission Expires
4/11/2028
Notary ID134848165

Eugenia Mae Shepherd
My Commission Expires
4/11/2028
Notary ID134848165

4LLL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Ambulatory Surgical Center (ASC) and Recovery Center (RC) Application

Non-Refundable $500.00 Fee

Rev (03/17/2026)

Type of Facility

- ■ Ambulatory Surgical Center (ASC)
- ☐ Recovery Center (RC)

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New ASC/RC	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 7, 8, 9)
■ Ownership Change*	ASC02409	■ Non-Publicly Traded (complete sections 1, 2, 4, 7, 8, 9)
☐ Location Change *		☐ Partnership (complete sections 1, 2, 5, 7, 8, 9)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 6, 7, 8, 9)

Section 1: General Information

ASC/RC Name: The Northern NV Endoscopy ASC, LLC dba Digestive Health Center

Physical Address: 5250 Kietzke Lane

City: Reno State: NV Zip: 89511 2073

Mailing Address (if different from physical address): 1A Burton Hills Blvd Ste 300 Attn: L&C

City: Nashville State: TN Zip: 37215 6153

Telephone: 775 829 8855 Fax: 775 829 3752

Contact Email: LandC@amsurg.com Website www.digestivehealthreno.com

Nevada Business License # NV20031198509

Employed/Contracted Pharmacist Name: Kenneth M. Fernandes NV Pharmacist License #: 07471

Medical Director Name: Dr. Thinh Tang

Days of Operation

■ Monday	■ Tuesday	■ Wednesday	■ Thursday	■ Friday	☐ Saturday	☐ Sunday

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 3: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 4: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): _____

Corporation/Organization Name: The Northern NV Endoscopy ASC, LLC dba Digestive Health Center

Mailing Address: 1A Burton Hills Boulevard Ste 300 Attn: L&C

City: Nashville State: TN Zip: 37215 6153

Telephone: 615-461-9049 Email: LandC@amsurg.com

Contact Person Name: Corinne Whaley

Does the number of members or stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ■ No

Section 5: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)

Pharmacist Name: Kenneth M. Fernandes NV Pharmacist License #: 07471

As the employed/contracted pharmacist, for (ASC/RC Name): Digestive Health Center :

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

a) Are consistent with the policies and procedures developed pursuant to NAC 639.477;
b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.486;
c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
d) Require maintenance of a perpetual inventory of all controlled substances;
e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
h) Ensure that all compounding is
    a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
    b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
        i. In accordance with the provisions of NRS and NAC 639;
        ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
        iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

a) Visit the ASC or RC at least once each month to:
    a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 693.4996; and
    b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
b) Maintain documentation of each visit that the pharmacist makes;
c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
    a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
    b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
    c. The records demonstrate:
        i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
        ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
    d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
    e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
    f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
    a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
    b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
        i. Purchase orders and invoices for the controlled substance;
        ii. Records which indicate the removal of the controlled substance from the storage area;
        iii. Patient records;
        iv. Records which indicate the return of the controlled substance to the manufacturer;
        v. Records which indicate that the controlled substance was destroyed; and
        vi. Any other record for the controlled substance;
    c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
    d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
    e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

Section 8: Personal and Professional History of the Employed/Contracted Pharmacist	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original signature of Employed/Contracted Pharmacist (copies or stamps not accepted)

7/22/2026
Date

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
• List the top four stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): o All General Partners; o All Limited Partners who hold 10% or more of the interest.			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/member/owner. Form found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your ASC or RC by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.**	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Paige Reber

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

7/28/2026

Date

Board Use Only	Date Received: 8/3/26	Amount: $500.00

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

THE NORTHERN NV ENDOSCOPY ASC, LLC

Nevada Business Identification # NV20031198509
Expiration Date: 12/31/2026

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/09/2025.

Certificate Number: B202512096341386
You may verify this certificate online at https://www.nvsilverflume.gov/home

FRANCISCO V. AGUILAR
Secretary of State

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **THE NORTHERN NV ENDOSCOPY ASC, LLC** as a FOREIGN LIMITED-LIABILITY COMPANY duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 12/17/2003, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 07/06/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202607066806437
You may verify this certificate online at https://www.nvsilverflume.gov/home

City of Reno

BUSINESS LICENSE

THE NORTHERN NV ENDOSCOPY ASC LLC

DBA: DIGESTIVE HEALTH CENTER

MATT MUSSO

5250 KIETZKE LN
RENO, NV 89511

LICENSE TYPE: PROFESSIONAL SERVICES

LICENSE #: **R30619A-LIC**

EXPIRES: **11/30/2026**

ANNUAL LICENSE

In accordance with the provisions of Reno Municipal Code Titles 4 and 5, the above named is hereby granted a City of Reno business license and is authorized to conduct the business activity listed. This license is valid until the expiration date unless suspended, revoked or cancelled and shall not be transferred or assigned.

DIRECTOR OF BUSINESS LICENSING

CITY CLERK

This license must be displayed in a conspicuous place pursuant to RMC Sec. 4.04.180(3). You may verify this business license online at www.onenv.us.

Effective Date : 01/01/2026
Expiration Date : 12/31/2026

State of Nevada
Nevada Health Authority
Division of Purchasing and Compliance

License Number
470-ASC-33

Please display this license conspicuously

This license was printed from an online licensing system. VERIFY LICENSE IS VALID BY GOING TO: https://nvdpbh.aithent.com/login.aspx. Go to License Verification, Facility Locator & Inspection Reports "Click Here" and look up by license number (Credential Number) to verify that the license is active and valid.

Should you have any changes such as Name, Administrator, Location, Change of Ownership or Number of Beds go to: https://nvdpbh.aithent.com/login.aspx.

This Is To Certify That

DIGESTIVE HEALTH CENTER

5250 KIETZKE LN
RENO, NV 89511

Is hereby licensed as a(n)

SURGICAL CENTER FOR AMBULATORY PATIENTS

as provided for in Chapters 439 and 449 of the Nevada Revised Statutes and the Nevada Administrative Code and the standards, rules and regulations adopted by the Board of Health.

This facility is licensed to provide the following:

Facility Type : SURGICAL CENTER FOR AMBULATORY PATIENTS
AMBULATORY SURGICAL CENTER
CLASS E

Endorsement : CLASS - E

Bed Information : Operating Room - A - 4

CORINNE WHALEY / Administrator

THE NORTHERN NV ENDOSCOPY ASC, LLC

Todd Rich / Administrator

If your license is not completely accurate, Please contact us at (775) 684-1030 so that we may resolve any problems.

The Northern NV Endoscopy ASC, LLC
dba Digestive Health Center

5250 Kietzke Lane
Reno, NV 89511-2073

July 22, 2026

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Officers

Jeffrey Snodgrass	1A Burton Hills Blvd, Ste 300 Nashville, TN 37215-6153
Paige Reber	1A Burton Hills Blvd, Ste 300 Nashville, TN 37215-6153
Sarah Belmont	1A Burton Hills Blvd, Ste 300 Nashville, TN 37215-6153
Kelly Williams	1A Burton Hills Blvd, Ste 300 Nashville, TN 37215-6153

The Northern NV Endoscopy ASC, LLC
dba Digestive Health Center

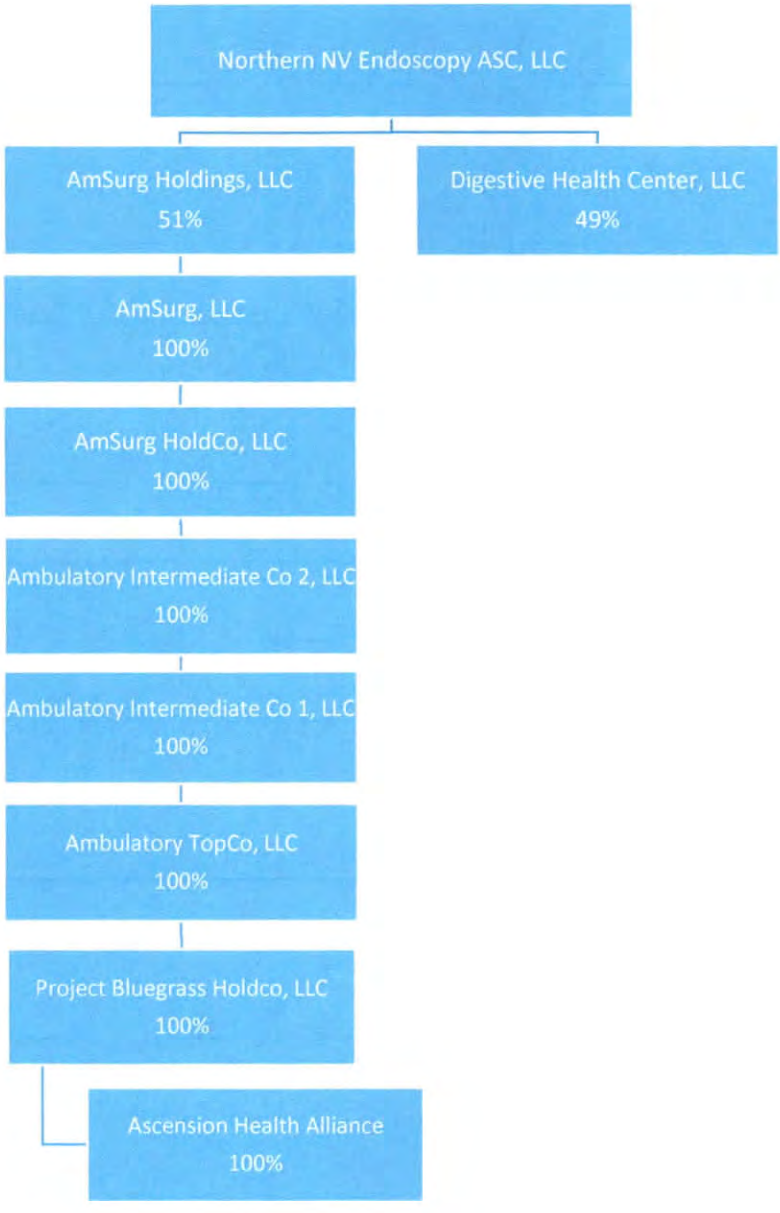
5250 Kietzke Lane
Reno, NV 89511-2073

July 22, 2026

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Stockholders

AmSurg Holdings, LLC	51%	1A Burton Hills Blvd, Ste 300 Nashville, TN 37215-6153
Digestive Health Center, LLC	49%	1A Burton Hills Blvd, Ste 300 Nashville, TN 37215-6153


Northern NV Endoscopy ASC, LLC
AmSurg Holdings, LLC
51%
Digestive Health Center, LLC
49%
AmSurg, LLC
100%
AmSurg HoldCo, LLC
100%
Ambulatory Intermediate Co 2, LLC
100%
Ambulatory Intermediate Co 1, LLC
100%
Ambulatory TopCo, LLC
100%
Project Bluegrass Holdco, LLC
100%
Ascension Health Alliance
100%

4MMM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Ambulatory Surgical Center (ASC) and Recovery Center (RC) Application

Non-Refundable $500.00 Fee

Rev (09/02/2021)

Type of Facility

☒ Ambulatory Surgical Center (ASC)

☐ Recovery Center (RC)

Type of Application (check applicable box)		Ownership Type (check applicable box)
☒ New ASC/RC	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 7, 8, 9)
☐ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 4, 7, 8, 9)
☐ Location Change *		☐ Partnership (complete sections 1, 2, 5, 7, 8, 9)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 6, 7, 8, 9)

Section 1: General Information

ASC/RC Name: Painted Mirage Surgery Center, LLC

Physical Address: 5550 Painted Mirage Rd. Suite 115

City: Las Vegas State: NV Zip: 89149

Mailing Address (if different from physical address): same as above

City: State: Zip:

Telephone: 702-456-0025 Fax: 702-456-0025

Contact Email: admin@pmscnv.com Website pmscnv.com

Nevada Business License # NV20263614939

Employed/Contracted Pharmacist Name: Michelle McCarthy RPh NV Pharmacist License #: 22808

Medical Director Name: Himanshu Suri, MD

Days of Operation

☒ Monday	☒ Tuesday	☒ Wednesday	☒ Thursday	☒ Friday	☐ Saturday	☐ Sunday

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 3: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 4: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada / Painted Mirage Surgery Center, LLC

Parent Company (if any): N/A

Corporation/Organization Name: Painted Mirage Surgery Center, LLC

Mailing Address: 5550 Painted Mirage Rd. Suite 115

City: Las Vegas State: NV Zip: 89149

Telephone: 702-985-2118 / 702-456-0025 Email: adminc@pmscnv.com

Contact Person Name: Amanda

Does the number of members or stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☒ No

Section 5: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)

Pharmacist Name: Michelle McCarthy NV Pharmacist License #: 22808

As the employed/contracted pharmacist, for (ASC/RC Name): Painted Mirage Surgery Center :

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

a) Are consistent with the policies and procedures developed pursuant to NAC 639.477;
b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.486;
c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
d) Require maintenance of a perpetual inventory of all controlled substances;
e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
h) Ensure that all compounding is
    a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
    b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
        i. In accordance with the provisions of NRS and NAC 639;
        ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
        iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

a) Visit the ASC or RC at least once each month to:
    a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 693.4996; and
    b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
b) Maintain documentation of each visit that the pharmacist makes;
c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
    a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
    b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
    c. The records demonstrate:
        i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
        ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
    d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
    e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
    f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
    a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
    b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
        i. Purchase orders and invoices for the controlled substance;
        ii. Records which indicate the removal of the controlled substance from the storage area;
        iii. Patient records;
        iv. Records which indicate the return of the controlled substance to the manufacturer;
        v. Records which indicate that the controlled substance was destroyed; and
        vi. Any other record for the controlled substance;
    c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
    d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
    e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

Section 8: Personal and Professional History of the Employed/Contracted Pharmacist	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Michelle McCarty

Original signature of Employed/Contracted Pharmacist (copies or stamps not accepted)

6/29/26

Date

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/member/owner. Form found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your ASC or RC by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.**	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Amanda Dean

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

07/04/2026

Date

Board Use Only	Date Received: 7/13/26	Amount: $500.00 ✓

Section 9: Painted Mirage Surgery Center, LLC

List of all Officers and Directors:

Amanda Dean, Manager

List of all members and ownership:

Amanda Dean: 95%

Derrid Dean: 5%

List of all members who hold more than 10% ownership:

Amanda Dean: 95%

Amanda Dean

Printed Name of Authorized Person Submitting Application

Original Signature of Authorized Person

07/06/26

Date

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **Painted Mirage Surgery Center, LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 07/06/2026, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 07/06/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202607066808402
You may verify this certificate online at https://www.nvsilverflume.gov/home

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Painted Mirage Surgery Center, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 5550 Painted Mirage Rd. Suite 115

City Las Vegas State NV Zip 89149

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone 702-456-0025 Website pmscnv.com

Licensing Company Email admin@pmscnv.com

Section 2: Personal Information

First Amanda Middle Leigh Last Dean

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City Las Vegas State NV Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
West Texas A+M University		05/99 - 05/04	
Address	City	State	Zip
2501 4th Ave.	Canyon	TX	79016
Diploma/Degree obtained, if any			
General Business			

School Name		From - To (MM/YY – MM/YY)	
Plainview High School		08/95 - 05/99	
Address	City	State	Zip
1501 Quincy	Plainview	TX	79072
Diploma/Degree obtained, if any			
High school diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/18 - current	[redacted]	Las Vegas	NV	[redacted]
05/16 - 09/18	[redacted]	Las Vegas	NV	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Haute Consulting LLC			From - To (MM/YY – MM/YY): 10/2012 - current
Business Address: 10961 Luna Blanca Dr.	City: Las Vegas	State: NV	Zip: 89138
Phone: 7029852118	Title: Owner		
Description of Duties: marketing and business consultant			

Business Name: Interventional Pain and Spine Institute			From - To (MM/YY – MM/YY): 01/2014 - 06/20
Business Address: 851 S. Rampart Blvd. Suite 100	City: Las Vegas	State: NV	Zip: 89145
Phone: Business closed/retired	Title: Practice Administrator		
Description of Duties: Practice Administrator for pain practice, marketing, management, HR,			

Business Name: N/A			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Amanda Dean
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/06/2026
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Amanda Dean, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

07/06/2026
Date

Subscribed and Sworn to before me this 6 day of July 2026.

Kathleen Camal
Notary Public Signature

Notary Public State of Nevada
Kathleen Camal
My Commission Expires 3/21/2028
Appointment No. 17-3694-1

(Seal)

4NNN

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR NEVADA WAREHOUSE LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Warehouse ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: WA _____)

☐ Publicly Traded Corporation – Page 1,2,3,4 ☐ Partnership - Page 1,2,3,6,6a
☐ Non Publicly Traded Corporation – Page 1,2,3,5,5a,5b ☒ Sole Owner – Page 1,2,3,7,7a
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: New Deantronics, Ltd.

Physical Address: 1 NEW DEANTRONICS WAY, SPARKS, NV 89441

Mailing Address: 1 NEW DEANTRONICS WAY

City: SPARKS State: NV Zip Code: 89441

Telephone: (775) 433-1808 Fax: (775) 372-6496

Toll Free Number: N/A

E-mail: info@newdean.com Website: _____

Facility Manager: John Soto

Professional qualifications and experience of facility manager: Facility safety, Equipment Mainintenance and Operations Management.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Manufacturer ☐ Chain Warehouse ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled be firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other: _____
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR NEVADA WAREHOUSE LICENSE

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1) N/A
Name Address
Business

2)
Name Address
Business

3)
Name Address
Business

4)
Name Address
Business

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

APPLICATION FOR NEVADA WAREHOUSE LICENSE

This page must be submitted for all types of ownership.

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized warehouse may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Jane Liu
Original Signature of Person Authorized to Submit Application, no copies or stamps

Jane Liu
Print Name of Authorized Person

07/15/2026
Date

Board Use Only	Received: 7/16/26	Amount: $500 ch 29600

APPLICATION FOR NEVADA WAREHOUSE LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: JANE LIU

Business Name: NEW DEANTRONICS, LTD.

Current Business Address: 1 NEW DEANTRONICS WAY

City: SPARKS State: NV Zip: 89441

Telephone: (775) 433-1808 Fax: (775) 372-6496

Include with the application for a sole owner

Complete personal history record. Must be original signature(s), no copies or stamps. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses.*

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **NEW DEANTRONICS, LTD.** as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 09/17/2018, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 07/29/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202607296852831
You may verify this certificate online at https://www.nvsilverflume.gov/home

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

NEW DEANTRONICS, LTD.

Nevada Business Identification # NV20181667652
Expiration Date: 09/30/2026

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/11/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202509116076256
You may verify this certificate online at https://www.nvsilverflume.gov/home

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site NEW DEANTRONICS, LTD.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) N/A

Physical Address 1 NEW DEANTRONICS WAY

City SPARKS State NV Zip 89441

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (775) 433-1808 Website _____

Licensing Company Email info@newdean.com

Section 2: Personal Information

First Jane Middle H Last Liu

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City Sparks State NV Zip [redacted]

Telephone [redacted] Email jane@newdean.com

Are you a citizen of the United States? ☐ Yes ☑ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Fu Jen Catholic University		09/75-06/80	
Address	**City**	**State**	**Zip**
No. 510, Zhongsheng Road, Xingchung District	New Taipei City	Taiwan	
Diploma/Degree obtained, if any			
Bachelor of Law			

School Name		From - To (MM/YY – MM/YY)	
University of San Francisco		09/80- 05/83	
Address	**City**	**State**	**Zip**
2130 Fulton Street	San Francisco	CA	94117
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2015-12/18	[redacted]	Walnut Creek	CA	[redacted]
From - To (MM/YY – MM/YY)		City	State	
12/18-12/25		Sparks	NV	
From - To (MM/YY – MM/YY)		City	State	
01/26-current		Sparks	NV	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
New Deantronics, Ltd.			10/1985-current
Business Address	**City**	**State**	**Zip**
1 New Deantronics Way	Sparks	NV	89441
Phone	**Title**		
775-433-1808	Founder/President		

Description of Duties

Managing business development, ensure current business growth and governess all ND business operation related activities.

Business Name			From - To (MM/YY – MM/YY)
E Surgical, LLC			2003-current
Business Address	**City**	**State**	**Zip**
150 Isidor Ct. Suite 203	Sparks	NV	89441
Phone	**Title**		
775-3729050	Owner/ Manager of LLC		

Description of Duties

Develop business strategy, growth and managing all the business related activities.

Business Name			From - To (MM/YY – MM/YY)
PWL LLC			2018-current
Business Address	**City**	**State**	**Zip**
1 New Deantronics Way	Sparks	NV	89441
Phone	**Title**		
775-433-6888	Owner		

Description of Duties

Property development and ensure its safety and all related business development.

Business Name			From - To (MM/YY – MM/YY)
Tai-Nev LLC			2018-current
Business Address	**City**	**State**	**Zip**
303 Coyote Crossing Dr.	Sparks	NV	89441
Phone	**Title**		
775-971-4686			

Description of Duties

Ensure property management and secure all the requirement,

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jane Liu

Print Name (First, Last)

Jane Liu — 7/14/2026

Original Signature (electronic, copies or stamps not accepted) — Date

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Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Washoe

I, Jane Liu, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Jane Liu — 7/14/2026

Original Signature — **Date**

Subscribed and Sworn to before me this 14th day of July, 2026.

Tracy M Brecke

Notary Public Signature

TRACY M BRECKE
Notary Public, State of Nevada
My Appointment No. 18-2062-2
Expires: February 18, 2030

(Seal)

COPY

Warehouse Services Agreement

This Warehouse Services Agreement, dated as of June 1, 2024 (this "**Agreement**"), is entered into between New Deantronics, Ltd. ("**Warehouse Operator**") and E Surgical, LLC, ("**Depositor**", and together with Warehouse Operator, the "**Parties**", and each, a "**Party**").

WHEREAS, Warehouse Operator is in the business of warehousing and storing goods; and

WHEREAS, Depositor desires to engage Warehouse Operator to provide warehousing and related services, and Warehouse Operator desires to provide such services to Depositor.

NOW, THEREFORE, in consideration of the mutual covenants and agreements hereinafter set forth and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

1. Provision of Storage and Related Services.

(a) Warehouse Operator shall provide warehousing, storage, handling, delivery, and related services (the "**Services**") for the goods tendered by Depositor from time to time under this Agreement ("**Goods**"). Warehouse Operator shall provide the Services in its facility located at 1 New Deantronics Way, Sparks, Nevada 89441 (the "**Warehouse**").

(b) If Warehouse Operator provides additional services, including special packing or handling services, it shall provide them (i) for the additional fees in effect and agreed to in writing at the time Depositor requests the special services, and (ii) solely as agent for Depositor, and not as a bailee or warehouseman.

(c) The terms and conditions of this Agreement, together with all written price quotations, rates and charges for the Services set forth in Schedule A, and warehouse receipts issued by Warehouse Operator for the Goods stored under this Agreement, constitute the sole and entire agreement of the Parties with respect to the subject matter of this Agreement, and supersedes all prior and contemporaneous understandings, agreements, representations and warranties, both written and oral, with respect to such subject matter.

(d) This Agreement, price quotes, Schedule A, and related warehouse receipts for each tender of Goods hereunder constitute a "Warehouse Receipt" for the purposes of Article 7 of the Uniform Commercial Code as enacted in the State of Nevada. Warehouse Operator, as its deems appropriate during the performance of this Agreement, may maintain, record, and administer, Warehouse Receipts in whole or in part, as physical and/or electronic records as a part of its warehouse management system ("**WMS**"). Any physical copies and/or electronic entries in the WMS include, but are not limited to, the warehouse location, date, description, number, and the signature of the person receiving the Goods. This Agreement incorporates the information stored in the WMS by reference.

(e) Depositor acknowledges that Warehouse Operator will only issue non-negotiable warehouse receipts.

(f) The parties acknowledge and agree that if there is any conflict between the terms and conditions of this Agreement and the terms and conditions in any other document, then the terms and conditions of this Agreement shall supersede and control.

2. Tender of Goods for Storage.

(a) Depositor represents and warrants that it is the owner or has lawful possession of the Goods and all right and authority to store them with Warehouse Operator and thereafter direct the release and/or delivery of the Goods. Depositor shall (i) tender any Goods for storage only during Warehouse Operator's posted business hours for the Warehouse; (ii) tender all Goods to the Warehouse properly marked and packed for storage and handling; (iii) provide Warehouse Operator with information concerning the Goods that is accurate, complete, and sufficient to allow Warehouse Operator to comply with all laws and regulations concerning the storage, handling, processing, and transportation of the Goods; and (iv), if necessary, furnish at or prior to tender of the Goods for storage written instructions listing any categories of Goods, brands or sizes to be separately kept and accounted for, and the types of storage and other services requested.

(b) Warehouse Operator may refuse to accept any goods for storage if the goods tendered for storage do not conform to the description contained on the Transportation Contract, defined below, or other written instructions. Before tendering Goods that require specialized handling, Depositor shall identify such goods and special handling requirements to Warehouse Operator in writing and Warehouse Operator may decline to store such goods. Depositor is solely responsible for providing complete and accurate handling and storage instructions for any Goods, including any applicable safety procedures. If Warehouse Operator accepts any Goods for storage that require special handling, then Depositor agrees to rates and charges as may be assigned and invoiced by Warehouse Operator as well as all terms and conditions of this Agreement. Depositor shall not tender hazardous materials or dangerous Goods.

(c) For all Goods shipped to the Warehouse, Depositor shall ensure that the bill of lading or other contract of carriage (**"Transportation Contract"**) as well as all declarations to government regulatory agencies (i) identify Depositor as the named consignee, in care of Warehouse Operator, and (ii) do not identify Warehouse Operator as the consignee. If any Goods are shipped to the Warehouse naming Warehouse Operator as named consignee on the Transportation Contract, Depositor shall promptly notify the carrier in writing that Warehouse Operator is (i) the "in care of party" only and (ii) does not have any beneficial title or interest in the Goods. Warehouse Operator may refuse to accept any Goods tendered for storage in violation of this provision, and shall not be liable for any loss or damage to, or misconsignment of, such Goods. Whether Warehouse Operator accepts or refuses goods shipped in violation of this Section 2, Depositor agrees to indemnify and hold Warehouse Operator harmless from all claims for transportation, storage, handling, and other charges relating to such goods, including surcharges, undercharges, rail and air demurrage, truck/intermodal detention, and other charges of any nature whatsoever. Depositor further agrees to indemnify, defend, and hold Warehouse Operator harmless from any costs, liabilities, actions, penalties, or expenses

of any kind associated with the improper declaration of Warehouse Operator as consignee.

3. Indemnity. Depositor shall indemnify, defend, and hold harmless Warehouse Operator and its officers, directors, members, managers, employees, agents, affiliates, successors, and permitted assigns (collectively, "**Indemnified Party**") against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including undercharges, rail and air demurrage, truck/intermodal detention, or related charges and reasonable attorneys' fees, fees and the costs of enforcing any right to indemnification under this Agreement and the cost of pursuing any insurance providers, any claim of a third party or Warehouse Operator arising out of or occurring in connection with the Services or from Warehouse Operator's or Depositor's negligence, willful misconduct, or breach of this Agreement (each a "**Warehouse Claim**"). Depositor shall not enter into any settlement of a Warehouse Claim without Warehouse Operator's or Indemnified Party's prior written consent.

4. Access and Release of Goods.

(a) Depositor shall provide Warehouse Operator reasonable advance written notice and instructions (each, a "**Release Order**") if it desires to order any Goods released from the Warehouse. Subject to receipt of such Release Order and payment of all outstanding storage and other fees, Warehouse Operator shall release the requested Goods to Depositor or its designee. Goods may be delivered on instructions by telephone or oral communication, but Warehouse Operator shall not be responsible for loss or error occasioned thereby.

(b) Depositor shall give Warehouse Operator a reasonable time after Warehouse Operator's receipt of Depositor's written instructions to carry out Depositor's instructions to release the Goods to Depositor or its designee. Warehouse Operator may without liability rely on any information contained in any Release Order or other written or oral communication from Depositor. Depositor shall be responsible for all shipping, handling, and other charges assessed by carriers and/or third parties in connection with the delivery and/or other shipment of the Goods. A Release Order providing instructions to transfer Goods on the books of Warehouse Operator to any other depositor of goods in the Warehouse will not be effective until such Release Order is delivered to and accepted by Warehouse Operator. The depositor of record shall be responsible for all charges up to the time the actual transfer of the applicable Goods is made. When Goods in storage are transferred from one party to another through issuance of a new warehouse receipt, a new storage date for the transferee will be established effective on the date of transfer.

5. Transfer of Goods. Warehouse Operator may move, upon reasonable advance notice to Depositor any Goods in storage from the Warehouse to any of the other storage facilities owned or leased by Warehouse Operator. Warehouse Operator may, without notice, move any or all of the Goods from one location within the Warehouse or other warehouse in which the Goods are stored to another location within the same facility.

6. Warehouse Lien. Warehouse Operator shall have a lien on the Goods and upon the proceeds from the sale thereof to secure Depositor's payment of all fees, charges and

expenses incurred hereunder in connection with the storage, transportation, preservation, and handling of the Goods, as well as for like charges and expenses in relation to any other goods whenever deposited with Warehouse Operator by Depositor. Warehouse Operator may enforce this lien at any time, including by selling all or any part of the Goods in accordance with applicable law.

7. Storage and Handling Charges.

(a) Depositor shall pay the storage charges and service fees at the rates set forth in the written price quotation in effect at the time such charges accrue or the Services are performed and/or as set forth in Schedule A. All Goods are stored on a month-to-month basis. The Goods are deemed to be received on the date that the Warehouse Operator accepts care, custody, and control of the Goods, regardless of unloading date or the date warehouse receipt is issued. Notwithstanding the above, and subject to any contrary or additional terms contained in applicable price quotes or Schedule A, (i) a full month's storage charge will apply to all Goods received between the first and the 15th, inclusive, of a calendar month; (ii) one- half month's storage charge will apply to all Goods received between the 16th and last day, inclusive, of a calendar month; and (iii) a full month's storage charge will apply to all Goods in storage on the first day of a calendar month.

(b) Handling charges cover the ordinary labor involved in receiving Goods at the warehouse door, placing Goods in storage, and returning Goods to the warehouse door for pickup. Handling charges are due and payable on receipt of Goods. Unless otherwise agreed in writing, labor for unloading and loading Goods will be subject to a charge. Additional expenses incurred by Warehouse Operator in receiving and handling damaged Goods, and additional expenses in unloading from or loading into cars or other vehicles not at warehouse door will be charged to the Depositor. Labor and materials used in loading rail cars or other vehicles are chargeable to Depositor. When Goods are ordered out in quantities less than in which received, Warehouse Operator may include an additional charge for each order or each item of an order. The Warehouse Operator shall not be liable for any demurrage or detention, any delays in unloading inbound cars, trailers or other containers, or any delays in obtaining and loading cars, trailers, or other containers for outbound shipment unless Warehouse Operator has failed to exercise reasonable care. Additional charges apply to other specified services at the rates set forth in the written price quote in effect at the time such charges accrue or the services are performed, and will be separately billed as such services are performed.

(c) All charges are exclusive of all sales, use, and excise taxes, and any other similar taxes, duties, and charges of any kind imposed by any governmental authority on any amounts payable by Depositor. Depositor shall be responsible for all such charges, costs, and taxes; provided, that Depositor shall not be responsible for any taxes imposed on, or with respect to, Warehouse Operator's income, revenues, gross receipts, personnel, or real or personal property.

(d) Depositor is subject to and shall pay the minimum storage and handling charge as set forth in Schedule A.

(e) If Warehouse Operator pays any lawful transportation charges on behalf of Depositor, then Depositor shall promptly reimburse Warehouse Operator for such charges, and in any case within five (5) business days after receiving an invoice for such charges from Warehouse Operator.

8. Payment Terms.

(a) Depositor shall pay all storage charges for each storage period in advance for (i) the initial month or partial month on the first day of storage and (ii) each succeeding month on the first day of such month. All charges for other Services are due and payable within thirty (30) days from the date of invoice; provided that charges related to an entire lot of Goods shall be due and payable at the time the entire lot of Goods is removed from Storage. Depositor shall make all payments hereunder in US dollars. Depositor shall pay interest on all late payments at the lesser of the rate of 1% per month or the highest rate permissible under applicable law, calculated and compounded daily from the date due until paid in full. Depositor shall reimburse Warehouse Operator for all costs incurred in collecting any late payments, including, without limitation, reasonable attorneys' fees. In addition to all other remedies available under this Agreement or at law (which Warehouse Operator does not waive by the exercise of any rights hereunder), Warehouse Operator shall be entitled to suspend the release of any Goods or cease performance of any services if Depositor fails to pay any amounts when due hereunder. In addition, Warehouse Operator reserves the right to require payment in full in cash of all amounts owed by Depositor in advance of the release of the Goods. Depositor shall not withhold payment of any amounts due and payable by reason of any set-off of any claim or dispute with Warehouse Operator, whether relating to Warehouse Operator's breach, bankruptcy, or otherwise.

(b) If Warehouse Operator in its sole, reasonable discretion determines that Depositor's financial condition or creditworthiness is inadequate or unsatisfactory, then in addition to Warehouse Operator's other rights, it may without liability or penalty (i) accelerate all amounts due hereunder and (ii) modify the payment terms, including requiring Depositor to make advance payment of all storage charges prior to shipment of Goods.

9. Limited Warranty.

(a) Warehouse Operator shall not be liable for any loss or damage to the Goods tendered, stored, or handled, however caused, unless such loss or damage resulted from the failure by Warehouse Operator to exercise care with regard to the Goods that a reasonably careful warehouseman would have exercised under the same circumstances. Warehouse Operator is not liable for damages which could not have been avoided by the exercise of such reasonable care.

(b) Warehouse Operator shall not be liable for loss of Goods due to inventory shortage or unexplained or mysterious disappearance of Goods, unless Depositor establishes such loss occurred because of Warehouse Operator's failure to exercise

reasonable care. Any presumption of conversion under applicable law shall not apply to a loss with respect to any Goods, and a claim for conversion must be established through affirmative evidence that Warehouse Operator converted the Goods to its own use. Depositor shall permit Warehouse Operator to inspect any damaged Goods for which a claim is submitted hereunder.

(c) Warehouse Operator shall not be liable for any breach of this Section 9 unless: (i) Depositor gives written notice to Warehouse Operator of any claim within ten (100 business days after release of the Goods by Warehouse Operator or (ii) Depositor is notified by Warehouse Operator that loss or damage to part or all of the Goods has occurred, as the case may be, reasonably described. No lawsuit or other action may be maintained by Depositor against Warehouse Operator for loss or damage to the Goods unless a timely written claim has been given by Depositor as provided in the previous sentence and unless such lawsuit or other action is commenced no later than the earlier of: (x) nine (9) months after the date of delivery of the Goods to Depositor or its nominee by Warehouse Operator or (y) nine (9) months after Depositor is notified by Warehouse Operator that loss or damage to part or all of the Goods has occurred.

(d) **IN NO EVENT SHALL WAREHOUSE OPERATOR'S LIABILITY UNDER THIS SECTION 9 EXCEED (I) THE ACTUAL COST TO REPAIR, RESTORE AND/OR REPLACE ANY DAMAGED GOODS, OR (II) FIFTY CENTS PER POUND ($.50/lb.) FOR THE DAMAGED GOODS, WHICHEVER IS LESS. THE REMEDIES SET FORTH IN THIS SECTION 9 SHALL BE DEPOSITOR'S SOLE AND EXCLUSIVE REMEDY AND WAREHOUSE OPERATOR'S ENTIRE LIABILITY FOR ANY BREACH OF WAREHOUSE OPERATOR'S OBLIGATIONS SET FORTH IN THIS SECTION 9.**

10. Limitation of Liability.

(a) **IN NO EVENT SHALL WAREHOUSE OPERATOR BE RESPONSIBLE OR LIABLE FOR ANY CONSEQUENTIAL, INDIRECT, INCIDENTAL, OR SPECIAL DAMAGES OF ANY TYPE OR NATURE WHATSOEVER AND HOWEVER ARISING, INCLUDING, WITHOUT LIMITATION, EXEMPLARY, OR PUNITIVE DAMAGES, LOST PROFITS OR REVENUES, OR DIMINUTION IN VALUE, ARISING OUT OF OR RELATING TO ANY BREACH OF ANY PROVISION OF THIS AGREEMENT, WHETHER OR NOT THE POSSIBILITY OF SUCH DAMAGES HAS BEEN DISCLOSED IN ADVANCE BY DEPOSITOR OR COULD HAVE BEEN REASONABLY FORESEEN BY PERSON OR ENTITY, REGARDLESS OF THE LEGAL OR EQUITABLE THEORY (CONTRACT, TORT, OR OTHERWISE) UPON WHICH THE CLAIM IS BASED, AND NOTWITHSTANDING THE FAILURE OF ANY AGREED OR OTHER REMEDY OF ITS ESSENTIAL PURPOSE. IN NO EVENT SHALL WAREHOUSE OPERATOR'S AGGREGATE LIABILITY UNDER THIS AGREEMENT INCLUDING, BUT NOT LIMITED TO, WAREHOUSE OPERATOR'S LIABILITY UNDER SECTION 9 OF THIS AGREEMENT, EXCEED THE TOTAL OF THE AMOUNTS PAID TO WAREHOUSE OPERATOR FOR THE SERVICES RENDERED HEREUNDER.**

(b) Notwithstanding the foregoing, Warehouse Operator's limit of liability may be increased upon the Depositor's declaration of higher value, the Warehouse Operator's acceptance thereof, and the payment by Depositor of an additional charge. Depositor acknowledges and agrees that the foregoing is not insurance, and that if Depositor desires that the Goods be insured, that Depositor shall obtain such insurance through its own insurance agent and/or carrier.

(c) In the case of loss or damage to Goods for which Warehouse Operator is not liable, Depositor shall be responsible for all charges incurred in removing and disposing of such Goods, including any environmental clean-up and remediation costs related to such Goods and their removal and disposal.

11. Insurance. The Goods are not insured by Warehouse Operator for the benefit of Depositor against fire or other casualty. Warehouse Operator will not be required to maintain a watchman or a sprinkler system, and Depositor acknowledges that Warehouse Operator's failure to do so will not constitute negligence under Section 9(a) or otherwise.

12. Termination.

(a) In addition to any remedies that may be provided under this Agreement, Warehouse Operator may terminate this Agreement with immediate effect upon written notice to Depositor, if: (i) Depositor fails to pay any amount when due under this Agreement; (ii) Depositor has not otherwise performed or complied with its obligations under any of the provisions contained in this Agreement, in whole or in part; (iii) Depositor becomes insolvent, files a petition for bankruptcy or commences or has commenced against it proceedings relating to bankruptcy, receivership, reorganization, or assignment for the benefit of creditors; (iv) the Goods are a hazard to other property within the Warehouse or to the Warehouse itself or to persons as a result of the quality or condition of the Goods of which Warehouse Operator had no notice at the time of deposit; or (v) the Goods are about to deteriorate or decline in value to less than the amount of the warehouse lien set forth in Section 6 before the end of the next succeeding storage month.

(b) This Agreement may be terminated by either Party upon thirty (30) days' prior written notice with or without any cause or reason being given or required.

(c) If this Agreement is terminated for any reason, Depositor shall promptly arrange the removal of all Goods from the Warehouse, subject to payment of all outstanding fees and charges due hereunder. If Depositor does not promptly remove such Goods, Warehouse Operator may without liability remove the Goods and sell the Goods at public or private sale without advertisement and with or without notification to all persons known to claim an interest in the Goods (to the last known place of business of the person to be notified) in the manner provided by law. If Warehouse Operator, after a reasonable effort, is unable to sell the goods, it may dispose of them without liability in any lawful manner.

13. Waiver. No waiver by Warehouse Operator of any of the provisions of this Agreement is effective unless explicitly set forth in writing and signed by Warehouse Operator. No failure by Warehouse Operator to exercise, or delay in exercising, any right, remedy, power, or privilege arising from this Agreement operates, or may be construed, as a waiver thereof. No single or partial exercise by Warehouse Operator of any right, remedy, power, or privilege hereunder precludes any other or further exercise thereof or the exercise of any other right, remedy, power, or privilege.

14. Force Majeure. Warehouse Operator shall not be liable or responsible to Depositor, nor be deemed to have defaulted or breached this Agreement, for any failure or delay in fulfilling or performing any term of this Agreement when and to the extent such failure or delay is caused by or results from acts or circumstances beyond the reasonable control of Warehouse Operator including, without limitation, acts of God, flood, fire, earthquake, explosion, governmental actions, war, invasion or hostilities (whether war is declared or not), terrorist threats or acts, riot, or other civil unrest, national emergency, revolution, insurrection, epidemic, lockouts, strikes or other labor disputes (whether or not relating to either Party's workforce), or restraints or delays affecting carriers, or inability or delay in obtaining supplies of adequate or suitable materials, materials, or telecommunication breakdown or power outage.

If Warehouse Operator has been unable to remove/deliver the Goods due to any reason specified in this Section 14, such Goods shall be subject to storage charges until such Goods are actually removed/delivered.

15. Third-Party Beneficiaries. Except as specified in the next sentence, this Agreement is for the sole benefit of the parties hereto and their respective successors and permitted assigns and nothing herein, express or implied, is intended to or shall confer upon any other person or entity any legal or equitable right, benefit, or remedy of any nature whatsoever under or by reason of these terms. Notwithstanding the foregoing, all limitations upon, and exceptions and defenses to, liability granted to Warehouse Operator shall be automatically extended to all parent, subsidiary, and affiliated entities and all subcontractors of Warehouse Operator and the owners, directors, officers, employees, and agents of each of the foregoing. Depositor agrees that Warehouse Operator's officers, directors, members, managers, employees, agents, affiliates, successors, and permitted assigns are third-party beneficiaries of the indemnification provision, Section 3, of this Agreement.

16. Both Parties acknowledge that in the course of rendering the Services, Warehouse Operator or Depositor may disclose to the other, or one Party may come into possession of information as a result of its relationship with the other under this Agreement, respecting such other Party's business affairs or systems. Each Party acknowledges that such information is confidential and proprietary (**"Confidential Information"**), and covenants and agrees to keep such information in the strictest confidence, and to take all necessary steps to assure that its employees will keep in strictest confidence all information and not disclose any such information to any third party without the prior written consent of either Party, as appropriate; provided, however, such restriction shall not apply to information which is available to the public or required to be disclosed pursuant to court order or otherwise as required by law. Confidential Information includes, without limitation, any trade secrets, technical data, product components, designs, patterns, formula, process, methods, computer program, source code, object code, or other computer

programing code, manuals, product specifications, processes and methods of manufacturing, or plans for new, revised, enhanced, modified or existing products; operational and functional features and limitations of the Parties' components, software or other products; any business, marketing, financial, pricing or other sales-related data; information regarding the present or future business products of the Parties; information regarding employees and vendors including contact information, organizational charts, information skill sets, technical and business knowledge, and compensation; and any information concerning the particular needs of clients or customers and their buying patterns, price sensitivities, key decision makers (and the contact information for such individuals), product needs, product specifications, requests for proposals and the responses thereto, requests for quotations and the responses thereto, and any other proprietary information and know-how of the Party. This covenant shall survive the termination or expiration of this Agreement.

17. Choice of Law and Forum. All matters arising out of or relating to this Agreement are governed by and construed in accordance with the internal laws of the state of Nevada and not giving effect to any choice or conflict of law provision or rule that would cause the application of the laws of any other jurisdiction. Any legal suit, action, or proceeding arising out of or relating to this Agreement shall be instituted in the applicable state or federal courts and appellate courts of Washoe County, Nevada and each Party irrevocably submits to the exclusive jurisdiction of such courts in any such suit, action or proceeding.

18. Waiver of Jury Trial. Each Party acknowledges and agrees that any controversy that may arise under this Agreement, including schedules and other attachments to this Agreement, is likely to involve complicated and difficult issues and, therefore, each such Party irrevocably and unconditionally waives any right it may have to a trial by jury in respect of any legal action arising out of or relating to this Agreement, including any schedules and other attachments to this Agreement, and the transactions contemplated hereby.

19. Survival. Subject to the limitations and other provisions of this Agreement: (a) the representations and warranties of the Parties contained herein shall survive the expiration or earlier termination of this Agreement; and (b) Sections 3, 7, 8, 9, 10, 12, 16, 17, and 18 of this Agreement, as well as any other provision that, in order to give proper effect to its intent, should survive such expiration or termination, shall survive the expiration or earlier termination of this Agreement.

20. Notices. All notices, requests, consents, claims, demands, waivers, and other communications under this Agreement must be in writing and addressed to the other Party at its address set forth below (or to such other address that the receiving Party may designate from time to time in accordance with this Section). Unless otherwise agreed herein, all notices must be delivered by personal delivery, nationally recognized overnight courier, or certified or registered mail (in each case, return receipt requested, postage prepaid), or by email if such email's receipt or acknowledgement is confirmed by return email from the other Party . Except as otherwise provided in this Agreement, a notice is effective only (a) on receipt by the receiving Party, and (b) if the Party giving the Notice has complied with the requirements of this Section.

Notice to Warehouse Operator: New Deantronics Ltd.
1 New Deantronics Way

Sparks, NV 89441
Attention: Mike Blomeyer, President

Notice to Depositor: E Surgical, LLC
150 Isidor Court, Suite 203
Sparks, NV 89441
Attention: Jane Liu, Manager

21. Severability. If any term or provision of this Agreement is invalid, illegal, or unenforceable in any specific situation or jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable this Agreement in any other situation or jurisdiction. Upon a determination that any term or provision is invalid, illegal, or unenforceable, the court may modify this Agreement to give effect to the original intent of the Parties as closely as possible so that the transactions contemplated hereby will be consummated as originally contemplated to the greatest extent possible.

22. Amendments. No amendment to or modification of this Agreement is effective unless it is in writing, and signed by an authorized representative of each Party.

23. Cumulative Remedies. All rights and remedies provided in this Agreement are cumulative and not exclusive, and the exercise by either Party of any right or remedy does not preclude the exercise of any other rights or remedies that may now or subsequently be available at law, in equity, by statute, in any other agreement between the Parties, or otherwise. Notwithstanding the previous sentence, the Parties intend that Depositor's rights under Section 9 are Depositor's exclusive remedies for the events specified therein.

24. Assignment. Depositor shall not assign, transfer, delegate, or subcontract any of its rights or obligations under this Agreement without the prior written consent of Warehouse Operator. Any purported assignment or delegation in violation of this Section 24 shall be null and void. No assignment or delegation shall relieve Depositor of any of its obligations hereunder. Warehouse Operator may at any time assign, transfer, or subcontract any or all of its rights or obligations under this Agreement without Depositor's prior written consent.

25. Successors and Assigns. This Agreement is binding on and inures to the benefit of the Parties to this Agreement and their respective permitted successors and permitted assigns.

26. Counterparts. This Agreement may be executed in counterparts, each of which is deemed an original, but all of which together are deemed to be one and the same agreement. Notwithstanding anything to the contrary in Section 19, a signed copy of this Agreement delivered by facsimile or email, or other means of electronic transmission shall be given the same legal effect as delivery of an original signed copy of this Agreement.

27. Relationship of the Parties. The relationship between the Parties is that of independent contractors. Nothing contained in this Agreement shall be construed as creating any agency, partnership, franchise, business trust, joint venture, or other form of joint enterprise, employment or fiduciary relationship between the parties, and neither Party shall have authority to contract for or bind the other Party in any manner whatsoever. No relationship of exclusivity shall

be construed from this Agreement.

IN WITNESS WHEREOF, the Parties hereto have caused this Agreement to be executed as of the date first written above by their respective officers thereunto duly authorized.

WAREHOUSE OPERATOR:

NEW DEANTRONICS, LTD.
By: Mike Blomeyer
Name: Mike Blomeyer
Title: President

DEPOSITOR:

E SURGICAL, LLC
By: Jane Liu
Name: Jane Liu
Title: Manager

SCHEDULE A

Monthly warehousing storage:

Handling and delivery:

Minimum storage and handling charge:

Storage and Handling charges will be negotiated and agreed upon prior to shipment of product from **Depositor** to **Warehouse Operator** depending on volume and frequency of shipments.

New Deantronics Ltd.
1 New Deantronics Way
Sparks, NV 89441
Tel: 775.433.1808
Fax: 775.372.6496

July 15, 2026

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Dear Sir/Madam,

The submission package is for the Nevada Warehouse application, including completed application form and supporting documents as set forth below on page 2. We are requesting to be placed on the Board's agenda and next meeting scheduled in Reno for September 2-3.

If you have any questions or comments, I can be reached at email: tina.lo@newdean.com or at my office number: 775-372-3120 or cell number at: 775-360-9766.

Sincerely,

Tina Lo

TINA LO
Sr. Regulatory Specialist

New Deantronics Ltd.
1 New Deantronics Way
Sparks, NV 89441
Tel: 775.433.1808
Fax: 775.372.6496

Submission Package

Completed Warehouse Application form
A check (no. 29600) for $500 fee, payable to the Nevada State Board of Pharmacy.

List of supporting documents

For Warehouse Application Page 7a:

- Completed Personal History Application and a copy of VISA

Per written requirement:

- A copy of the Warehouse Service Agreement with E Surgical, LLC.

4000

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☑ New OUTSOURCING FACILITY
☐ Ownership Change (Provide current license number if making changes:) OUT_____
☐ 503a OR ☑ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4
☑ Non Publicly Traded Corporation – Pages 1-3 & 5
☐ Partnership - Pages 1-3 & 6
☐ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Wesley Pharmaceuticals

Physical Address: 5551 Vanguard St

City: Orlando State: FL Zip Code: 32819

Telephone: 407-440-1555 Fax: _____

Toll Free Number: 866-993-7539 (Required per NAC 639.708)

E-mail: licensing@wesleypharmaceuticals.com Website: https://wesleypharmaceuticals.com

Supervising Pharmacist: Michael Church Nevada License #: 23459

SERVICES PROVIDED

Yes/No

☐ ☑ Parenteral
☑ ☐ Sterile Compounding
☐ ☑ Non Sterile Compounding
☐ ☑ Mail Service Sterile Compounding
☐ ☑ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: 10/8/25 Amount: $500 #0191-782006187

FEI Number (From FDA application): 3038879280

Please provide the name of the facility as registered with the FDA and the registration number:
Wesley Pharmaceuticals

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
N/A

Please provide the name and Nevada license number of the supervising pharmacist:
Name: Michael Church Nevada License Number: 23459

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: N/A

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

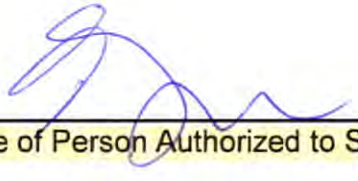
I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized OUTSOURCING FACILITY may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☑

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Taylor Fritzler

Print Name of Authorized Person

9/18/2025

Date

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Wesley Pharmaceuticals, LLC

Address: 5551 Vanguard St

City: Orlando State: FL Zip: 32819

Telephone: 407-440-1555 Fax: _____

Contact Person: Traci Collier, Director of Regulatory Affairs

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) LLC does not have shares
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share?N/A

4) What date did the corporation actually receive the cash assets?N/A

5) Provide a copy of the corporation's stock register evidencing the above information

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

Wesley
Pharmaceuticals

866-993-7539
5551 Vanguard St. Orlando, FL 32819
wesleypharmaceuticals.com

March 31st, 2026

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

Wesley Pharmaceuticals was recently inspected by the FDA. We are thrilled to say there were no 483s issued! We are anxiously waiting for the EIR from the FDA. However, we are being told that document will take as long as 6 months to obtain.

Based on that, I am including a copy of the FDA Outsourcing Facility page that confirms the FDA inspection dates as well as confirms that no 483s were issued by the agency to satisfy the FDA inspection requirements.

Please let me know if any additional information is required.

Kristen Snair

Licensing and Regulatory Affairs Specialist

Wesley

Wesley Pharmaceuticals
5551 Vanguard St, Orlando, FL 32819
John Paul Management Offices
5551 Vanguard St, 2nd Floor, Orlando, FL 32819

Registered Outsourcing Facilities

Facilities Registered as Human Drug Compounding Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act (FD&C Act)

Updated as of 3/27/2026

- Information Concerning Outsourcing Facility Registration (/drugs/compounding/questions-and-answers-outsourcing-facility-registration)
- Outsourcing Facility Product Reporting Information (/drugs/compounding/information-outsourcing-facilities#reporting)

This table lists the outsourcing facilities that have submitted registration information that has been determined to be complete by the data lock date for the latest weekly update of the table.

Search: wesley

Show 10 entries

Export Excel

Facility	Contact	Initial Registration Date [1]	Most Recent Registration Date [1]	Last Inspection [2]	Form 483 Issued? [3]	Recall Conducted? [9]	Action Based on Last Inspection [4,5]	Intends to Compound Sterile Drugs From Bulk Substances [6]
Wesley Pharmaceuticals, Orlando, FL	Mark Mikhael 1-407-440-1555	7/25/2025	11/22/2025	3/16/2026	No	No	Open[7]	Yes

Showing 1 to 1 of 1 entries (filtered from 92 total entries)

Previous 1 Next

Feedback

Notes

1. The "initial date of registration as an outsourcing facility" is the date the facility was first registered (i.e., the date FDA determined that the initial registration information submitted for the facility was complete, and the establishment fee was paid in full).

   Under section 503B(b) of the FD&C Act, after the initial registration, a facility that elects to continue to be registered with FDA as an outsourcing facility must re-register annually. A facility that elects to register (or re-register) with FDA as an outsourcing facility must pay an annual establishment fee. The "date of most recent registration as an outsourcing facility" reflects the date FDA determined the most recently submitted registration information was complete and the annual establishment fee for that fiscal year paid in full.

   Unless a previously registered outsourcing facility re-registers and pays the annual establishment fee in full during the registration period (between October 1 and December 31 of each calendar year), the facility will be removed from the list of registered outsourcing facilities on January 1 of the next calendar year.

2. Once an outsourcing facility is registered, the facility will be added to the list of facilities FDA intends to inspect according to a risk-based schedule. FDA plans to inspect outsourcing facilities within a reasonable period of time following initial registration, once it is confirmed that the facility has initiated drug production and distribution. However, the exact timing of the inspections can be affected by a number of variables, including the number of outsourcing facility registrants, other inspection priorities, and the operational status of the newly registered outsourcing facility.

   Inspections identified in this table are associated with the facility at the listed address. A company may own or operate more than one registered outsourcing facility. FDA's web page Compounding: Inspections, Recalls, and other Actions (/node/363232) may contain information about compounding facilities under the same ownership as the listed registered outsourcing facility.

   Inspections may take place over several days, weeks or longer. The date of the inspection is the date a Form FDA 483 listing the investigators' observations was issued. If no FDA Form 483 was issued, the date is the last day of the inspection.

3. A Form FDA 483 is issued when investigators observe any significant objectionable conditions. It does not constitute a final agency determination of whether any condition is in violation of the FD&C Act or any relevant regulations.

4. This table does not include State Board of Pharmacy actions, if any. To determine whether a registered outsourcing facility has been the subject of a state enforcement action, check with the State Board of Pharmacy for the state in which the facility is located. Some states post disciplinary or other actions on their web sites.
5. "Closed" means the inspection has been closed without further action. "Open" means FDA has not determined whether further action will be taken. If an action has been taken, it will be listed. Possible FDA actions include warning letter, seizure or injunction.
6. The information in this column was provided by the registered outsourcing facility at the time of registration and has not been verified by FDA. "N/A" indicates the registered outsourcing facility has not provided this information.
7. This outsourcing facility was the subject of at least one previous inspection relating to compounding that resulted in a Form FDA 483, warning letter or other action. For information about such inspections and resulting actions, visit Compounding: Inspections, Recalls, and other Actions (/node/363232).
8. A remote regulatory assessment (RRA) is an examination of an FDA-regulated establishment and/or its records, conducted remotely, to evaluate compliance with applicable FDA requirements. These assessments assist in protecting human and animal health, inform regulatory decisions and verify certain information submitted to the agency.
9. Based on inspectional findings, the inspection revealed significant issues. As a result, the outsourcing facility may have either initiated a recall on their own following conversation(s) with the FDA investigator or FDA recommended a recall at the conclusion of the inspection or both. Additionally, the outsourcing facility may have conducted multiple recalls or recalled multiple drugs.

Was this page helpful? * (required)

Yes

No

Submit

An official form of the United States government. Provided by Touchpoints

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WESLEY PHARMACEUTICALS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF SEPTEMBER, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WESLEY PHARMACEUTICALS LLC" WAS FORMED ON THE THIRTIETH DAY OF APRIL, A.D. 2024.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

3562203 8300

SR# 20253900599

Authentication: 204686406

Date: 09-08-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

Wesley
Pharmaceuticals

866-993-7539
5551 Vanguard St. Orlando, FL 32819
wesleypharmaceuticals.com

Facility/building is owned by Wesley Pharmaceuticals, LLC

Wesley Pharmaceuticals Officers

Taylor Fritzler, PharmD.
Chief Operating Officer
[redacted] Orlando, FL [redacted]

Evan Stone, PharmD.
Chief Production Officer
[redacted] Orlando, FL [redacted]

Joshua Fritzler
Chief Financial Officer
[redacted] Orlando, FL [redacted]

Mark Mikhael, PharmD.
Chief Executive Officer
[redacted] Longwood, FL [redacted]
[redacted]

Kansas

STATE BOARD OF PHARMACY
800 SW Jackson, Suite 1414
Topeka, Kansas 66612-1244
www.pharmacy.ks.gov (785)296-4056

INSPECTION: Outsourcing Facility Form I-20

INSPECTION INFORMATION

Facility Name: Wesley Pharmaceuticals Registration Number: _____

Inspector Name: Jason Syring Date: 11-5-25

GENERAL INFORMATION

C-Compliant N/I-Needs Improvement N/C-Not Compliant
U-Unassessed N/A-Not Applicable

Person(s) on duty: Max, Mike, Carlos, Jessica

Pharmacist in Charge: Michael Church Nirvana

☐ C ☐ N/I ☐ N/C ☐ U ☒ N/A Registration(s) displayed—K.S.A. 65-1645(e) & K.A.R. 68-14-7b(f)(4)

☐ C ☐ N/I ☐ N/C ☐ U ☒ N/A DEA number: N/A —21 C.F.R. 1301.11, K.A.R. 68-14-7b(f)(4) & K.A.R. 68-14-7b(i)(1)

☐ C ☐ N/I ☐ N/C ☐ U ☒ N/A FDA registration number (EIN): 30388928 —21 U.S.C. 353b & K.A.R. 68-14-7b(f)(4)

Date of last FDA inspection: N/A

☐ C ☐ N/I ☐ N/C ☐ U ☐ N/A Pharmacist license(s) posted—K.S.A. 65-1641 & K.S.A. 65-1655b(a)(6)

PRACTICE SETTING

Registered pharmacy: ☐ Yes ☒ No

Pharmacy registration number: _____

If yes: ☐ see separate form ☐ not inspected at this visit

Facility compounds sterile product: ☒ Yes ☐ No

If yes: ☐ see separate form ☒ not inspected at this visit

Facility compounds nonsterile Products: ☐ Yes ☒ No

If yes: ☐ see separate form ☐ not inspected at this visit

FACILITIES

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Suitable size and construction to facilitate cleaning, maintenance, & proper operation —K.A.R. 68-14-7b(a)(1)

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, & security —K.S.A. 65-656(m) & K.A.R. 68-14-7b(a)(2)

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Quarantine areas—K.A.R. 68-14-7b(a)(3) & K.A.R. 68-14-7b(a)(4)

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Maintained in a clean and orderly condition—K.A.R. 68-14-7b(a)(5)

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Free from infestation by insects, rodents, birds, or vermin of any kind—K.A.R. 68-14-7b(a)(6)

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Drugs and devices stored per manufacturer——K.S.A. 65-657(b) & K.A.R. 68-14-7b(c)

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Documentation of appropriate temperature—K.A.R. 68-14-7b(c)(2)

Room temperature: _____

Refrigerator temperature: _____

Freezer temperature: _____

In range electronically monitored

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Establish, maintain and adhere to policy and procedures—K.A.R. 68-14-7b(g)

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Procedures for distribution of oldest approved stock first—K.A.R. 68-14-7b(g)(1)

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Procedure for handling recalls and withdrawing drugs and devices—K.A.R. 68-14-7b(g)(2)

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Procedure to prepare for, protect against and handle any crisis that affects security or operation of facility—K.A.R. 68-14-7b(g)(3)

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Procedure for outdated, mislabeled, or adulterated drugs and devices to be removed from stock — 21 U.S.C. 501(a)(2)(B) K.S.A. 65-1634, K.S.A. 65-657(a) & K.A.R. 68-14-7b(g)(4)

☐ C ☐ N/I ☐ N/C ☐ U ☒ N/A Patient specific compounding—K.S.A. 65-1655b(g)

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Compounding with bulk drug substances meets requirements —21 U.S.C. 353b(a) and K.A.R. 68-14-7b(i)(3)

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Bulk drug substances are accompanied by a valid certificate of analysis —21 U.S.C. 353b(a) and K.A.R. 68-14-7b(i)(3)

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Compounding components comply with monographs, are not withdrawn, and are not otherwise prohibited by FDA—21 U.S.C. 353b(a) and K.A.R. 68-14-7b(i)(3)

☐ C ☐ N/I ☐ N/C ☐ U ☒ N/A Facility utilizes appropriate controls for drugs subject to REMS —21 U.S.C. 353b(a) and K.A.R. 68-14-7b(i)(3)

SECURITY

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Secure when pharmacist is not on premises—21 U.S.C. 353b(a) and K.A.R. 68-14-7b(i)(3)

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Secure from unauthorized entry—21 C.F.R. 1301.71 thru 1301.76 & K.A.R. 68-14-7b(b)(1)

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Perimeter of premises well lighted—K.A.R. 68-14-7b(b)(1)

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Alarm and security systems—21 C.F.R. 1301.71 thru 1301.76 & K.A.R. 68-14-7b(b)(2)&(3)

☐ C ☐ N/I ☐ N/C ☐ U ☒ N/A Controlled drugs locked—K.A.R. 68-20-15a & 21 C.F.R. 1301.71 thru 1301.7 6

RECORDS

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Documentation of education, training & experience—K.A.R. 68-14-5 All employees have employee binder

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Maintain list of responsible persons to include duties and qualifications —K.A.R. 68-14-7b(h)

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Documentation of examination of materials—K.A.R. 68-14-7b(d)

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Records of ALL transactions in the receipt and distribution of prescription-only drugs, devices & bulk active pharmaceutical ingredients—K.A.R. 68-14-7b(f)

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Duration of record keeping—K.A.R. 68-20-16(a) & K.A.R. 68-14-7b(f)(2)

☐ C ☐ N/I ☐ N/C ☐ U ☒ N/A Central record keeping—K.A.R. 68-14-7b(f)(3) & 21 C.F.R. 1304.04(b)(3)

Location: N/A

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Records readily retrievable—K.A.R. 68-14-7b(f)(3)

Kansas

STATE BOARD OF PHARMACY
800 SW Jackson, Suite 1414
Topeka, Kansas 66612-1244
www.pharmacy.ks.gov (785)296-4056

INSPECTION:
Outsourcing Facility
Form I-20

DRUG LABEL—21 U.S.C. 353b(a)

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Statement "This is a compounded drug"

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Facility name, address, and phone number

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Lot or batch number

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Name of drug

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Dosage form and strength

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Statement of quantity or volume

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Date compounded

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Expiration date

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Storage and handling instructions

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A NDC, if available

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Statement "Not for resale"

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Statement "Office Use Only", if applicable

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A List of inactive and active ingredients and quantities, if not found on container label

CONTAINER LABEL—21 U.S.C. 353b(a)

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A List of inactive and active ingredient and quantities, if not found on drug label

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Adverse event reporting information

☒ C ☐ N/I ☐ N/C ☐ U ☐ N/A Directions for use, including, as appropriate, dosage and administration

COMMENTS

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
503b Outsourcing Inspection

File # 30962
Insp # 206307

NAME	PERMIT NUMBER	DATE OF INSPECTION	
Wesley Pharmaceuticals			
DOING BUSINESS AS			
STREET ADDRESS 5551 Vanguard St		**TELEPHONE #** 407-440-1555	**EXT**
CITY ORLANDO	**COUNTY** ORANGE	**STATE/ZIP** FL/32819	

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours M-F 9am to 6pm
Monday Y	Monday Hours 9am to 6pm
Tuesday Y	Tuesday Hours 9am to 6pm
Wednesday Y	Wednesday Hours 9am to 6pm
Thursday Y	Thursday Hours 9am to 6pm
Friday Y	Friday Hours 9am to 6pm
Saturday N	Saturday Hours closed
Sunday N	Sunday Hours closed

Registered Pharmacist / Intern / Tech

License # PS41364	Licensee Name Michael Faragalla
License Type Registered Pharmacists	
License # PS56988	Licensee Name MIchael Church
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # N/A	

License Relations

Pharmacy Affiliate

STONE, EVAN	License # 67551
STONE, TAYLOR LEIGH	License # 65902

RX DPT MGR/COR/POR

CHURCH, MICHAEL JOEL	License # 56988

Special Sterile Compounding

WESLEY PHARMACEUTICALS	License # 35562

503b - Outsourcing Inspection

Quality - 21CFR Part 211

Firm has a quality control unit. 211.22 *- Quality control unit is led by of Director of Quality [ME], Quality Systems Manager [PF] and Senior Quality Manager [CG], Quality control [LS], Quality Assurance Manager [CG], Quality Engineering Manager [RC].*	Yes

The quality control unit has the responsibility and authority to approve or reject all components, drug product containers, closures, in process materials, packaging materials, labeling and drug products. 211.22(a) *- Roles and responsibilities of the Quality Control unit are outlined in SOP- 67.*	Yes
Quality control unit reviews and approves all drug product production and control records to determine compliance with all established, approved written procedures before a batch is released or distributed. 211.192 *- Per SOP- 67.*	N/A
The quality control unit is responsible for approving or rejecting drug products manufactured, processed, packed, or held under contract by another company. 211.22(a) *- Per SOP- 67.*	Yes
The Quality Control Unit has authority to review production records to assure that no errors have occurred, or if errors have occurred, that they have been fully investigated. 211.22(a)	Yes
Adequate laboratory facilities for the testing and approval (or rejection) of components, drug product containers, closures, packaging materials, in-process materials, and drug products are available to the quality control unit. 211.22(b) *- Testing to be completed by ARL and PharMetrics Labs.*	N/A
The Quality Control Unit has the responsibility for approving or rejecting all procedures or specifications impacting on the identity, strength, quality, and purity of the drug product. 211.22(c)	Yes
The responsibilities and procedures applicable to the quality control unit are in writing and such written procedures are followed. 211.22(d) *- Per SOP- 67 - no production activities currently.*	N/A
Personnel responsible for supervising the manufacture, processing, packing, or holding of a drug product are qualified through education, training and experience or a combination thereof. Individuals are able to perform assigned functions in such a manner as to provide assurance that the drug product has the safety, identity, strength, quality, and purity that it purports or is represented to possess. 211.25(b) *- Reviewed CVs and training documentation during inspection.*	Yes

Investigations - 21CFR Part 211

Unexplained discrepancies or the failure of a batch, or any of its components to meet any of its specifications are thoroughly investigated. 211.192	N/A
Investigations are extended to other batches of the same drug product and other drug products that may have been associated with the specific failure or discrepancy. 211.92	N/A
Written procedures describing the handling of all written and oral complaints regarding a drug product are established and followed. Procedures include provisions for review by the quality control unit and review to determine whether the complaint represents a serious and unexpected adverse drug experience which is required to be reported to the FDA. 211.198(a) *- Complaint procedures outlined in SOP-012.*	Yes
A written record of each complaint is maintained in a file designated for drug product complaints. The file regarding such drug product is maintained at the establishment where the drug product was manufactured, processed, or packed, or if kept at another facility, are readily available. Written drug product records are maintained until at least 1 year after the expiration date of the drug product or 1 year after the date the complaint was received, whichever is longer. 211.198(b) *- New firm; no compounding production currently.*	N/A
Records of complaints include the name and strength of the drug product, lot number, name of the complainant, nature of the complaint and reply to complaint. 211.198(b)(1)	N/A
Where an investigation is conducted, the written records include the findings of the investigation and follow up. Where an investigation is not conducted, the written records include the reason the investigation was found not to be necessary and the name of the responsible person making such a determination. 211.198(b)(2)(3)	N/A

Personnel Qualification - 21CFR Part 211 Subpart B

Each person engaged in the manufacture, processing, packing, or holding of a drug product shall have the education, training and experience or a combination thereof to enable the person to perform the assigned functions. 211.25 *- Reviewed training documentation during inspection; including Quality - Director Control, Sytems Manager, Senior Manager. All training reviewed were appropriate and UpToDate.*	Yes
Training shall be in the particular operations that the employee performs and in current good manufacturing practice (including the current good manufacturing practice regulations in this chapter and written procedures required by these regulations) as they relate to the employee's functions. 211.25(a) *- cGMP training completed as part of basic orientation and annually; outlined in SOP-007.1.*	Yes
Training in current good manufacturing practices is conducted by qualified individuals on a continuous basis and with sufficient frequency. 211.25(a)	Yes

Facilities and Equipment - 21CFR Part 211

Any building used in manufacture, processing, packing, or holding of a drug product is maintained in a clean and sanitary condition, free of infestation by rodents, birds, insects, and other vermin. 211.56(a) *- No production currently. However, facility was observed to be clean end in good sanitary condition during inspection.*	Yes
The flow of components, drug product containers, closures, labeling, in-process materials and drug products through the building or buildings is designed to prevent contamination. 211.42(b)	Yes
The facility is of suitable size, construction, and location to facilitate cleaning, maintenance, and proper operations. 211.42(a)	Yes
There is adequate space for the orderly placement of equipment and materials to prevent mix-ups between different components, drug product containers, closures, labeling, in-process materials, or drug products and to prevent contamination. 211.42(b)	Yes
Facility has a separate or defined areas or such other control systems to prevent contamination or mix ups during receipt, identification, storage and withholding from use of components, drug product containers, closures, and labeling pending the appropriate sampling, testing or examination by the quality control unit before release for manufacturing or packaging. 211.42(c)(1), 211.80	Yes
Facility has a separate or defined area for holding rejected components, drug product containers, closures and labeling before disposition. 211.42(c)(2) *- Rejected productions to be stored in secured quarantine cage.*	Yes
Facility has a separate or defined area for quarantine storage before release of drug products. 211.42(c)(7)	Yes
Operations relating to the manufacture, processing, and packing of penicillin shall be performed in facilities separate from those used for other drug products for human use. 211.42(d)	N/A
Aseptic processing areas have floors, walls and ceilings that are smooth and easily cleanable. 211.42(10)(i)	Yes

Aseptic processing areas have temperature and humidity controls. 211.42(10)(ii) *- Facility is monitored and controlled by SensoScientific; system last calibrated 12/16/24.*	Yes
Aseptic processing areas have an air supply through HEPA filters under positive pressure. 211.42(10)(iii)	Yes
Air filtration systems (including prefilters and particulate matter air filters) are used when appropriate on air supplies to production areas. 211.46(c)	N/A
Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature when appropriate for the manufacturing, processing, packing, or holding of drug products. 211.46(b) *- Equipment last tested by TSS on 6/27/25.*	Yes
The facility has written procedures for cleaning and maintenance of equipment, including utensils used in the manufacture, processing, packing, or holding of a drug product. 211.67(b)	Yes
The firm has written procedures for use of suitable rodenticides, insecticides, fungicides, fumigating agents, cleaning and sanitizing agents which must be registered and used in accordance with the Federal Insecticide, Fungicide and Rodenticide Act. 211.56(c) *- Per SOP -034.*	Yes
A written record of major equipment cleaning, maintenance and use is included in individual equipment logs that show date, time, product, and lot number of each batch processed. The persons performing and double checking the cleaning and maintenance date and sign (or initial) the log. Entries are in chronological order. 211.182 *- Firm provided cleaning documentation starting 8/1/25 to date.*	Yes
Surfaces that contact components, in-process materials, or drug products are not reactive, additive, or absorptive so as to alter the safety, identity, strength, quality, or purity of the drug product beyond the official or other established requirements. 211.65(a)	Yes
Automatic, mechanical, electronic equipment used in the manufacture, processing, packing, or holding of a drug product shall be routinely calibrated, inspected or checked according to a written program designed to ensure proper performance. 211.68(a)	Yes

Environmental Monitoring - 21CFR Part 211

Facility has written procedures designed to prevent microbiological contamination of drug products purporting to be sterile. Such procedures include validation of all aseptic and sterilization processes. 211.113(b)	Yes
Aseptic processing areas have a system for monitoring environmental conditions. 211.42(10)(iv)	Yes

Control of Components, Containers and Closures - 21CFR Part 211

Written procedures describe in sufficient detail the receipt, identification, storage, handling, sampling, testing, and approval or rejection of components and drug product containers and closures. Written procedures are followed. 211.80(a) *- Per SOP-0.54.1.*	N/A
Components and drug product containers and closures shall at all times be handled and stored in a manner to prevent contamination. 211.80(b)	Yes
Bagged or boxed components of drug product containers or closures are stored off the floor and suitably spaced to permit cleaning and inspection. 211.80(c)	Yes
Each container or grouping of containers for components or drug product containers, or closures shall be identified with a distinctive code for each lot in each shipment received. This code shall be used in recording the disposition of each lot. Each lot shall be appropriately identified as to its status (i.e., quarantined, approved, or rejected). 211.80(d) *- Firm provided documentation for Zinc Sulfate testing, which showed conformity to written specification.*	Yes
Each component is tested for conformity to written specifications for purity, strength, and quality. Supplier analysis may be accepted provided that at least one specific identity test has been conducted by the manufacturer and the manufacturer has established the reliability of the supplier's analysis through validation of supplier's test results at appropriate intervals. 211.84(d)(2)	Yes
Containers and closures are tested for conformity to written specifications. A certificate of testing may be accepted from the supplier, provided that at least a visual identification is conducted on such containers/closures by the manufacturer and provided that the manufacturer establishes the reliability of the supplier's test results through appropriate validation of the supplier's test results at appropriate intervals. 211.84(3) *- Firm provided documentation for container closure testing, completed during Zinc Sulfate testing.*	Yes
Each lot of a component, drug product container, or closure with potential for microbiological contamination that is objectionable in view of its intended use is subjected to microbiological tests before use. 211.84(d)(6) *- New firm; no components currently in stock.*	N/A
Drug product containers and closures are not reactive, additive, or adsorptive so as to alter the safety, identity, strength, quality, or purity of the drug beyond the official or established requirements. 211.94(a)	Yes
Drug product containers and closures are clean and, where indicated, sterilized, and processed to remove pyrogenic properties. 211.94(c)	N/A
Depyrogenation process is validated. 211.94(c)	Yes

Production - 21CFR Part 211

There are written procedures for production and process control designed to assure the drug products have the identity, strength, quality, and purity they purport or are represented to possess. 211.100(a)	Yes
Written production and process control procedures are followed. Any deviation from the written procedures shall be recorded and justified. 211.100(b) *- New firm; no production currently.*	N/A
If a component is removed from the original container to another, the new container shall be identified with the following information: (1) component name or item code; (2) receiving or control number; (3) weight or measure in new container; (4) batch for which component was dispensed, including its product name, strength, and lot number. 211.101(b)	N/A
Each component is either added to the batch by one person and verified by a second person or, if the components are added by automated equipment under 211.68, only verified by one person. 211.101(d)	N/A
Actual yields and percentages of theoretical yield are determined at the conclusion of each appropriate phase of manufacturing, processing, packaging, or holding of a drug product. 211.103	N/A
Written procedures are established to assure batch uniformity and integrity of drug products, that describe the in-process controls, and tests, or examinations to be conducted on appropriate samples of in-process materials of each batch. Procedures are followed. 211.110(a) *- Per SOP-027.1.*	N/A
In process materials are tested for identity, strength, quality, and purity, where appropriate, and approved or rejected by quality control unit during production process. 210.110(c)	N/A

When appropriate, time limits are established for the completion of each phase of production to assure quality of the drug product. Deviations are justified and documented. 211.111 *- Facility in process of establishing time limits based on validation processes - not currently in production.*	NE
Written procedures include quarantine of drug products before release by the quality unit. Procedures are followed. 211.142(a) *- As per SOP-0.24.*	Yes

Packaging and Labeling - 21CFR Part 211

Written procedures describe the receipt, identification, storage, handling, sampling, examination and/or testing of labeling and packaging material. Procedures are followed. 211.122(a) ** No production currently - procedures outlined in SOP-058.1.*	N/A
Written procedures describe in sufficient detail the control procedures employed for the issuance of labeling. Procedures are followed. 211.125(f) *- Per SOP-058.1.*	N/A
Strict control is exercised over labeling issued for use in drug product labeling operations. 211.125(a)	N/A
Records are maintained for each shipment received of each different labeling and packaging material indicating receipt, examination/testing, and whether accepted or rejected. 211.122(c)	Yes
Labels and other labeling materials for each different drug product, strength, dosage form, or quantity of contents are stored separately with suitable identification. 211.122(d)	Yes
Access to label storage area is limited to authorized personnel. 211.122(d) *- Labels stored in secured 'Quarantine Cage'.*	Yes
Obsolete and outdated labels, labeling and packaging materials are destroyed. 211.122(e)	N/A
Identification and handling of filled drug product containers that are set aside and held in unlabeled condition for future labeling operations to preclude mislabeling of individual containers, lots, or portions of lots. Identification need not be applied to each individual container but shall be sufficient to determine drug name, strength, quantity of contents, and lot or control number of each container. 211.130(b)	N/A
Written procedures shall specify how to reconcile quantity of labels that are issued, used, and returned. Procedures shall require evaluation of any discrepancies between quantity of drug product finished and the quantity of the labeling issued when such discrepancies are outside narrow preset limits based on historical operating data. Discrepancies shall be investigated in accordance with 211.192. Labeling reconciliation is waived for cut or roll labeling if 100% examination for correct labeling is performed in accordance with 211.122(g)(2). 211.25(c)	Yes
All excess labeling bearing lot and control numbers is destroyed. 211.125(d)	N/A
If cut labeling is used for immediate container labels, individual unit cartons, or multiunit cartons containing immediate containers that are not packaged in individual unit cartons, packaging and labeling operations includes one of the following special control procedures: 100% visual inspection is conducted for correct labeling during or after completion of finishing operations for hand applied labeling. Such examination is performed by one person and independently verified by a second person OR use of appropriate electronic or electromechanical equipment to conduct 100% examination of labeling during or after completion of finishing operations OR dedicated labeling and packaging lines of each different strength of each different drug product OR use of automated technique including differentiation by labeling size, that physically prevents incorrect labeling from being processed by labeling and packaging equipment. 211.122(g)(1)(2)(3)(4)	N/A
Written procedures assure that correct labels, labeling, and packaging materials are used for drug products. Procedures are followed. 211.130 *- Described in section 8.1 of SOP-058.1.*	N/A
Procedures are designed to prevent mix-ups and cross-contamination by physical or spatial separation from operations on other drug products. 211.130(a)	Yes
Written procedures detail examination of packaging and labeling meterials for suitability and correctness before packaging operations, and documentation of such examination is in the batch production record. 211.130(d) *- SOP-058.1.*	Yes
Written procedures detail inspection of packaging and labeling facilities to assure that all drug products and labeling materials have been removed from previous operations. Results of inspection are documented on the batch record. Procedures are followed. 211.130(e)	Yes

Holding and Distribution - 21CFR Part 211

Written procedures describing warehousing of drugs include quarantine of drug product before release by QC unit, including storage under appropriate temperature, humidity, and light. 211.142 *- Documented in SOP 0.54.1*	Yes

Laboratory - 21CFR Part 211 Subpart I

The establishment of any specifications, standards, sampling plans, test procedures, including any changes shall be reviewed and approved by the Quality Control Unit, deviations from written specifications are recorded and justified. 211.160(a) *- Process outline SOP- 67; no production currently.*	N/A
Laboratory controls shall include the establishment of scientifically sound and appropriate specifications, standards, sampling plans, and test procedures designed to assure that components, drug product containers, closures, in-process materials, labeling, and drug products conform to appropriate standards of identity, strength, quality, and purity. 211.160(b) *- Firm does not have a Laboratory inhouse. Services to be outsource to ARL labs; agreement reviewed during inspection.* *- Required testing outlined in SOP-055.*	N/A
Laboratory controls include the calibration of instruments, apparatus, gauges, and recording devices at suitable intervals in accordance with an established written program containing specific directions, schedules, limits for accuracy and precision, and provisions for remedial action if the event limits are not met. 211.160(b)(4)	N/A
There is a written testing program designed to assess the stability characteristics of drug products. The written program includes sample size and test interval, storage conditions for samples retained for testing, reliable, meaningful, and specific test methods, and testing of the drug product in the same container closure system in which the drug product is marketed. Procedures are followed. 211.166(a)(1)(2)(3)(4)	N/A
Results of stability testing is used to determine appropriate storage conditions and expiration dates. 211.166(a)	N/A
For each batch of drug product there is appropriate laboratory determination of satisfactory conformance to final specifications for the drug product, including the identity and strength of each active ingredient. 211.165(a)	N/A
Written procedures describe sampling and testing plans and include method of sampling and the number of units per batch to be tested. Procedures are followed. 211.165(c)	N/A
Acceptance criteria for sampling and testing conducted by the quality control unit are adequate to assure that batches of drug products meet each appropriate specification and appropriate statistical quality control criteria as a condition for their approval and release. 211.165(d)	Yes

Drug products failing to meet established standards or specifications, or any other relevant quality control criteria are rejected. 211.165(f)	N/A
Each batch of drug product purporting to be sterile and/or pyrogen free has appropriate laboratory testing to determine conformance to such requirements. 211.167(a)	N/A
The accuracy, sensitivity, specificity, and reproducibility of test methods employed by the firm shall be established and documented. Such validation and documentation are accomplished in accordance with 211.194(a)(2). 211.165(e)	Yes
Laboratory records include complete date derived from all tests necessary to assure compliance with established specifications and standards as defined in 211.194(a).	Yes
Complete records are maintained of any modification of an established method used in testing. 211.194(b)	N/A
A reserve sample that is representative of each lot in each shipment of each active ingredient, is retained and stored under conditions consistent with product labeling and in the same immediate container-closure system for 1 year after the expiration date of the last lot of the drug product contelning the active ingredient. 211.170(a)(b)	N/A

Records and Reports - 21CFR Part 211

Any production, control, or distribution record that is required to be maintained and is specifically associated with a batch of a drug product is retained for at least 1 year after the expiration date of the batch. This includes all components, drug product containers, closures. 211.180(a)(b) *- New Firm - no production currently.*	N/A
Written records are maintained so that data herein can be used for evaluating, at least annually, the quality standards of each drug product to determine the need for changes in drug product specifications or manufacturing or control procedures. 211.180(e)	N/A
Master production and control records for each drug product, including each batch size thereof, shall be prepared, dated, and signed (full signature, handwritten) by one person and independently checked, dated, and signed by a second person. The preparation of master production and control records is described in a written procedure and such written procedure is followed. Master production and control records include all required elements as described in 211.186(a).	N/A
Batch products and control records are prepared for each batch of drug product produced and include complete information relating to the product and control of each batch and are an accurate reproduction of the appropriate master production or control record. 211.188, 211.188(a)	N/A
Batch records include documentation that each significant step in the manufacture, processing, packing, or holding of the batch was accomplished and include all required elements as described in. 211.188 (b)(1-13)	N/A
Major equipment is identified by a distinctive identification number or code that is recorded in the batch production record. 211.105(b)	N/A
Batch production and control records are prepared for each batch of drug product produced and shall include complete information relating to the production and control of each batch. These records shall include: Identification of the persons performing and directly supervising or checking each significant step in the operation, or if a significant step in the operation is performed by automated equipment under § 211.68, the identification of the person checking the significant step performed by the automated equipment. 211.188(11)	N/A
Distribution records contain the name and strength of the product and description of the dosage form, name and address of the consignee, date and quantity shipped, and lot or control number of the drug product. 211.196	N/A

Corrective Action Plan

A corrective action plan is required to be submitted within 30 days for the non-compliant items listed above. [64B16-27.797(5), F.A.C.]	

Remarks:

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signature
MURRAY, CHARLENE

Date:9/4/2025

Representative:
Mark Mikhael

Date:9/4/2025

Your license number is PH 35978.

Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes and much more.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
09/12/2025	**PH 35978**	**156074**

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Special Sterile Compounding
Outsourcing Facility

EXPIRATION DATE: **FEBRUARY 28, 2027**

WESLEY PHARMACEUTICALS
5551 VANGUARD ST
ORLANDO, FL - 32819

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
STATE SURGEON GENERAL

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License Authentication

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
09/12/2025	PH 35978	156074

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

WESLEY
PHARMACEUTICALS

Expiration Date: **FEBRUARY 28, 2027**

REGISTRANT SIGNATURE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Wesley Pharmaceuticals

NV Pharmacy or Outsourcing facility license # (if applicable): pending

Physical Address: 5551 Vanguard St

City: Orlando State: FL Zip: 32819

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 407-440-1555 Toll Free # (NAC 639.708, NRS 639.23286):

Fax: Contact Email: licensing@wesleypharmaceuticals.com

Website: wesleypharmaceuticals.com

Nevada Business License # (if applicable)

Supervising/Managing Pharmacist Name (NRS 639.220): Michael Church

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23459

Name of Designated Person(s) as defined by revised USP-797 guidelines: Michael Church

Email of Designated Person(s): michael.church@wesleypharmaceuticals.com

Telephone of Designated Person(s): 407-440-1555

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ☐ Category 2 ■ Category 3

If you marked "**Category 3**", you must also complete **section 4**.

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ■ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ■ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? 28/29OCT2025

6. What is the frequency of the recertification for the ISO classified areas? Every 6 months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Daily

10. Will you be performing sterile hazardous drug compounding? ☐ Yes ■ No

If you marked "**Yes**", you must also complete **section 3**.

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Zinc Sulfate

12. What laboratory performs your sterility or endotoxin testing?

Name: ARL Bio Pharma

Address: 840 Research PKWY #546

City: Oklahoma City State: OK Zip: 73104

Telephone: (405) 271- 1144

13. What is your procedure for visual inspection of compounded sterile products?

Our visual inspection procedure requires verification that each compounded sterile vial is free of visible particulates, container defects, leakage, or any other abnormalities before being dispensed to patients. We perform a 100% visual inspection on every vial in each batch. In addition, the Quality Team conducts a post-inspection review and performs AQL sampling inspections.

14. How often do you perform glove fingertip and medial fill testing?

The glove fingertip is a daily routine sampling. The Medial fill testing is performed every 6 months and/or every time there is a major change in the compounding process.

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

All new personnel performing sterile compounding tasks must followed a stringent training program depending on the tech position/role. The following is required:
1. cGMP and cGDP training
2. Read SOPs according to the personnel matrix
3. FDA Online/Seminar trainings
4. On the job training followed by competency assessments.
5. Hand, Hygiene, and Garbing
6. Media Fill

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Our cleaning procedure includes the following procedure for

A. The Primary Engineering Controls:
1. Daily: Spor-Klenz followed Vesta-Syde followed by IPA.

B. For the Secondary Engineering Controls:
1. Daily: Vesta-Syde followed by IPA
2. Weekly: Spor-Klenz followed by Vesta-Syde followed by IPA
3. Monthly: Spor-Klenz followed by Vesta-Syde followed by IPA
4. Quarterly: Peridox followed by Spor-Klenz followed by Vesta-Syde followed by IPA

17. Who performs the sterile compounding process at your facility?

It is performed by the Sterile Compounding Technicians with the supervision of Sterile Compounding Pharmacists, & QA

18. Who is responsible and accountable for the sterile compounding process at your facility?

The Sterile Pharmacy Manager and the Director of Quality

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

All products are shipped under controlled conditions appropriate to their stability, using validated shipping methods and pack-outs. Shipments are sent via next-day delivery to maintain product quality and integrity, with transit conditions monitored throughout transport.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? N/A		
2. Are you complying with all USP 800 guidelines?	Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	Yes	No
4. Is your BSC or CACI vented 100% to the outside?	Yes	No
5. Do you have a negative pressure buffer room at your facility?	Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	No
9. If yes, list the name of the device: N/A		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers? N/A

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

N/A

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

Zinc Sulfate

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

Garbing - Every 6 months
Gloved fingertip and thumb sampling - For the the oRABs it is daily, and for the personnel it is performed per batch.
Media Fill - Every 6 months and/or every time there is a major change in the compounding process.

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? ■ Yes No

4. What is the frequency for completing volumetric active air sampling?

It is performed daily, as a continuous monitoring process.

5. What is the frequency for completing surface sampling? It is performed daily, at the end of production.	
6. What is the frequency for using sporicidal agents? During our cleaning process, it is used weeklly, monthly, and quarterly. During the material transfer, it is used every day.	
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	■ Yes No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	■ Yes No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Church

Name of Person who Completed the Form

Director of Pharmacy

Title

M Church

Signature (copies or stamps not accepted)

12/8/25

Date

Board Use Only	Date Received: 12/9/25 Date Approved: _____ Approved By: _____

5

ANNUAL DISCIPLINE CASES Reporting Period: January 2026 – June 2026			
FINDING	**HARM**	**DISCIPLINE INDIVIDUAL**	**DISCIPLINE FACILITY**
CVS is responsible for the acts of its employees who made an error in a prescription that results in negative outcome to the patient.	Yes	N/A	Respondent fined $10,000 for the violations; and assessed $1,000 in attorney's fees and costs.
Respondent KA made an error in a prescription that resulted in negative outcome to the patient.	Yes	Respondent's Certificate of Registration No. 19679 is suspended for a period of one year. The suspension is stayed, and Respondent is placed on probation subject to the following conditions: 1) Respondent fined $2,000 for the violations; 2) Respondent assessed $500 in attorney's fees and costs; and 3) Respondent shall comply with all federal and state statutes and regulations regarding the practice of pharmacy, and have no additional charges filed against him.	N/A
Respondent RA allowed non-practitioners to independently access, possess, furnish, and administer dangerous drugs without direct practitioner supervision.	No	Respondent's Certificate of Registration No. CS30228 is suspended for a period of one year. The suspension is stayed, and Respondent is placed on probation subject to the following conditions: 1) Respondent shall accept the Stipulation and Order is a public reprimand; 2) Respondent fined $5,000 for the violations; 3) Respondent assessed $1,000 in attorney's fees and costs; 4) Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against her while on probation.	N/A

Respondent CL prescribed dangerous drugs to patients with whom Respondent had not established a bona fide therapeutic relationship and failed to timely report disciplinary action.	No	Respondent's Certificate of Registration No. CS31815 is suspended for a period of one year. The suspension is stayed and Respondent is placed on probation subject to the following conditions: 1) Respondent shall accept the Stipulation and Order as a public reprimand; 2) Respondent fined $5,000 for the violations; 3) Respondent assessed $1,000 in attorney's fees and costs; 4) Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while on probation.	N/A
Respondent GO dispensed controlled substances without a valid dispensing practitioner registration and failed to review PMP.	No	Respondent's Certificate of Registration No. CS35044 is suspended for a period of one year. The suspension is stayed and Respondent is placed on probation subject to the following conditions: 1) Respondent shall accept the Stipulation and Order as a public reprimand; 2) Respondent fined $5,000 for the violations; 3) Respondent assessed $1,000 in attorney's fees and costs; 4) Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while on probation.	N/A
As pharmacy/pharmacy owner, Costco Pharmacy is responsible for the acts of its employees who made an error in a prescription.	Yes	N/A	Respondent fined $2,000 for the violations; and assessed $1,000 in attorney's fees and costs.
Respondent CV made an error in a prescription.	No	Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.	N/A

Respondent DY allowed a non-practitioner to independently access, possess, furnish, and administer dangerous drugs without direct practitioner supervision.	No	Respondent's Certificate of Registration No. CS06454 is placed on probation for one year subject to the following conditions: 1) Respondent shall accept the Stipulation and Order is a public reprimand; 2) Respondent fined $5,000 for the violations; 3) Respondent assessed $1,000 in attorney's fees and costs; 4) Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while on probation.	N/A
The Nevada BOP took reciprocal disciplinary action on AW's Certificate of Registration No. 22724 based upon disciplinary action by the Arizona Board of Pharmacy for diversion.	No	Respondent's Certificate of Registration No. 22724 is placed on probation until October 29, 2029, and Respondent shall fully comply with the Arizona BOP Consent Order in Case No. 24-0394. Respondent fined $1,000 for the violations.	N/A
As pharmacy/pharmacy owner, SP is responsible for the acts of its employees who mailed dangerous drugs in California, Louisiana, Ohio, Texas, and Wisconsin when they did not hold a pharmacy, wholesaler, or mail pharmacy license in those states.	No	N/A	Respondent accepts the Stipulation as a public reprimand. Respondent has forfeited License No. PH03880 when they failed to renew their license on November 1, 2020. Respondent fined $5,000 for the violations and assessed $1,000 in attorney's fees and costs.
As managing pharmacist during the time of the events, Respondent TA was aware and is responsible for the acts of its employees who mailed dangerous drugs in California, Louisiana, Ohio, Texas, and Wisconsin when they did not hold a pharmacy, wholesaler, or mail pharmacy license in those states.	No	Respondent's Certificate of Registration No. 19070 is revoked. The revocation is stayed and Respondent is placed on probation subject to the following conditions: 1) Respondent fined $2,000 for the violations; 2) Respondent assessed $1,000 in attorney's fees and costs; 3) Respondent shall complete two additional hours of continuing education on duties of a managing pharmacist; and 4) As a condition or probation, Respondent shall not engage in any conduct for which disciplinary action may be imposed pursuant to the provisions.	N/A

Respondent RM dispensed dangerous drugs without a dispensing registration; held for sale an adulterated drug; failed to produce complete and accurate records of all dangerous drugs dispensed to patients; failed to store and/or possess dangerous drugs from patients and employees that were not in stock containers properly labeled and procured from a manufacturer, wholesaler or pharmacy; and did not acquire the dangerous drugs from patients and employees pursuant to a prescription written by himself or another practitioner, and/or were not dispensed to Respondent by a pharmacy or dispensing practitioner.	No	Respondent accepts the Stipulation as a public reprimand. Respondent fined $5,000 for the violations and assessed $500 in attorney's fees and costs.	N/A
Respondent EW failed to disclose on his 2022 controlled substance application renewal that he had been subject to disciplinary action before numerous state boards of medicine.	No	Respondent fined $1,000 for the violations.	N/A
As pharmacy/pharmacy owner, WP is responsible for the acts of its employees who made an error in a prescription that resulted in a negative outcome to the patient.	Yes	N/A	Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs. Respondent will ensure all pharmacies in Nevada that use automated filling cells required pharmacists to review the SOPs for filling automated cells with medications from stock bottles within 60 days of the effective date of the Order. In addition, Walgreens #8342 will cease using the Yuyama EV-1 automated filling cells as of January 31, 2026.

As managing pharmacist during the time of the events, Respondent DW is responsible for the acts of its employees at Partell Pharmacy who dispensed invalid “Emergency Kits” or “COVID Kits” for which the drugs in each kit were not identified on the prescription, and they would substitute Budesonide in the “COVID Kit” with a Medrol DosePak and Albuterol without the knowledge or consent of the prescribing practitioner.	No	Respondent accepts this Stipulation as a public reprimand; Respondent’s Certificate of Registration No. 13635 has been forfeited since he failed to renew it on November 1, 2025; Respondent shall pay a fine of $5,000 for the violations; and assessed $1,000 in attorney’s fees and costs.	N/A
Respondent SS was arrested for a DUI and was under the influence of alcohol and Diazepam, a controlled substance. He did not have a valid U.S. prescription as he obtained the medication from a prescription issued by a licensed physician in Thailand. Respondent was disciplined by the California BOP where the Nevada BOP took reciprocal action.	No	Respondent accepts the Stipulation as a public reprimand; and assessed $500 in attorney’s fees and costs.	N/A
TU committed numerous violations related to controlled substances.	No	Respondent’s Certificate of Registration No. PD00512 is revoked. Respondent’s Certificate of Registration No. CS1604 is suspended for a period of two years. The suspension is stayed and Respondent is placed on probation subject to the following conditions: a) Respondent fined $5,000 for the violations; b) Respondent assessed $1,000 attorney’s fees and costs; and c) Respondent shall comply with all federal and status statues and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while on probation.	N/A

IG failed to timely renew his Certificate of Registration No. CS33713 prior to issuing controlled substance prescriptions and failed to review patient utilization reports in the PMP database prior to issuing controlled substance prescriptions.	No	Respondent subject to the following penalties: Public reprimand. Respondent's Certificate of Registration No. CS33713 is suspended for a period of two years. The suspension is stayed and Respondent is placed on probation subject to the following conditions: a) Respondent accepts the Stipulation and Order as a public reprimand; b) Respondent find $5,000 for the violations; c) Respondent assessed $1,000 in attorney's fees and costs; d) Respondent shall complete training with Board staff on the use of the PMP database within 60 days of the Order; and e) Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed again him while on probation.	N/A
SN failed to disclose prior Iowa Board of Nursing disciplinary action on her 2022 Nevada controlled substance application. She also issued at least 148 prescriptions between April 18, 2024, and June 11, 2024, without a valid Nevada DEA registration and without a registered practice location on file with the Board. In addition, she did not timely report her 2025 disciplinary action from the Nevada Board of Nursing. Finally, she unlawfully accessed the PMP database and disseminated a patient utilization report for J.S., with whom she had no bona fide therapeutic relationship.	No	Respondent 's Certificate of Registrations No. CS34530 and PR16791 are revoked. Respondent fined $5,000 for the violations; and assessed $1,500 in attorney's fees and costs.	N/A
As pharmacy/pharmacy owner, Respondent purchased prescription drugs from pharmacies not licensed for wholesale distribution in Nevada.	No	N/A	Respondent accepts the Stipulation and Order as a public reprimand. Respondent fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs.

As managing pharmacist at the time of the events of January 2023 and October 2023, NS purchased prescription drugs from pharmacies not licensed for wholesale distribution in Nevada.	No	Respondent accepts the Stipulation and Order as a public reprimand. Respondent fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs. Respondent shall complete two additional CE hours on duties of a management pharmacist.	N/A
As managing pharmacist at the time of the events of December 2023 and April 2024, KB purchased prescription drugs from pharmacies not licensed for wholesale distribution in Nevada.	No	Respondent accepts the Stipulation and Order as a public reprimand. Respondent fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs. Respondent shall complete two additional CE hours on duties of a management pharmacist.	N/A
JO allowed an employee to perform duties of a dispensing technician in training without the required registration.	No	Respondent's Certificate of Registration No. CS15479 and PD15479 are suspended. The suspension is stayed and placed on probation for a period of one year subject to the following conditions: a) Respondent shall pay a fine of $2,000 for the violations; and b) Respondent shall pay $500 in attorney's fees and costs.	N/A
AP made an error in a prescription while using virtual verification.	No	Respondent fined $500 for the violations; and assessed $500 in attorney's fees and costs.	N/A
TS made an error in a prescription while using virtual verification.	No	Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.	N/A
As managing pharmacist at the time of the events, GS filled prescriptions that were not valid from October 22, 2025, to November 4, 2025.	No	Respondent accepts the Stipulation and Order as a public reprimand. Respondent fined $2,500 for the violations; and assessed $750 in attorney's fees and costs. Additionally, Respondent agrees to participate in training with Board staff on laws related to controlled substances.	N/A
RC made an error in a prescription that resulted in a negative patient outcome. Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.	Yes	Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.	N/A

As pharmacy/pharmacy owners, CVS is responsible for the acts of its employees who made an error in a prescription that resulted in a negative patient outcome.	Yes	N/A	CVS fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.
As pharmacy/pharmacy owner, CVS is responsible for the acts of its employees who made an error in a prescription while using virtual verification.	No	N/A	CVS fined $5,000 for the violations; and assessed $500 in attorney's fees and costs. In addition, CVS corporate management shall provide the Board's staff with copies of written policies, procedures, training manuals or other materials, if any, that specifically confirm or corroborate its contention that all CVS pharmacists in Nevada have the discretion to perform visual inspections by physical or manual manipulation of prescription drug products before dispensing them to patients. If no such policies, procedures, training manuals or other materials exist, CVS shall provide a written statement to that effect. Additionally, CVS corporate management shall provide a written statement or summary of its plan, if any, to provide ongoing periodic reminders to or conduct training with its pharmacists concerning their discretion to perform visual inspections by physical or manual manipulation of prescription drug products before dispensing them to patients. If no such plan exists, CVS shall provide a written statement to that effect.
As pharmacy/pharmacy owner, RP is responsible for the acts of its employees who made an error in a prescription that resulted in a negative outcome to the patient.	Yes	N/A	RP fined $10,000 for the violations; and assessed $1,000 in attorney's fees and costs.

OS made an error in a prescription that resulted in a negative outcome to the patient.	Yes	OS fined $2,000 for the violations; and assessed $500 in attorney's fees and costs.	N/A
MF was disciplined by the Pennsylvania Board of Pharmacy for submitting altered endotoxin and sterility test certificates for equine glucosamine injections and for misrepresenting acceptable levels to FDA inspectors. The Nevada Board of Pharmacy imposed reciprocal discipline.	No	MF's Certificate of Registration No. 22316 is placed on probation for a period of one year; and assessed $1,000 in attorney's fees and costs.	N/A
As pharmacy/pharmacy owner, CVS #8792 is responsible for the acts of its employees who made an error in a prescription.	No	N/A	CVS fined $2,000 for the violations; and assessed $1,000 in attorney's fees and costs.
As the supervising pharmacist, JL is responsible for the acts of an intern pharmacist who made an error in a prescription.	No	JL fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.	N/A
FE was convicted of a federal offense involving the unlawful conversion of Medicare funds for personal use.	No	FE's Certificate of Registration No. CS23430 is suspended through October 31, 2026.	N/A
GZ provided false information on her Pharmaceutical Technician-in-Training application by claiming she had obtained a high school diploma or GED, despite never having completed or received either credential.	No	GZ's Certificate of Registration No. PT28532 is cancelled; and assessed $586.34 in attorney's fees and costs.	N/A
As pharmacy/pharmacy owner, CVS #9586 is responsible for the act of a pharmacist who made an error in a prescription.	No	N/A	CVS fined $5,000 for the violations; and assessed $500 in attorney's fees and costs.
MP made an error in a prescription.	No	Respondent fined $1,000 for the violations and assessed $500 in attorney's fees and costs.	N/A

During Respondent ML's tenure as Premier Beauty's medical director, he rarely visited the spa while dangerous drugs were stored, ordered, and administered. Employees injected prescription medications without the medical director present, without a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor determined that a dangerous drug was medically necessary. Additionally, the spa also obtained drugs from an unlicensed Florida wholesaler and kept multiple injectable products intended for foreign markets and not approved for distribution or use in the United States.	No	ML accepts Stipulation as a public reprimand; fined $5,000 for the violations; assessed $1,000 in attorney's fees and costs; and cannot service as a medical director of any practice site in the State of Nevada where injectable dangerous drugs and controlled substances in possession of individuals who do not hold a license to possess them in Nevada for a period of years from the effective date of the Order.	N/A
PR did not check the PMP database for a patient's controlled-substance history or review the patient's utilization report before issuing a prescription. He also failed to review his own prescriber activity in the PMP system for the period between August 21, 2023, and August 12, 2025.	No	PR fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs. Additionally, Respondent must participate in PMP training within 60 days of the effective date of the Order.	N/A
LO was medical director of Skin Lab from April 23, 2023, to February 18, 2024, again from December 18, 2024, to May 31, 2025, and from June 1, 2025, to the present. During this time, Respondent allowed all employees unrestricted access to the facility's dangerous drug inventory and failed to maintain the security of the dangerous drugs within her possession.	No	LO fined $5,000 for the violations; assessed $500 in attorney's fees and costs. Additionally, Respondent cannot serve as medical director of any practice site in the State of Nevada where injectable dangerous drugs and controlled substances are in the possession of individuals who do not hold a license to possess them in Nevada for a period of five years from the effective date of the Order.	N/A
PA failed to document whether counseling was offered or provided for a dispensed prescription as required by state regulation.	No	PA fined $750; assessed $500 in attorney's fees and costs; and required to complete two continuing-education courses on pharmacy record-keeping.	N/A

AH, a licensed medical products provider, received a CPAP prescription for a patient in June 2024 but did not deliver the device until July 2025, despite billing the patient's insurer for its use from August to October 2024 and for additional supplies in 2025. The delay stemmed from an error in Respondent's system. AH's actions fell below Nevada's professional and billing standards, and AH also failed to document patient communications, respond timely to Board inquiries, and maintain required records.	No	N/A	AH fined $3,000 for the violations; and assessed $1,000 in attorney's fees and costs.
The pharmacy owner, NN, caused the assets of LP to be sold to RM on September 26, 2024, without providing the required advance notice to the Board or filing a change-of-ownership application, as mandated by Nevada Law. As a result, RM operated the pharmacy without a valid license, continuing to handle and dispense dangerous drugs and controlled substances unlawfully. LP is responsible for the acts of its employees who enabled unlicensed pharmacy operations.	No	N/A	LP's License No. PH04561 shall remain inactive.
The pharmacy owner, NN, sold its assets to MM on September 19, 2025, without providing the required advance notice to the Board or filing a change-of-ownership application, as mandated by Nevada Law. Also, a pharmacist processed at least ten prescriptions lacking information required under Nevada law. TP is responsible for the acts of its employees who enabled unlicensed pharmacy operations and processed ten prescriptions without the required information required by Nevada Law.	No	N/A	TP's License No. PH04648 shall remain inactive.

As pharmacy owner, NN sold the pharmacy assets for LP to RM on September 26, 2024, and the pharmacy assets for TP to MM on September 19, 2025, without providing the required advance notice to the Board or filing a change-of-ownership application, as mandated by Nevada Law.	No	NN's Certificate of Registration No. 20601 is suspended; however, the suspension is stayed. Respondent NN is placed on probation for a period of two years from the effective date of the Order subject to the following conditions: 1) pay a fine of $5,000 for the violations; 2) pay $2,000 in attorney's fees and costs; and 3) as a condition of probation, NN shall not engage in any conduct for which disciplinary action may be imposed. Additionally, NN may not own a pharmacy in Nevada for a period of three years from the effective date of the Order. NN shall seek Board approval for any ownership of a pharmacy after the prohibition of ownership has ended.	N/A
RG was disciplined by the Nevada Board of Pharmacy on October 11, 2023, and placed on five years of probation with a requirement to complete substance-abuse counseling and provide proof of progress. He failed to renew his certificate of registration on November 1, 2024, and thereafter failed to provide proof of continuing participation in substance-abuse counseling.	No	As a result, Certificate of Registration No. CS27126 is revoked retroactively to October 31, 2024, and RG may not petition for reinstatement until April 15, 2027.	N/A
SA was the medical director of Youth, Inc. During this period, the owner and/or employees stored and possessed prescription drugs and administered injectable prescription drugs at times when no practitioner was on-site. Respondent accepts this Stipulation as a public reprimand for having assisted or permitted the unauthorized storage, possession and administration of drugs.	No	SA fined $5,000 for the violations; and assessed $500 in attorney's fees and costs.	N/A

Respondent JE verified prescriptions that did not comply with Nevada law, thus causing his employer, Meta Pharmacy, to dispense dangerous drugs and controlled substances to Meta's customers without proper medical authorization.	No	Respondent's Certificate of Registration No. 20782 is revoked; however, the revocation is stayed, and Respondent is placed on probation for a period of two years beginning June 3, 2026. Respondent fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs. In addition, Respondent must complete four continuing education credit hours on the topic of ethics in the practice of pharmacy and must refrain from any conduct that could subject him to further disciplinary action.	N/A
Respondent TH permitted non-practitioner owners, managers, and/or employees to engage in unregistered prescribing, failed to establish and maintain effective controls against diversion of controlled substances, and failed to query the PMP database as required by Nevada Law. Respondent was noticed to appear at the Board's meeting on June 3, 2026, but she failed to appear and a default hearing was held.	No	Respondent's Certificate of Registration No. CS25791 is revoked, and Respondent cannot petition for reinstatement for a period of one year. Respondent fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs.	N/A
As pharmacy/pharmacy owner, RP is responsible for the acts of its employees who failed to document whether counseling was offered or provided for a dispensed prescription as required by state regulation.	No	N/A	Respondent fined $750; assessed $500 in attorney's fees and costs. Respondent has cooperated, and it agrees to cooperate with the Board's inspectors in terms of explaining and/or demonstrating how its systems for documenting patient counseling operates and to make reasonable changes or modifications to that system, as appropriate, to address any compliance concerns that the Board may have.
As pharmacy/pharmacy owner, PP is responsible for the acts of its employees who failed to correct a data entry error related to a prescription for a maintenance medication needed by a patient of the	Yes	N/A	Respondent fined $1,500 for the violations; and assessed $1,732 in attorney's fees and costs.

MorningStar assisted living facility. The failure to correct the error caused a lengthy interruption to the patient's medication therapy and resulted in a negative medical outcome to the patient.			
In Case No. 24-370-RPH-N, Respondent CK failed to correct a data entry error related to a prescription for a maintenance medication needed by a patient of the MorningStar assisted living facility. The failure to correct the error caused a lengthy interruption to the patient's medication therapy and resulted in a negative medical outcome to the patient. Additionally, in Case No. 26-084-RPH-N, Respondent CK was found to be intoxicated while on duty. The allegations in both cases were consolidated and settled by way of a stipulation.	No	Per the stipulation, Respondent's Certificate of Registration No. 19388 is revoked. The revocation is stayed and Respondent is placed on probation until June 30, 2028 subject to the following conditions: 1) Respondent shall participate in a professional monitoring program as recommended by her practitioner and for quarterly reports to be sent to Board staff; 2) If requested by the Board, Respondent will appear before the Board prior to her 2027 certificate-of-registration renewal to answer questions regarding her progress and participation in the professional monitoring program; 3) Respondent shall pay a fine of $1,000 for the violation alleged in Case No. 24-370-RPH-N; and assessed a total of $1,500 in attorney's fees and costs for the violations alleged in Case Nos. 24-370-RPH-N and 26-084-RPH-N.	N/A
As pharmacy/pharmacy owner, WP is responsible for the acts of its employees who made an error in a prescription.	No	N/A	Respondent fined $2,000 for the violations; and assessed $1,000 in attorney's fees and costs.
Respondent MM made an error in a prescription.	No	Respondent's Certificate of Registration No. 23854 is suspended. The suspension is stayed and is placed on a probation for a period of two years from the effective date of the Order. Respondent fined $2,000 for the violations; and assessed $1,000 in attorney's fees and costs. Respondent shall not engage in any conduct for which disciplinary action may be imposed.	N/A
PPLP engaged in unlawful wholesale distribution of prescription drugs in Nevada.	No	N/A	Respondent appealed the Citation and Fine at the June 3, 2026, Board Meeting where the Board upheld the $5,000 fine.

Respondent AG failed to query the PMP prior to issuing controlled substance prescription, allowed unauthorized person to his credential to access the PMP Database, and failed to query and review his MyRx prescriber activate in the PMP.	No	Certificate of Registration No. CS09380 is placed on probation for a period of two years subject to the following conditions: 1) Respondent accepts this Stipulation and Order as a public reprimand; 2) Respondent fined $5,000 for the violations; 3) Respondent assessed $1,000 in attorney's fees and costs; and 4) Respondent shall complete PMP training within 60 days from the Order and shall complete follow up training six months after initial training.	N/A
HV engaged in the sale and distribution of opthalmic products that did not follow FDA regulations and were manufactured at a facility not registered by the FDA even after the FDA issued a warning letter.	No	N/A	Respondent fined $2,500; and assessed $1,000 in attorney's fees and costs.
Respondent PS failed to disclose her discipline on her 2023 pharmaceutical technician in training application. A hearing was held on June 3, 2026, but she failed to appear and a default hearing was heard.	No	Respondent's Certificate of Registration No. PT28814 is revoked and may not petition for reinstatement for a period of one year from the effective date of the Order. Respondent shall appear before the and answer questions and give testimony regarding her application and her compliance with her Order. Respondent assessed $1,118.15 in attorney's fees and costs.	N/A
At the time of the events, Respondent JS was the managing pharmacist who made false statement to the Nevada Board of Pharmacy Inspector during an inspection of Modern Rx. A hearing was held on June 3, 2026, but he failed to appear and a default hearing was heard.	No	Respondent's Certificate of Registration No. 18852 is revoked and may not petition for reinstatement for a period of one year from the effective date of the Order. Respondent shall appear before the Board and answer questions and give testimony regarding his application and his compliance with his Order. Respondent assessed $190.95 in attorney's fees and costs.	N/A

Respondent DH failed to disclose criminal history on her 2014 pharmaceutical technician in training application and subsequently on all her biennial renewal applications through 2022. A hearing was held on June 3, 2026, but he failed to appear and a default hearing was heard.	No	Respondent's Certificate of Registration No. PT27744 is revoked and may not petition for reinstatement for a period of one year from the effective date of the Order. Respondent shall appear before the Board and answer questions and give testimony regarding her application and her compliance with ger Order. Respondent assessed $1,261.84 in attorney's fees and costs.	N/A

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

MARILOU REYES, RPH,
Certificate of Registration No. 11763,

AND,

CVS PHARMACY #9168,
Pharmacy License No. PH00506,

Respondents.

Case No. 24-010-RPH-N
24-010-PH-N

NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondent Marilou Reyes ("Respondent Reyes"), because Respondent Reyes holds a certificate of registration issued by the Board pursuant to NRS 639.127, authorizing her to engage in the practice of pharmacy in the state of Nevada.

2. The Board has jurisdiction over CVS Pharmacy #9168 ("Respondent CVS" or "CVS"), because Respondent holds a license issued by the Board pursuant to NRS 639.230, authorizing Respondent CVS to operate a pharmacy located at 1119 California Ave., Reno, Nevada 90523.

FACTUAL ALLEGATIONS

3. On November 21, 2023, at approximately 9 a.m., patient L.A., a California resident, requested that prescriptions maintained by Kaiser Permanente Pharmacy in Los Angeles,

California ("Kaiser") be transferred on an emergency basis to CVS while she was visiting her sister in Reno.

4. While at CVS, L.A. informed two pharmaceutical technicians that she has epilepsy, had traveled without her medications, and needed an immediate transfer of her anti-seizure medication, Tegretol.

5. CVS technicians refused to contact Kaiser regarding the transfer request and informed L.A. that she should seek assistance from another, less busy, pharmacy.

6. L.A. remained at CVS and contacted Kaiser herself to initiate the transfer request.

7. Subsequently, Kaiser transferred, by way of facsimile, all of L.A.'s active prescriptions, totaling seven (7), two (2) of which were additional re-fills. The transferred medications included Tegretol, Metoprolol, Gabapentin, Levothyroxine (with additional re-fill), and Fluoxetine (with additional re-fill).

8. Respondent Reyes communicated directly with the Kaiser pharmacist regarding the transfer and accepted the facsimile transmission of the transferred prescriptions.

9. Kaiser records documented the successful facsimile transmission of all seven (7) transferred prescriptions to CVS. Kaiser also facsimiled detailed notes for each prescription, including the medication name, strength, quantity, and supply.

10. CVS utilizes an electronic facsimile system. All incoming facsimiles are initially placed in a queue pending retrieval by pharmacy staff. Once retrieved, the facsimile is printed and scanned, and the prescription information is then manually entered into CVS's pharmacy system.

11. CVS Pharmaceutical technician Shirley Donnelly only entered five (5) of L.A.'s seven (7) facsimiled prescriptions into its system and assigned prescription numbers for Gabapentin, Levothyroxine, Fluoxetine (with additional refill), and Metoprolol. Respondent Reyes verified the five (5) prescriptions.

12. While waiting for her prescription to be dispensed by CVS, L.A.'s condition deteriorated, and she became unable to effectively communicate.

13. After learning of L.A.'s condition during a telephone call with her, L.A.'s sister went to CVS at approximately 1:00 p.m. where she observed L.A. slumped over in a chair near the pharmacy counter unable to speak or otherwise communicate.

14. Shortly thereafter, a CVS employee dispensed Gabapentin, Levothyroxine, Fluoxetin, and Metoprolol to L.A.'s sister who immediately gave L.A. the medication while still in the pharmacy.

15. Later that day, L.A. experienced a seizure and was transported to Renown hospital by paramedics. The paramedics confirmed that none of the medications dispensed to Respondent earlier that day were to treat seizures.

16. During L.A.'s hospitalization, she experienced status epilepticus (continuous seizures), was admitted to the intensive care unit, and placed on a ventilator. She remained hospitalized from November 21, 2023 through November 24, 2023.

17. Following her discharge, L.A. experienced memory loss and was ordered to stop driving for six months.

18. Kaiser records reflect that L.A.'s Tegretol prescription had been transferred to Respondent CVS, while Respondent CVS records reflect no prescription for Tegretol.

19. The facsimile records maintained by CVS consisted of scanned pages marked "2/6," "3/6," "4/6", and "5/6." CVS did not maintain records of the pages marked "1/6" and "6/6", and Respondent CVS was unable to account for the missing pages or determine their contents.

20. CVS was further unable to retrieve the original transmission because facsimiles are immediately deleted from the system after they are entered into CVS's records. Pursuant to CVS's computer system, deleted facsimiles are moved to the "Delete Triage" and are only recoverable that same day.

21. CVS Corporate can only retrieve deleted records within 30 days of being sent to the "Deleted Triage."

PRIOR DISCIPLINE

22. In 1998, the Board disciplined Respondent CVS for a dispensing error and imposed a $400 fine.

23. In 2010, the Board disciplined Respondent CVS for a dispensing error and imposed a $1,000 fine.

24. In 2010, the Board disciplined Respondent CVS for mislabeling a prescription's directions, resulting in patient harm. The Board imposed a $750 fine.

APPLICABLE LAW

25. A pharmacist has a duty to review a patient's record before dispensing a prescription to determine its therapeutic appropriateness. NAC 639.707(4). The pharmacist may consider, among other things, diseases which the patient has.

26. A pharmacist has a duty to keep facsimile prescriptions for at least two (2) years after receipt. If the paper is not of sufficient quality to last for at least 2 years, the facsimile prescription must be reproduced on permanent paper, or the pharmacist must reduce the prescription to writing and attach the original transmission of the prescription to the reproduced copy or the prescription reduced to writing. NAC 639.711(5).

27. A pharmacist who receives a prescription to fill, including a prescription that is written, transcribed from an oral order or transferred to the pharmacy, shall mark on the prescription a unique serial number issued for that prescription. NAC 639.706(1).

28. A pharmacist shall maintain a physical record in the files of prescriptions that accurately explains or accounts for any serial number issued for a prescription that is not filled, including a serial number issued in error or for a prescription that is later rendered void. NAC 639.706(3).

29. A person who is issued a license to conduct a pharmacy shall ensure that the pharmacy uses a computerized system for recording information concerning prescriptions. NAC 639.924.

30. Any computerized system used by a pharmacy for recording information concerning prescriptions must be designed in such a manner that it provides a readily retrievable printed record of the information relating to a prescription or a patient which the pharmacy is required to maintain pursuant to state or federal law, including, without limitation, information relating to the original prescription or the refill or modification of that prescription. NAC 639.910(1)(a).

31. Any computerized system used by a pharmacy for recording information concerning prescriptions must be designed in such a manner that it provides a procedure that may be conducted at least once each day to ensure that the information which is recorded in the system is not lost or destroyed. NAC 639.910(1)(m).

32. Unprofessional conduct by a pharmacist includes, "performing any of his or her duties . . . in an incompetent, unskillful or negligent manner." NAC 639.945(1)(i).

33. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

34. The Board may discipline a licensee who has violated any provisions of a regulation relating to the practice of pharmacy. NRS 639.210(12).

35. In lieu of, or in addition to, revoking or suspending a license holder's registration for violating the law or engaging in unprofessional conduct, the Board may impose fines as a disciplinary measure. *See* NRS 639.255; NAC 639.955.

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COUNT ONE
Unprofessional Conduct – Failure to Exercise Professional Judgment
(Respondents Reyes and CVS)

36. As alleged above, Respondent Reyes verified and dispensed only five (5) of L.A.'s seven (7) facsimile prescriptions, failing to verify and dispense, among others, L.A.'s prescription for Tegretol.

37. Respondent Reyes failed to locate L.A.'s prescription for Tegretol despite pharmacy staff being aware of L.A.'s epilepsy diagnosis and deteriorating condition near the pharmacy counter.

38. Based upon the foregoing, Respondent Reyes knew or reasonably should have known that L.A. was awaiting an anti-seizure medication, among others.

39. Respondent Reyes breached her duty under NAC 639.707(4) to evaluate whether the prescriptions that she had verified for L.A. were therapeutically appropriate to control L.A.'s epileptic seizures.

40. Had Respondent Reyes properly reviewed and considered L.A.'s known diagnosis of epilepsy and deteriorating condition when determining the therapeutic appropriateness of dispensing drugs that did not include an anti-seizure medication, Respondent Reyes likely would have discovered the omission to fill L.A.'s prescription for Tegretol.

41. As alleged above, Respondent Reyes performed her duties as a pharmacist in a negligent, unskillful or incompetent manner, thus engaging in unprofessional conduct.

42. As the owner/operator of the pharmacy at which Respondent Reyes was employed, Respondent CVS is responsible for Respondent Reyes' conduct as alleged above. Accordingly, the Board may discipline Respondent CVS pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

COUNT TWO
Unprofessional Conduct – Failure to Properly Serialize Prescriptions and/or Maintain Prescription Records Transmitted Via Facsimile (Respondents Reyes and CVS)

43. As the CVS pharmacist on duty on November 21, 2023, Respondent Reyes had a duty to assign unique serial numbers to each of the prescriptions transferred from Kaiser on behalf of L.A.

44. As the CVS pharmacist on duty on November 21, 2023, Respondent Reyes had a duty to generate a record or summary explaining or accounting for any serial numbers issued for prescriptions that were not filled by CVS for L.A.

45. As the CVS pharmacist on duty on November 21, 2023, Respondent Reyes had a duty to generate a record or summary documenting all the pertinent prescription information transferred from Kaiser on behalf of L.A.

46. Based upon the prescription information received from Kaiser, Respondent Reyes knew or reasonably should have known that there were seven (7) prescriptions requiring serialization and/or documentation. Respondent Reyes failed to serialize and/or document two of those prescriptions.

47. Given that L.A. was visibly distressed within the pharmacy, Respondent Reyes knew or reasonably should have known that it was critically important to fully and accurately serialize and document the prescriptions transferred from Kaiser on behalf of L.A.

48. By failing to fully and accurately serialize and document the prescriptions transferred from Kaiser on behalf of L.A., Respondent Reyes performed her duties as a pharmacist in a negligent, unskillful or incompetent manner, thus engaging in unprofessional conduct. NRS 639.210(4). See also NAC 639.945(1)(i).

49. As the owner/operator of the pharmacy at which Respondent Reyes was employed, Respondent CVS is responsible for Respondent Reyes' unprofessional conduct as alleged above. Accordingly, the Board may discipline Respondent CVS pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

COUNT THREE
Unprofessional Conduct – Failure to Maintain a Compliant Computerized System (Respondent CVS)

50. Respondent CVS had a duty to maintain a computerized system that has readily retrievable records and that has a procedure in place to ensure that recorded information is not deleted. NAC 639.910.

51. Respondent CVS performed its duties in an incompetent, unskillful, or negligent manner because it did not have a procedure in place to ensure that its original incoming facsimiles are readily retrievable. *See* NAC 639.910(1)(m); NAC 639.945(1)(i).

52. Having engaged in unprofessional conduct as alleged above, Respondent CVS is subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945; and NAC 639.955.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration for Respondent CVS Pharmacy #9168 and Respondent Reyes.

DATED this 21st day of July 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #9168,** **Pharmacy License No. PH00506,** **Respondent.**	**Case No. 24-010-PH-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, September 2, 2026, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney, Amy Steelman, at the email addresses below:

TeamBC@Pharmacy.nv.gov **and** **aksteelman@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 21st day of JULY 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #9168,** **Pharmacy License No. PH00506,** **Respondent.**	**Case No. 24-010-PH-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2026.

AUTHORIZED REPRESENTATIVE FOR CVS PHARMACY #9168

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22nd day of July 2026, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

CVS Pharmacy #9168
1119 California Ave.
Reno, NV 89509

And via courtesy email to: brian.convery@cvshealth.com

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARILOU REYES, RPH,** **Certificate of Registration No. 11763, and** **CVS PHARMACY #9168,** **Pharmacy License No. PH00506,** **Respondents.**	**Case Nos. 24-010-RPH-N** **24-010-PH-N** **STIPULATION AND ORDER** **[CVS PHARMACY #9168 ONLY]**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), by and through counsel, Amy K. Steelman, Esq., and CVS Pharmacy #9168, Pharmacy License No. PH00506, ("Respondent"), by and through counsel, Brian J. Convery, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. On or about July 23, 2026, Respondent was served with the Notice of Intended Accusation ("Accusation") on file in this matter, together with the Statement to Respondent and Notice of Hearing.

2. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

3. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby knowingly and voluntarily waives the rights to a hearing, reconsideration, appeal, and any and all other rights related to this action that may be accorded by NRS

Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Respondent neither admits nor denies the allegations stated in Count One, Count Two, and Count Three the Accusation, but admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violation alleged therein, *to wit*:

A. While acting as an employee of Respondent, Pharmacist Reyes verified and dispensed only five (5) of L.A.'s seven (7) facsimile prescriptions, failing to verify and dispense, among others, L.A.'s prescription for Tegretol.

B. Pharmacist Reyes breached her duty under NAC 639.707(4) to evaluate whether the prescriptions that she had verified for L.A. were therapeutically appropriate to control L.A.'s epileptic seizures.

C. Had Pharmacist Reyes properly reviewed and considered L.A.'s known diagnosis of epilepsy and deteriorating condition when determining the therapeutic appropriateness of dispensing drugs that did not include an anti-seizure medication, Pharmacist Reyes likely would have discovered the omission to fill L.A.'s prescription for Tegretol.

D. Based upon the prescription information received from Kaiser, Pharmacist Reyes knew or reasonably should have known that there were seven (7) prescriptions requiring serialization and/or documentation. Pharmacist Reyes failed to serialize and/or document two of those prescriptions in violation of NAC 639.706.

E. Pharmacist Reyes performed her duties as a pharmacist in a negligent, unskillful or incompetent manner, thus engaging in unprofessional conduct as defined by NAC 639.945(1)(i).

F. As the pharmacy/pharmacy owner at which unprofessional conduct and violations of law alleged occurred, Respondent CVS Pharmacy #9168 is responsible for those violations, including all errors and omissions of employee Marilou Reyes and any other

pharmacy personnel, and is subject to professional discipline pursuant to NRS 639.230(5), NAC 639.702, and/or NAC 639.945(3).

G. Respondent CVS had a duty to maintain a computerized system that has readily retrievable records and that has a procedure in place to ensure that recorded information is not deleted. NAC 639.910. Facsimile prescriptions must be maintained for at least two (2) years after receipt. NAC 639.711(5).

H. Respondent CVS's computer system did not maintain records of the facsimile prescriptions from Kaiser marked "1/6" and "6/6" because facsimiles are immediately deleted from the system after they are entered by staff. Deleted facsimiles are moved to the "Delete Triage" and are only recoverable that same day. CVS Corporate can only retrieve deleted records within 30 days of being sent to the "Deleted Triage."

I. For this violation of state regulation relating to the practice of pharmacy, the Board may discipline Respondent CVS #9168 pursuant to NRS 639.210(12).

6. Those violations are pled with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

7. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties:

A. Respondent shall pay an administrative fine of **Six Thousand and 00/100 Dollars ($6,000.00)**, payable by *cashier's check, certified check,* or *money order* written to the "**State of Nevada, Office of the Treasurer.**" Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Stipulation.

B. Respondent shall pay the sum of **Six Hundred Fifty and 00/100 Dollars ($650.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable by *cashier's check, certified check,* or *money order* written to the "**Nevada State Board of Pharmacy.**" Respondent shall remit payment in full to the Board's Reno office, located at 985

Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Stipulation.

C. On or before December 1, 2026, CVS corporate management shall implement and maintain a system that retains all facsimile prescriptions received by CVS pharmacies for a period of no less than two (2) years from the date of receipt in accordance with NAC 639.711(5). CVS corporate management shall provide Board staff with written notification confirming implementation of the system, including a description of the system and the policies or procedures governing the retention and retrieval of such faxes.

8. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 24-010-PH-N. However, Respondent understands and acknowledges that its failure to comply with the terms stated herein may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation by Respondent, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

9. The Board's General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on September 2, 2026, in Reno, Nevada. Respondent will appear in person or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent fails to appear for the meeting.

10. The Board may accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330, shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

11. If the Board rejects any part or all this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a full

contested hearing on the merits of all alleged violations as stated in the Accusation. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

12. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown, that might otherwise have been asserted by the Board on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of _____ 2026.
CVS Pharmacy #9168

By:_____
Name:_____
Title:_____

Signed this ____ day of _____ 2026.
Nevada State Board of Pharmacy

By_____
AMY K. STEELMAN, ESQ.
General Counsel

DECISION AND ORDER

As to CVS Pharmacy #9168, in Case No. 24-010-PH-N, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and hereby orders that the terms of the foregoing Stipulation be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this ____day of September, 2026.

_____

Helen Park, President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARILOU REYES, RPH,** **Certificate of Registration No. 11763,** **AND,** **CVS PHARMACY #9168,** **Pharmacy License No. PH00506,** **Respondents.**	**Case No. 24-010-RPH-N** **24-010-PH-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondent Marilou Reyes ("Respondent Reyes"), because Respondent Reyes holds a certificate of registration issued by the Board pursuant to NRS 639.127, authorizing her to engage in the practice of pharmacy in the state of Nevada.

2. The Board has jurisdiction over CVS Pharmacy #9168 ("Respondent CVS" or "CVS"), because Respondent holds a license issued by the Board pursuant to NRS 639.230, authorizing Respondent CVS to operate a pharmacy located at 1119 California Ave., Reno, Nevada 90523.

FACTUAL ALLEGATIONS

3. On November 21, 2023, at approximately 9 a.m., patient L.A., a California resident, requested that prescriptions maintained by Kaiser Permanente Pharmacy in Los Angeles,

California ("Kaiser") be transferred on an emergency basis to CVS while she was visiting her sister in Reno.

4. While at CVS, L.A. informed two pharmaceutical technicians that she has epilepsy, had traveled without her medications, and needed an immediate transfer of her anti-seizure medication, Tegretol.

5. CVS technicians refused to contact Kaiser regarding the transfer request and informed L.A. that she should seek assistance from another, less busy, pharmacy.

6. L.A. remained at CVS and contacted Kaiser herself to initiate the transfer request.

7. Subsequently, Kaiser transferred, by way of facsimile, all of L.A.'s active prescriptions, totaling seven (7), two (2) of which were additional re-fills. The transferred medications included Tegretol, Metoprolol, Gabapentin, Levothyroxine (with additional re-fill), and Fluoxetine (with additional re-fill).

8. Respondent Reyes communicated directly with the Kaiser pharmacist regarding the transfer and accepted the facsimile transmission of the transferred prescriptions.

9. Kaiser records documented the successful facsimile transmission of all seven (7) transferred prescriptions to CVS. Kaiser also facsimiled detailed notes for each prescription, including the medication name, strength, quantity, and supply.

10. CVS utilizes an electronic facsimile system. All incoming facsimiles are initially placed in a queue pending retrieval by pharmacy staff. Once retrieved, the facsimile is printed and scanned, and the prescription information is then manually entered into CVS's pharmacy system.

11. CVS Pharmaceutical technician Shirley Donnelly only entered five (5) of L.A.'s seven (7) facsimiled prescriptions into its system and assigned prescription numbers for Gabapentin, Levothyroxine, Fluoxetine (with additional refill), and Metoprolol. Respondent Reyes verified the five (5) prescriptions.

12. While waiting for her prescription to be dispensed by CVS, L.A.'s condition deteriorated, and she became unable to effectively communicate.

13. After learning of L.A.'s condition during a telephone call with her, L.A.'s sister went to CVS at approximately 1:00 p.m. where she observed L.A. slumped over in a chair near the pharmacy counter unable to speak or otherwise communicate.

14. Shortly thereafter, a CVS employee dispensed Gabapentin, Levothyroxine, Fluoxetin, and Metoprolol to L.A.'s sister who immediately gave L.A. the medication while still in the pharmacy.

15. Later that day, L.A. experienced a seizure and was transported to Renown hospital by paramedics. The paramedics confirmed that none of the medications dispensed to Respondent earlier that day were to treat seizures.

16. During L.A.'s hospitalization, she experienced status epilepticus (continuous seizures), was admitted to the intensive care unit, and placed on a ventilator. She remained hospitalized from November 21, 2023 through November 24, 2023.

17. Following her discharge, L.A. experienced memory loss and was ordered to stop driving for six months.

18. Kaiser records reflect that L.A.'s Tegretol prescription had been transferred to Respondent CVS, while Respondent CVS records reflect no prescription for Tegretol.

19. The facsimile records maintained by CVS consisted of scanned pages marked "2/6," "3/6," "4/6", and "5/6." CVS did not maintain records of the pages marked "1/6" and "6/6", and Respondent CVS was unable to account for the missing pages or determine their contents.

20. CVS was further unable to retrieve the original transmission because facsimiles are immediately deleted from the system after they are entered into CVS's records. Pursuant to CVS's computer system, deleted facsimiles are moved to the "Delete Triage" and are only recoverable that same day.

21. CVS Corporate can only retrieve deleted records within 30 days of being sent to the "Deleted Triage."

PRIOR DISCIPLINE

22. In 1998, the Board disciplined Respondent CVS for a dispensing error and imposed a $400 fine.

23. In 2010, the Board disciplined Respondent CVS for a dispensing error and imposed a $1,000 fine.

24. In 2010, the Board disciplined Respondent CVS for mislabeling a prescription's directions, resulting in patient harm. The Board imposed a $750 fine.

APPLICABLE LAW

25. A pharmacist has a duty to review a patient's record before dispensing a prescription to determine its therapeutic appropriateness. NAC 639.707(4). The pharmacist may consider, among other things, diseases which the patient has.

26. A pharmacist has a duty to keep facsimile prescriptions for at least two (2) years after receipt. If the paper is not of sufficient quality to last for at least 2 years, the facsimile prescription must be reproduced on permanent paper, or the pharmacist must reduce the prescription to writing and attach the original transmission of the prescription to the reproduced copy or the prescription reduced to writing. NAC 639.711(5).

27. A pharmacist who receives a prescription to fill, including a prescription that is written, transcribed from an oral order or transferred to the pharmacy, shall mark on the prescription a unique serial number issued for that prescription. NAC 639.706(1).

28. A pharmacist shall maintain a physical record in the files of prescriptions that accurately explains or accounts for any serial number issued for a prescription that is not filled, including a serial number issued in error or for a prescription that is later rendered void. NAC 639.706(3).

29. A person who is issued a license to conduct a pharmacy shall ensure that the pharmacy uses a computerized system for recording information concerning prescriptions. NAC 639.924.

30. Any computerized system used by a pharmacy for recording information concerning prescriptions must be designed in such a manner that it provides a readily retrievable printed record of the information relating to a prescription or a patient which the pharmacy is required to maintain pursuant to state or federal law, including, without limitation, information relating to the original prescription or the refill or modification of that prescription. NAC 639.910(1)(a).

31. Any computerized system used by a pharmacy for recording information concerning prescriptions must be designed in such a manner that it provides a procedure that may be conducted at least once each day to ensure that the information which is recorded in the system is not lost or destroyed. NAC 639.910(1)(m).

32. Unprofessional conduct by a pharmacist includes, "performing any of his or her duties . . . in an incompetent, unskillful or negligent manner." NAC 639.945(1)(i).

33. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

34. The Board may discipline a licensee who has violated any provisions of a regulation relating to the practice of pharmacy. NRS 639.210(12).

35. In lieu of, or in addition to, revoking or suspending a license holder's registration for violating the law or engaging in unprofessional conduct, the Board may impose fines as a disciplinary measure. *See* NRS 639.255; NAC 639.955.

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COUNT ONE
Unprofessional Conduct – Failure to Exercise Professional Judgment
(Respondents Reyes and CVS)

36. As alleged above, Respondent Reyes verified and dispensed only five (5) of L.A.'s seven (7) facsimile prescriptions, failing to verify and dispense, among others, L.A.'s prescription for Tegretol.

37. Respondent Reyes failed to locate L.A.'s prescription for Tegretol despite pharmacy staff being aware of L.A.'s epilepsy diagnosis and deteriorating condition near the pharmacy counter.

38. Based upon the foregoing, Respondent Reyes knew or reasonably should have known that L.A. was awaiting an anti-seizure medication, among others.

39. Respondent Reyes breached her duty under NAC 639.707(4) to evaluate whether the prescriptions that she had verified for L.A. were therapeutically appropriate to control L.A.'s epileptic seizures.

40. Had Respondent Reyes properly reviewed and considered L.A.'s known diagnosis of epilepsy and deteriorating condition when determining the therapeutic appropriateness of dispensing drugs that did not include an anti-seizure medication, Respondent Reyes likely would have discovered the omission to fill L.A.'s prescription for Tegretol.

41. As alleged above, Respondent Reyes performed her duties as a pharmacist in a negligent, unskillful or incompetent manner, thus engaging in unprofessional conduct.

42. As the owner/operator of the pharmacy at which Respondent Reyes was employed, Respondent CVS is responsible for Respondent Reyes' conduct as alleged above. Accordingly, the Board may discipline Respondent CVS pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

COUNT TWO
Unprofessional Conduct – Failure to Properly Serialize Prescriptions and/or Maintain Prescription Records Transmitted Via Facsimile (Respondents Reyes and CVS)

43. As the CVS pharmacist on duty on November 21, 2023, Respondent Reyes had a duty to assign unique serial numbers to each of the prescriptions transferred from Kaiser on behalf of L.A.

44. As the CVS pharmacist on duty on November 21, 2023, Respondent Reyes had a duty to generate a record or summary explaining or accounting for any serial numbers issued for prescriptions that were not filled by CVS for L.A.

45. As the CVS pharmacist on duty on November 21, 2023, Respondent Reyes had a duty to generate a record or summary documenting all the pertinent prescription information transferred from Kaiser on behalf of L.A.

46. Based upon the prescription information received from Kaiser, Respondent Reyes knew or reasonably should have known that there were seven (7) prescriptions requiring serialization and/or documentation. Respondent Reyes failed to serialize and/or document two of those prescriptions.

47. Given that L.A. was visibly distressed within the pharmacy, Respondent Reyes knew or reasonably should have known that it was critically important to fully and accurately serialize and document the prescriptions transferred from Kaiser on behalf of L.A.

48. By failing to fully and accurately serialize and document the prescriptions transferred from Kaiser on behalf of L.A., Respondent Reyes performed her duties as a pharmacist in a negligent, unskillful or incompetent manner, thus engaging in unprofessional conduct. NRS 639.210(4). See also NAC 639.945(1)(i).

49. As the owner/operator of the pharmacy at which Respondent Reyes was employed, Respondent CVS is responsible for Respondent Reyes' unprofessional conduct as alleged above. Accordingly, the Board may discipline Respondent CVS pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

COUNT THREE
Unprofessional Conduct – Failure to Maintain a Compliant Computerized System (Respondent CVS)

50. Respondent CVS had a duty to maintain a computerized system that has readily retrievable records and that has a procedure in place to ensure that recorded information is not deleted. NAC 639.910.

51. Respondent CVS performed its duties in an incompetent, unskillful, or negligent manner because it did not have a procedure in place to ensure that its original incoming facsimiles are readily retrievable. *See* NAC 639.910(1)(m); NAC 639.945(1)(i).

52. Having engaged in unprofessional conduct as alleged above, Respondent CVS is subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945; and NAC 639.955.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration for Respondent CVS Pharmacy #9168 and Respondent Reyes.

DATED this 21st day of July 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARILOU REYES, RPH,** **Certificate of Registration, No. 11763,** **Respondent.**	**Case No. 24-010-RPH-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, September 2, 2026, 2026, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney, Amy Steelman, at the email addresses below:

TeamBC@Pharmacy.nv.gov and **aksteelman@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 21st day of JULY 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARILOU REYES, RPH,** **Certificate of Registration, No. 11763,** **Respondent.**	**Case No. 24-010-RPH-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2026.

_____

MARILOU REYES, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22nd day of July 2026, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Marilou Reyes, RPh
[redacted]
Reno, NV [redacted]

Marilou Reyes, RPh
c/o CVS Pharmacy #9168
1119 California Ave.
Reno, NV 89509

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARILOU REYES, RPH,** **Certificate of Registration No. 11763, and** **CVS PHARMACY #9168,** **Pharmacy License No. PH00506,** **Respondents.**	**Case Nos. 24-010-RPH-N** **24-010-PH-N** **STIPULATION AND ORDER** **[MARILOU REYES ONLY]**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), by and through counsel, Amy K. Steelman, Esq., and Marilou Reyes, RPh, Certificate of Registration No. 11763, ("Respondent"), **HEREBY STIPULATE AND AGREE THAT**:

1. On or about July 27, 2026, Respondent was served with the Notice of Intended Accusation ("Accusation") on file in this matter, together with the Statement to Respondent and Notice of Hearing.

2. Respondent is fully aware of the right to seek the advice of counsel in this matter prior to entering into this Stipulation.

3. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby knowingly and voluntarily waives the rights to a hearing, reconsideration, appeal, and any and all other rights related to this action that may be accorded by NRS

Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in Count One and Count Two of the Accusation, *to wit*:

A. Respondent verified and dispensed only five (5) of L.A.'s seven (7) facsimile prescriptions, failing to verify and dispense, among others, L.A.'s prescription for Tegretol.

B. Respondent breached her duty under NAC 639.707(4) to evaluate whether the prescriptions that she had verified for L.A. were therapeutically appropriate to control L.A.'s epileptic seizures.

C. Had Respondent properly reviewed and considered L.A.'s known diagnosis of epilepsy and deteriorating condition when determining the therapeutic appropriateness of dispensing drugs that did not include an anti-seizure medication, Respondent likely would have discovered the omission to fill L.A.'s prescription for Tegretol.

D. Based upon the prescription information received from Kaiser, Respondent knew or reasonably should have known that there were seven (7) prescriptions requiring serialization and/or documentation. Respondent failed to serialize and/or document two of those prescriptions in violation of NAC 639.706.

E. Respondent performed her duties as a pharmacist in a negligent, unskillful or incompetent manner, thus engaging in unprofessional conduct as defined by NAC 639.945(1)(i).

F. For performing her duties in an incompetent, unskillful, or negligent manner and for violations of state regulations related to the practice of pharmacy, as described above, Respondent is subject to discipline pursuant to NRS 639.210(4) and NRS 639.210(12).

6. Those violations are pled with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

7. To resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent stipulate to the following penalties:

A. Respondent shall pay an administrative fine of **Four Thousand and 00/100 Dollars ($4,000.00)**, payable by *cashier's check, certified check,* or *money order* written to the "**State of Nevada, Office of the Treasurer.**" Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Stipulation.

B. Respondent shall pay the sum of **Six Hundred Fifty and 00/100 Dollars ($650.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable by *cashier's check, certified check,* or *money order* written to the "**Nevada State Board of Pharmacy.**" Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Stipulation.

8. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 24-010-RPH-N. However, Respondent understands and acknowledges that her failure to comply with the terms stated herein may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation by Respondent, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

9. The Board's General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on September 2, 2026, in Reno, Nevada. Respondent will appear in person or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent fails to appear for the meeting.

10. The Board may accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330, shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

11. If the Board rejects any part or all this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a full contested hearing on the merits of all alleged violations as stated in the Accusation. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

12. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have been asserted by the Board on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of _____ 2026.

By_____
MARILOU REYES, RPH
Certificate of Registration No. 11763

Signed this ____ day of _____ 2026.
Nevada State Board of Pharmacy

By_____
AMY K. STEELMAN, ESQ.
General Counsel

DECISION AND ORDER

As to Marilou Reyes, in Case No. 24-010-RPH-N, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and hereby orders that the terms of the foregoing Stipulation be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this ____day of September, 2026.

_____

Helen Park, President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GEMMA McKENZIE THOMSON,** **Certificate of Registration No. CS33508,** **Respondent.**	**Case No. 22-542-CS-N** **ORDER TO SHOW CAUSE**

The Nevada State Board of Pharmacy ("Board") HEREBY ORDERS Respondent Gemma Thomson, ("Respondent"), holder of Certificate of Registration No. CS33508, to appear before the Board for a hearing to show cause scheduled on **September 2, 2026, at 9:00 a.m.** at the following location, to show cause why Respondent should not be subject to discipline.

Hyatt Place 1780 E Plumb Lane, Reno, Nevada, 89502

1. On March 9, 2023, the Board filed a Stipulation and Order ("Order") to Respondent in Case No. 22-542-CS-N.

2. The Order revoked Respondent's certificate of registration and directed Respondent to satisfy the following conditions within one (1) year before petitioning for reinstatement of her certificate of registration:

A. Obtain an Evaluation for Substance Use Disorder and comply with any recommendations;

B. Pay an administrative fine of $5,000; and

C. Pay $1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred.

3. Respondent has failed to comply with the terms of the Order because Respondent has an outstanding balance of $416.63 remaining from the administrative fine.

4. On July 10, 2024, Senior General Counsel for the Board emailed Respondent at her address on record indicating the outstanding balance of $416.63.

5. Respondent failed to respond to the email or otherwise make any payment toward the outstanding balance.

6. Respondent is therefore directed to show cause why she should not be subject to discipline pursuant to NRS Chapter 639, or otherwise demonstrate that her conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3).

7. THEREFORE, IT IS HEREBY ORDERED that Respondent Gemma Thomson, Certificate of Registration No. CS33508, shall appear before the Board and show cause.

ENTERED this 20th day of JULY 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to dispute the allegations of noncompliance as set forth above. NRS 233B.127(3); NAC 639.968. **The Board has scheduled your hearing on this matter for Wednesday, September 2, 2026, at 9:00 a.m. or soon thereafter. The hearing will take place at Hyatt Place 1780 E Plumb Lane, Reno, Nevada, 89502**

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 20th day of July 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Gemma McKenzie Thomson
[redacted]
Reno, NV [redacted]

Gemma McKenzie Thomson
[redacted]
Reno, NV [redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. GEMMA MCKENZIE THOMSON, DVM Certificate of Registration No. CS33508, Respondent.	CASE NO. 22-542-CS-N STIPULATION AND ORDER

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), by and through its General Counsel, Peter Keegan, Esq., and Respondent Gemma McKenzie Thomson, DVM, ("Dr. Thomson"), Certificate of Registration No. CS33508, by and through counsel, Alan Westbrook., of the law firm of Perry & Westbrook,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over Dr. Thomson and this matter because at the time of the events alleged in the Notice of Intended Action and Accusation ("Accusation"), Dr. Thomson held an active Certificate of Registration No. CS33508.

2. On or about February 1, 2023, Board staff served Dr. Thomson with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about February 1, 2023, Board staff served Dr. Thomson with a Notice of Suspension of Certificate of Registration No. CS33508 in accordance with NRS 639.2107.

4. Dr. Thomson is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. In lieu of filing an Answer, the proposed Stipulation, through counsel, is presented for the Board's consideration.

6. Dr. Thomson is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal, and any and all other rights which may

be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Dr. Thomson failed to comply with the provisions of this Stipulation and Order, Dr. Thomson hereby freely and voluntarily waives the right to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

8. Dr. Thomson admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, including:

A. As of January 27, 2023, Dr. Thomson was no longer eligible to hold a Nevada certificate of registration to dispense controlled substances under NRS 639.2107 because she surrendered her Drug Enforcement Administration Registration for cause by executing a Form DEA-104;

B. Dr. Thomson diverted and self-administered controlled substances during work hours at Blue Pearl and is subject to discipline pursuant to NRS 453.226, NRS 453.236(1)(e), NRS 453.241(1), NRS 453.331(1)(d), NRS 453.336(1), NRS 453.381(2), NRS 453.411(1), NRS 639.210(4) pursuant to NAC 639.945(1), and NRS 639.255(3).

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Dr. Thomson stipulate to the following penalties and conditions.

A. Dr. Thomson's Certificate of Registration No. CS33508 shall be revoked for a period of 1 year. Dr. Thomson agrees that this one (1) year revocation constitutes formal discipline pursuant to NRS 233B.121(6). The one (1) year revocation shall be measured from the effective date of the Board's Order accepting the Stipulation. Upon the expiration of the one (1) year revocation, and completion of the below stipulation terms, Dr. Thomson may petition the Board for reinstatement of Certificate of Registration No. CS33508;

i. Dr. Thomson shall obtain an Evaluation for Substance Use Disorder and comply with any an all recommendations set forth by the Evaluator/Practitioner. The evaluation must be returned to the Board;

ii. Pay a fine of Five Thousand Dollars ($5,000.00) for the alleged violations; and

iii. Pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

10. Any failure by Dr. Thomson to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Dr. Thomson to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Dr. Thomson, then the Board may impose discipline consistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on March 8, 2023. Dr. Thomson will appear in person and/or with counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Dr. Thomson or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Dr. Thomson shall pay the $5,000.00 fine agreed to herein in twelve monthly installments by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "**State of Nevada, Office of the Treasurer**." The first monthly installment of FOUR HUNDRED AND SIXTEEN DOLLARS and 67/100 Cents ($416.67) is due on April 1, 2023, and shall be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Each of the eleven (11) remaining monthly installments shall be due to the Board's Office on the first of every proceeding month, with the final payment due on March 1, 2024.

15. Upon approval of this Stipulation by the Board, Dr. Thomson shall pay the attorney's fees and costs agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "**Nevada State Board of Pharmacy**," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 9th day of March 2023.

GEMMA MCKENZIE THOMSON, DVM
Certificate of Registration No. CS33508

APPROVED AS TO FORM AND CONTENT this 7 day of March 2023.

PERRY & WESTBROOK

ALAN WESTBROOK, ESQ.
Counsel for Respondent

Signed this 9th day of March 2023.

NEVADA STATE BOARD OF PHARMACY

Peter Keegan

PETER K. KEEGAN, ESQ.
General Counsel

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Gemma McKenzie Thomson, Certificate of Registration No. CS33508, in Case No. 22-542-CS-N and hereby orders that the terms of the foregoing Stipulation be made effective immediately.

IT IS SO ORDERED.

Entered this 9th day of March 2023.

Helen Park, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 5th day of April 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Gemma Thomson c/o Alan Westbrook, Esq.
Perry & Westbrook, A Professional Corporation
11500 S. Eastern Avenue, Ste 140
Henderson, NV 89052

9171 9690 0935 0279 2907 96

KRISTOPHER MANGOSING

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GEMMA MCKENZIE THOMSON, DVM, Certificate of Registration No. CS33508,** **Respondent.**	**CASE NO. 22-542-CS-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Gemma McKenzie Thomson, DVM, ("Dr. Thomson") held a Nevada controlled substance registration, Certificate of Registration No. CS33508 issued by the Board.

FACTUAL ALLEGATIONS

2. On June 2, 2022, the Board issued Dr. Thomson her initial Certificate of Registration to Dispense Controlled Substances, Certificate of Registration No. CS33508.

3. On or about December 21, 2022, the Board's investigatory staff received a Licensee Record of ANY Controlled Substance Loss or Theft report ("Theft Report") from Dr. Thomson's employer, BluePearl Specialty and Emergency Veterinary Hospital, located at 555 Morill Avenue, Reno, Nevada 89512 ("BluePearl").

4. The Theft Report indicated Dr. Thomson was terminated on suspicion of theft and use of controlled substances during work hours by Dr. Thomson and identified loss of the following controlled substances:

Name of Controlled Substance	NDC Number	Dosage Strength	Dosage Form	Total Quantity Lost or Stolen
Hydromorphone HCL	0066-12341-41	2mg/ml	Vial	34.56 ml
Methadone HCL	17478-0380-20	10mg/ml	Vial	52.04 ml
Ketamine HCL	13985-584-10	100mg/ml	Vial	2.22 ml
Midazolam HCL	17478-0524-10	5mg/ml	Vial	2.5 ml

5. During the course of Dr. Thomson's shift on or about November 24, 2022, a co-worker took a video of Dr. Thomson sleeping in passed out position with a syringe and blue tourniquet next to her.

6. During the course of Dr. Thomson's shift on or about December 12, 2022, a co-worker took a video of the clinic bathroom where Dr. Thomson had been discovered sleeping. The video depicts drops of blood and a syringe on the bathroom floor.

7. During the course of Dr. Thomson's December 18-19, 2022, night shift, a surveillance video was recorded at BluePearl of Dr. Thomson removing a controlled substance vial from the Omnicell machine and replacing it with a vial hidden in her sleeve.

8. Dr. Thomson's employment was terminated by BluePearl on December 22, 2022.

9. On or about January 27, 2023, Dr. Thomson executed a FORM DEA-104, Surrender for Cause of DEA Certificate of Registration.

APPLICABLE LAW

10. A practitioner must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or otherwise dispense any controlled substance. NRS 453.226(1); NAC 453.410(1)(b)(5); 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03.

11. The surrender, revocation or a suspension that has not been stayed of any certificate, license, or registration of a practitioner, as defined in NRS 453.126, 454.00958 or 639.0125, by a licensing board or the Drug Enforcement Administration operates as an immediate suspension of a certificate, license, registration, or permit issued by the Board pursuant to NRS chapters 453, 454 or 639 to possess, administer, prescribe, or dispense drugs. NRS 639.2107.

12. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

13. A person shall not unlawfully take, obtain, or attempt to obtain a controlled substance or a prescription for a controlled substance from a manufacturer, wholesaler, pharmacist, dentist, advance practice registered nurse, veterinarian or any other person authorized to administer, dispense, or possess controlled substances. NRS 453.391(1).

14. It is unlawful a person knowingly or intentionally to acquire or obtain or attempt to acquire or obtain possession of controlled substance or a prescription for a controlled substance by misrepresentation, fraud, forgery, deception, subterfuge, or alteration. NRS 453.331(1)(d).

15. A person shall not knowingly or intentionally possess a controlled substance, unless the substance was obtained directly from, or pursuant to, a prescription or order of a physician, physician assistant, dentist, podiatric physician, optometrist, advanced practice

registered nurse, or veterinarian while acting in the course and scope of his or her professional practice. NRS 453.336(1).

16. A physician, physician assistant, dentist, advanced practice registered nurse or podiatric physician may prescribe or administer controlled substances only for a legitimate medical purpose and in the usual course of his or her professional practice, and he or she shall not prescribe, administer, or dispense a controlled substance listed in schedule II for himself or herself, his or her spouse or his or her children except in cases of emergency. NRS 453.381(1).

17. A veterinarian, in the course of his or her professional practice only, and not for use by a human being, may prescribe, possess, and administer controlled substances, and the veterinarian may cause them to be administered by a veterinary technician under the direction and supervision of the veterinarian. NRS 453.381(2).

18. It is unlawful for a person knowingly to use of be under the influence of a controlled substance except in accordance with a lawfully issued prescription. NRS 453.411(1).

19. Supplying or diverting drugs which are legally sold in pharmacies constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

20. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

21. Violating, attempting to violate, assisting, or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

22. The Board shall register an applicant to dispense controlled substances included in schedules I to V, inclusive, unless it determines that the issuance of that registration would be inconsistent with the public interest due to failure of the applicant to maintain effective controls against diversion of controlled substances into other than legitimate medical, scientific, research, or industrial channels. NRS 453.231(1)(a).

23. The Board may suspend or revoke a registration pursuant to NRS 453.231 to dispense controlled substances upon a finding that the registrant has committed an act that would render registration under NRS 453.231 inconsistent with the public interest as determined pursuant to that section.

24. Administrative proceedings brought by the Board against a Respondent pursuant to NRS Chapter 453, to deny, suspend or revoke a registration must be initiated, conducted and concluded pursuant to the provisions of NRS 639.241 to NRS 639.257, and upon a finding of guilt against the Respondent, the Board shall suspend the right of the registrant to use his or her registration or a schedule thereof; or revoke the registration of a schedule thereof. NRS 453.241.

25. The Board may impose a fine upon the holder of a certificate, license, or permit issued by the Board for up to $10,000.00 for each violation. NRS 639.255(3).

COUNT ONE
Surrender of DEA Registration

26. By the surrendering her DEA Registration, Dr. Thomson no longer qualifies for to hold a certificate of registration to dispense controlled substances under federal or state law and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

27. The pre-hearing suspension of Respondent's Certificate of Registration No. CS05851 pursuant to NRS 233B.127(3), NRS 453.241(3) and/or NRS 639.2107 is subject to review by the Board.

COUNT TWO

Unlawful Acquisition of Controlled Substances

28. By diverting and acquiring controlled substances as alleged herein, Dr. Thomson violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate NRS 453.331(1)(d) and/or NRS 453.391(1), and is subject to discipline pursuant to NRS 453.231(1)(a) and/or NRS 453.236 and/or NRS 453.241 and or NRS 639.210(4) and/or (11) and/or NRS 639.255(3).

COUNT THREE

Unlawful Diversion, Possession, and/or Administration of Controlled Substances

29. By diverting, possessing, and/or administering controlled substances as alleged herein, Dr. Thomson violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate NRS 453.336(1), NRS 453.381(1) and/or (2); and is subject to discipline pursuant to NRS 453.231(1)(a) and/or NRS 453.236 and/or NRS 453.241 and or NRS 639.210(4) and/or (11) and/or NRS 639.255(3).

COUNT FOUR

Unprofessional Conduct - Diversion

30. By diverting controlled substances as alleged herein, Dr. Thomson engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is subject to discipline pursuant to NRS 639.210(4) and/or (12), NRS 639.255(3).

COUNT FIVE

Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

31. By diverting controlled substances as alleged herein, Dr. Thomson was a party to a fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255(3).

COUNT SIX

Unlawful Administration and of a Controlled Substance

32. By knowingly self-administering controlled substances and becoming under the influence of a controlled substance without a prescription during work hours, Dr. Thomson violated NRS 453.411 and is subject to discipline pursuant to NRS 453.231(1)(a) and/or NRS 453.236 and/or NRS 453.241 and/or NRS 639.255(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 7th day of February 2023.

J. David Wuest, RPH, Executive Secretary of the Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GEMMA MCKENZIE THOMSON, DVM,** **Certificate of Registration No. CS33508,** **Respondent.**	**Case No. 22-542-CS-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 8, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 1st day of February 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GEMMA MCKENZIE THOMSON, DVM, Certificate of Registration No. CS33508,** **Respondent.**	**Case No. 22-542-CS-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of February 2023.

_____
GEMMA MCKENZIE THOMSON, DVM

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of February, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Gemma Mckenzie Thomson
[redacted]
Reno, NV [redacted]

Darlene Nases
DARLENE NASES

5D

FILED
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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SHERRI ANN MICONE, APRN,** **Certificate of Registration No. CS19958,** **Respondent.**	**Case No. 25-369-CS-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Sherri Ann Micone, APRN ("Respondent") held a registration issued by the Board, Certificate of Registration No. CS19958.

FACTUAL ALLEGATIONS

2. Respondent is an advanced practice registered nurse ("APRN") who has been licensed by the Nevada State Board of Nursing since 2004. She has been registered to prescribe dangerous drugs and controlled substances since 2011.

3. At all times relevant to this accusation, Respondent was employed as the medical director of Belle LaVie LLC ("Belle LaVie").

4. Belle LaVie was owned by Mary Jenelle Castillo, RN ("Castillo"). Castillo is not a Nevada-licensed practitioner as defined by NRS 639.0125 and NRS 453.126.

5. Respondent believed Belle LaVie was operated out of Salons by JC at 145 Disc Drive, Suite 109, in Sparks, Nevada; however, she never visited the business in person. In fact, Castillo operated Belle LaVie out of her personal residence in Sparks, Nevada.

6. On or about September 11, 2025, the Board received a referral from the Nevada State Board of Nursing ("NSBN") regarding Castillo and Belle LaVie.

7. According to the Board's investigation, between June 2022 and November 2025, Respondent permitted Castillo to receive, store, possess, and/or administer dangerous drugs, including, without limitation, dermal fillers and neuromodulator botulinum toxins, at Castillo's personal residence without Respondent's supervision.

8. Respondent saw Belle LaVie patients for telehealth consultations only and would provide a "standing order" for patients who were approved to receive prescription medications. Respondent left the specifics of administration, including dosage, to Castillo's discretion.

9. Respondent provided her name and license number to Castillo for the purpose of ordering prescription medications. Respondent did not confirm the quantities of medication that Castillo ordered, the location that the drugs were shipped to, or how they were stored after receipt.

10. Respondent authorized Casillo to order, purchase, and store up to six months' worth of the manufacturer's recommended amount of each drug per patient, with patients to be re-evaluated by Respondent after six months. Respondent did not supervise Castillo in the provision of on-site medical treatment at Belle LaVie, including the administration of dangerous drugs such as dermal fillers and neuromodulator botulinum toxins by injection.

11. On November 25, 2025, Respondent reported to the Board that she had recovered dangerous drugs from Castillo's residence. The drugs included Versa+ and Versa Lips+, hyaluronic acid dermal fillers, DeScribe PFD, an "Rx only" perfluorodecalin-infused gel, and Xeomin, a neuromodulator botulinum toxin.

12. In at least one instance, Respondent's failure to supervise Castillo while she performed injections on a patient resulted in patient harm. On or about February 25, 2025, Castillo injected patient T.M. with a parenteral solution. Patient T.M. required medical assistance after the procedure and suffered permanent damage to her upper lip. Respondent was not present during the

injection and did not provide an individualized prescription for the drugs administered to patient T.M.

13. On or about November 25, 2025, the Board issued a cease-and-desist order with a citation and fine against Castillo for unlicensed activity. On or about March 12, 2026, the NSBN took disciplinary action against Castillo, who admitted to performing cosmetic procedures in her personal residence without provider assessments or provider supervision.

APPLICABLE LAW

14. No person may possess, furnish, or administer, including administration by injection, a dangerous drug in Nevada without specific statutory authority to do so. NRS 454.213; NRS 454.217; NRS 454.221; NRS 454.316; NRS 454.321; NRS 454.356; NRS 454.510; NRS 639.100(1); NRS 639.1375.

15. No person may purchase supplies of dangerous drugs for office administration to patients excepted as permitted by NRS 639.268 and NAC 639.742.

16. All controlled substances and dangerous drugs in the possession of an APRN must be kept in a locked storage area with access restricted to authorized persons. NAC 639.898(1).

17. The Board may suspend or revoke the registration of an APRN that has failed to maintain the security of his or her drug supply. NAC 639.900(12).

18. A practitioner shall keep and maintain complete, accurate, and readily retrievable records accounting for all dangerous drugs purchased and sold on prescription, dispensed, furnished, or disposed of otherwise. NRS 454.286.

19. It is unlawful for a registered nurse or APRN to inject a neuromodulator derived from botulinum toxin in a patient or customer "at a location other than a medical facility, as defined in NRS 449.0151, or the office of a physician or physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, advanced practice registered nurse or podiatric physician." NRS 454.217(1).

20. The Board may revoke or suspend the registration of an APRN who has violated, attempted to violate, assisted or abetted in the violation of, or conspired to violate any law or regulation relating to drugs, including, without limitation, any provision of chapter 453, 454, 585, or 639 of the NRS or the NAC. NRS 639.210(12); NAC 639.900(10) and (14).

21. The Board may revoke or suspend the registration of an APRN who is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4); NAC 639.900(4).

22. Unprofessional conduct includes, but is not limited to, performing any duties as the holder of a registration in an incompetent, unskillful, or negligent manner and aiding or abetting a person in unlicensed practice. NAC 639.945(1)(i) and (j).

23. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e).

COUNT ONE

Violations of State Law - Failure to Maintain Security of Dangerous Drugs

24. As alleged above, Respondent permitted Castillo to use Respondent's credentials as a Nevada-licensed practitioner to purchase dangerous drugs, to maintain an unsecured inventory of dangerous drugs, and to access those dangerous drugs outside Respondent's presence and without Respondent's supervision.

25. Therefore, Respondent violated, attempted to violate, assisted or abetted in the violation of, or conspired to violate NAC 639.898(1) and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 639.210(12), and/or NAC 639.900(12).

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COUNT TWO
Violations of State Law - Recordkeeping

26. As alleged above, Respondent failed to keep and maintain complete, accurate, and readily retrievable records of all dangerous drugs purchased by and sold on prescription, dispensed, furnished, or disposed of otherwise at Belle LaVie using her credentials as a Nevada-licensed practitioner.

27. Therefore, Respondent violated, attempted to violate, assisted or abetted in the violation of, or conspired to violate NRS 454.286 and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 639.210(12), and/or NAC 639.900(14).

COUNT THREE
Violations of State Law – Improper Injection of Neuromodulators

28. As alleged above, Respondent permitted Castillo to inject patients with neuromodulators derived from botulinum toxin at a personal residence, which did not meet the requirements of NRS 454.217(1)(c).

29. Therefore, Respondent violated, attempted to violate, assisted or abetted in the violation of, or conspired to violate NRS 454.217(1) and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 639.210(12), and/or NAC 639.900(14).

COUNT FOUR
Unprofessional Conduct

30. By her conduct as alleged herein, Respondent aided and abetted unlicensed practice and performing her duties as a holder of a controlled substance registration in an incompetent, unskillful, or negligent manner, which constitutes unprofessional conduct as defined in NAC 639.945(i) and (j), and is subject to discipline pursuant to NRS 639.210(4) and/or NAC 639.900(4).

COUNT FIVE
Commission of Acts that Render Registration Inconsistent with Public Interest

31. By her conduct as alleged herein, Respondent has committed acts that render registration inconsistent with public interest and is subject to discipline pursuant to NRS 453.236(1)(e).

WHEREFORE it is requested that the Nevada State Board of Pharmacy impose appropriate discipline with respect to Respondent's Certificate of Registration No. CS19958.

Signed this 4th day of August 2026.

Yenh Long, Pharm.D.,
Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SHERRI ANN MICONE, APRN,** **Certificate of Registration No. CS19958,** **Respondent.**	**Case No. 25-369-CS-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, September 2, 2026, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney, Amy Steelman, at the email addresses below:

TeamBC@Pharmacy.nv.gov and **aksteelman@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 4th day of August 2026.

Yenh Long, Pharm.D.,
Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SHERRI ANN MICONE, APRN,** **Certificate of Registration No. CS19958,** **Respondent**	**Case No. 25-369-CS-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2026.

SHERRI ANN MICONE, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 4th day of August 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Sherri Micone
[redacted]
Sparks, NV [redacted]

Sherri Micone
c/o Elite Health
560 Mill St., Ste 306
Reno, NV 89502

ERIN MILLER
ADMINISTRATIVE ASSISTANT -
BOARD COORDINATOR II

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FILED
JUL 14 2026
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **VLADIMIR MITYUSHIN, RPH,** **Certificate of Registration No. 17247,** **Respondent.**	**CASE NO. 25-279-RPH-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this Respondent because at the time of the events alleged herein, Respondent Vladimir Mityushin, RPh, Certificate of Registration No. 17247, was a pharmacist registered with the Board.

FACTUAL ALLEGATIONS

2. Respondent was employed as a staff pharmacist of Humbolt General Hospital (HGH), located in Winnemucca, NV, during the relevant times frame herein.

3. Between April 24, 2025, and June 25, 2025, HGH managing pharmacist Joseph Simonson (Simonson) discovered three (3) significant sterile compounding errors made by Respondent.

4. Each of the three errors occurred in the course of compounding Immediate-Use compound sterile preparations (CSP) intended for direct and immediate administration to a single patient in urgent situations and exempt from USP-797 requirements if specific criteria are met, such as involving no more than three different sterile products and starting administration within

four hours of preparation. Immediate-Use CSP do not require a detailed compounding record be maintained, rather, USP-797 requires the following:

- The name and identification number of the patient.
- The name and amount of each ingredient of the compounded drug product.
- The initials of the person who compounded the compounded drug product; and
- The exact date and time of expiration of the compounded drug product.

Accordingly, there are no detailed compounding records, and the evidence of compounding error primarily lies with the personal observations of pharmacy staff and the immediate review of compounding notes reviewed by Simonson.

5. On April 24, 2025, Respondent compounded a Benlysta IV infusion for patient M.B. Pharmaceutical technician Susan Larson witnessed and reported potential error in in the compounding process to Simonsen. Upon review Simonsen determined that Respondent compounded the Benlysta IV infusion as 920mg rather than 863mg as prescribed. After administration of the medication the patient suffered infusion fatigue.

6. During the early morning hours of April 30, 2025, Respondent compounded a Ampicillin IV infusion for 6-month-old patient W.E.L.S. When Simonsen reported to work at approximately 6:00 AM he reviewed medications compounded overnight in his absence. Upon reviewing the Ampicillin compound notes for patient W.E.L.S., Simonsen discovered that Respondent compounded the Ampicillin at 50mg/ml rather than as 100mg/ml as prescribed. When questioned Respondent asserted that 50mg/ml Ampicillin is the standard, but admitted to Simonsen that he did not confirm the dose with the prescriber. Simonsen contacted the prescriber, who confirmed the intent to prescribe 100mg/ml Ampicillin. Simonsen subsequently compounded a second 50mg/ml dose of Ampicillin; both compounds were administered to the patient with no resulting harm.

7. During the early morning hours of June 25, 2025, Respondent compounded a multi-vitamin "Banana Bag" IV infusion for patient B.L.R. When Simonsen reported to work at approximately 6:00 AM he reviewed medications compounded overnight in his absence. Upon

reviewing the "Banana Bag" compound notes for patient B.L.R., Simonsen discovered that Respondent compounded the medication using all five (5) ingredients prescribed. However, USP-797 guidelines for Immediate-Use CSP state that the preparation must involve "no more than three different sterile products." Accordingly, Respondent violated USP-797 since the five (5) ingredients should have been prepared with three (3) ingredients in one IV bag and two (2) ingredients in another, then administered to the patient via IV concurrently through the piggyback method (IVPB). There was no resulting harm to the patient.

8. On July 8, 2025, Respondent was terminated from his employment with HGH for cause attributable in pertinent part to the compounding errors.

APPLICABLE LAW

9. A pharmacist engaged in the practice of compounding drug products and dispensing compounded drug products in Nevada shall comply with the provisions of NAC 639.661 -.690, *inclusive*, as amended by LCB File No. R053-24, and related federal law, 21 U.S.C. § 353a, establishing national standards for compounding medications.

10. A pharmacist engaged in the practice of compounding sterile drug products shall comply with chapter 797 of the *United States Pharmacopeia - National Formulary* (USP-797). NAC 639.67053 as amended by section 23 of LCB File No. R053-24.

11. Failing to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription constitutes unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(d) and is grounds for suspension or revocation of any registration issued by the Board. NRS 639.210(4).

12. Performing any duties as the holder of a registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(i) and is grounds for suspension or revocation of any registration issued by the Board. NRS 639.210(4).

13. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

14. The Board may suspend or revoke a registration if the holder has violated any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

COUNT ONE

Error in Compounding a Prescription/Violation of Federal and State Sterile Drug Compounding Law/Unprofessional Conduct
(Benlysta IV infusion for patient M.B.)

15. By his error in compounding the Benlysta IV infusion for patient M.B. as alleged in paragraph 5 herein, Respondent violated 21 U.S.C. § 353a, applicable USP-797 standards for compounding Immediate-Use CSP, and/or NAC 639.67053 as amended by section 23 of LCB File No. R053-24, and is subject to discipline pursuant to NRS 639.210(4), (11) and/or (12).

COUNT TWO

Error in Compounding a Prescription/Violation of Federal and State Sterile Drug Compounding Law/Unprofessional Conduct
(Ampicillin IV infusion for patient W.E.L.S.)

16. By his error in compounding the Ampicillin IV infusion for patient W.E.L.S. as alleged in paragraph 6 herein, Respondent violated 21 U.S.C. § 353a, applicable USP-797 standards for compounding Immediate-Use CSP, and NAC 639.67053 as amended by section 23 of LCB File No. R053-24, and is subject to discipline pursuant to NRS 639.210(4), (11) and/or (12).

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COUNT THREE

Error in Compounding a Prescription/Violation of Federal and State Sterile Drug Compounding Law/Unprofessional Conduct ("Banana Bag" IV infusion for patient B.L.R.)

17. By his error in compounding the "Banana Bag" IV infusion for patient B.L.R. as alleged in paragraph 7 herein, Respondent violated 21 U.S.C. § 353a, applicable USP-797 standards for compounding Immediate-Use CSP, and NAC 639.67053 as amended by section 23 of LCB File No. R053-24, and is subject to discipline pursuant to NRS 639.210(4), (11) and/or (12).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 14th day of July 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **VLADIMIR MITYUSHIN, RPH,** **Certificate of Registration No. 17247,** **Respondent.**	**Case No. 25-279-RPH-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, September 2, 2026, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney, Brett Kandt at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 14th day of JULY 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **VLADIMIR MITYUSHIN, RPH,** **Certificate of Registration No. 17247,** **Respondent.**	**Case No. 25-279-RPH-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2026.

_____

VLADIMIR MITYUSHIN, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 20th day of July 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Vladimir Mityushin, RPh
[redacted]
Reno, NV [redacted]

Vladimir Mityushin, RPh
c/o Humboldt General Hospital
118 E Haskell St
Winnemucca, NV 89445

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **VLADIMIR MITYUSHIN, RPH,** **Certificate of Registration No. 17247,** **Respondent.**	**CASE NO. 25-279-RPH-N** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Vladimir Mityushin, RPh, Certificate of Registration No. 17247, **HEREBY STIPULATE AND AGREE THAT**:

1. On or about July 20, 2026, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing. Respondent is entering this Stipulation in lieu of filing an Answer and Notice of Defense to the Accusation.

2. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

3. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby knowingly and voluntarily waives the rights

to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Respondent does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*: by his errors in compounding sterile drug products, Respondent violated 21 U.S.C. § 353a, applicable USP-797 standards for compounding Immediate-Use CSP, and/or NAC 639.67053 as amended by section 23 of LCB File No. R053-24, and/or engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 639.210(4), (11) and/or (12).

6. Those violations are plead with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

7. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties. The certificate of registration of Vladimir Mityushin, RPh, Certificate of Registration No. 17247, is suspended for a period of one (1) year pursuant to NRS 639.255(1)(c). The suspension is stayed, and Respondent is placed on probation pursuant to NRS 639.255(1)(b) subject to the following conditions:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of One Thousand Five Hundred Dollars ($1,500.00) for the violations, by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2026;

B. Pursuant to NRS 622.400, Respondent shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs, by personal, business, certified or cashier's check or money order made payable to the "Nevada

State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2026;

C. Consistent with NAC 639.67013, Respondent **shall not** engage in compounding sterile drug products until completing a minimum of twenty (20) hours of continuing education specifically related to sterile compounding in compliance with chapter 797 of the *United States Pharmacopeia - National Formulary* (USP-797), as required by NAC 639.67053, as amended by Section 23 of LCB File No. R053-24, and providing documentation of successful completion to Board staff; and

D. While on probation, Respondent shall comply with all federal and state statutes and regulations regarding controlled substances, dangerous drugs, and the practice of pharmacy, shall have no additional administrative charges filed by the Board, and shall have no action taken that would be reportable pursuant to NAC 639.229.

Upon successful completion of probation, Respondent's Certificate of Registration No. 17247 will be fully restored.

8. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may lift the stay of suspension and immediately suspend Certificate of Registration No. 17247 and impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

9. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on September 2, 2026. Respondent will appear in person or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

10. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

11. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

12. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 7 day of August 2026

VLADIMIR MITYUSHIN, RPH
Certificate of Registration No. 17247

Signed this ___ day of _____ 2026

BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Vladimir Mityushin, RPh, Certificate of Registration No. 17247, in Case No. 25-279-RPH-N, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of September 2026.

_____

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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FILED
AUG 04 2026
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **BESPOKE PHARMACEUTICALS, LLC, License No. PH04719,** **Respondent.**	**CASE NO. 25-385-PH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because, at the time of the events alleged herein, Respondent Bespoke Pharmaceuticals, LLC, License No. PH04719 (Bespoke), located at 5795 North Hollywood Boulevard in North Las Vegas, Nevada, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. On or about December 3, 2024, an application to operate a pharmacy in Nevada was submitted by Riccardo Roscetti (2024 Application). The 2024 Application identified Bespoke Pharmaceuticals, LLC, a Nevada limited-liability company, as the owner.

3. The 2024 Application identified the following individuals as officers/directors of Bespoke Pharmaceuticals, LLC: Irina Gampel as manager, Irina Sarafyan as manager, Petr Viskovatykh as manager, and Riccardo Roscetti as CEO/President.

4. The 2024 Application identified Eric L. Sparks as managing pharmacist and Riccardo Roscetti as the "designated person."

5. The 2024 Application identified the following as members with an ownership interest in Bespoke Pharmaceuticals, LLC:

- Rise Equipment, LLC, a Wyoming limited-liability company, with 50.1% ownership
- PharmaX, LLC, a Nevada limited-liability company, with 29.9% ownership
- Resolve Pharmaceutical, LLC, state of formation undisclosed, with 20.0% ownership

6. On March 6, 2025, the following individuals appeared before the Board and testified under oath on the 2024 Application: Eric L. Sparks, Riccardo Roscetti, Petr Viskovatykh, introduced as an owner, and Michael Tiraturian, introduced as an interpreter for Viskovatykh.

7. The 2024 Application was approved and Bespoke Pharmaceuticals, LLC, was issued License No. PH04719 on June 17, 2025.

8. The representations on the 2024 Application do not comport with Bespoke Pharmaceuticals, LLC's filings with the Nevada Secretary of State (NV SOS), which listed Irina Gampel, Irina Sarafyan, Riccardo Roscetti, Elena Rabinovich and Mark Rabinovich as officers at the time the 2024 Application was submitted.

9. Bespoke Pharmaceuticals, LLC's filings with the NV SOS further disclose that since its formation on October 30, 2020, officer information has routinely changed, and two individuals, Yury Gampel and Michael Tiraturian, were listed as recently as February 2023.

10. Yury Gampel and Irina Gampel are married and Michael Tiraturian and Irina Sarafyan are married.

11. On or about May 5, 2025, an application to operate an outsourcing facility in Nevada was submitted by Fadi Abdel (2026 Application). The 2026 Application identified Bespoke Pharmaceuticals, LLC, a Nevada limited-liability company, as the owner.

12. The 2026 Application identified Irina Gampel and Irina Sarafyan as managers of Bespoke Pharmaceuticals, LLC.

13. The 2026 Application identified Jaymie Padero as managing pharmacist and Japheth Noah as the "designated person."

14. The 2026 Application identified the following as members with an ownership interest in Bespoke Pharmaceuticals, LLC:

- Rise Equipment, LLC, a Wyoming limited-liability company, with 50.1% ownership
- PharmaX, LLC, a Nevada limited-liability company, with 49.9% ownership

15. The representations on the 2026 Application do not comport with Bespoke Pharmaceuticals, LLC's filings with the Nevada Secretary of State (NV SOS), which listed Irina Gampel, Irina Sarafyan and Elena Rabinovich as officers at the time of submission.

16. The representations on the 2024 Application, on the 2026 Application and during testimony before the Board on March 6, 2025, misrepresented and/or failed to fully disclose that Yury Gampel is a person beneficially interested in Bespoke Pharmaceuticals, LLC: Riccardo Roscetti testified to the Board on March 6, 2025, that the owners of the companies listed in the 2024 Application were the owners of Bespoke Pharmaceuticals, LLC, and PharmaX, LLC's filings with the NV SOS list Yury Gampel and Irina Gampel as managers/owners for the relevant timeframe.

17. The representations on the 2024 Application, on the 2026 Application and during testimony before the Board on March 6, 2025, misrepresented and/or failed to fully disclose that an action brought on behalf of the United States against Yury Gampel in his ownership and operation of a chain of medical labs for violations of the False Claims Act, 31 U.S.C. § 3729, Stark Law, 42 U.S.C. § 1395nn, and Anti-Kickback Law, 42 U.S.C. § 1320a-7b(b), is pending in the United States District Court for the District of Arizona, *United States ex rel. Radhakrishnan v. Gampel*, Case No. CV-20-00176-PHX-GMS.

18. The representations on the 2024 Application, 2026 Application and during testimony before the Board on March 6, 2025, misrepresented and/or failed to fully disclose that Michael Tiraturian is a person beneficially interested in Bespoke Pharmaceuticals, LLC, and

misrepresented and/or failed to fully disclose that Michael Tiraturian has a criminal record: Riccardo Roscetti testified to the Board on March 6, 2025, that the owners of the companies listed in the 2024 Application were the owners of Bespoke Pharmaceuticals, LLC, and Rise Equipment, LLC's filings with the Wyoming Secretary of State indicate that Tiraturian is a manager/owner for the relevant timeframe.

19. On or about May 13, 2026, Bespoke voluntarily surrendered License No. PH04719.

APPLICABLE LAW

20. An applicant to operate a pharmacy or outsourcing facility must submit a complete and accurate application. NAC 639.500(2); NAC 639.6915(1).

21. An application must disclose information as to each person beneficially interested therein. If the applicant is a partnership or other unincorporated association, "person beneficially interested" means each partner or member and the applicant must make certain disclosures. Upon the request of the Executive Secretary of the Board, the applicant shall furnish the Board with information as to partners, members or stockholders not named in the application or shall refer the Board to an appropriate source of such information. NRS 639.231.

22. A license to operate a pharmacy is not transferable and the holder must apply for or submit written notice as to a change of ownership when required by law. NRS 639.230(2); NAC 639.227.

23. It is unlawful for a person knowingly or intentionally to furnish false or fraudulent material information in, or omit any material information from, any application for registration under NRS Chapter 639. NRS 639.281(1).

24. Willfully making a materially false statement or falsifying records in the course of a Board investigation is a criminal offense and grounds for suspension or revocation of any license or registration issued by the Board. NRS 197.190; NRS 639.210(9).

25. Obtaining any registration by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(10).

26. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

27. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

28. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5). Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

COUNT ONE
Furnishing False Material Information to Board/
Violations of State Law/Unprofessional Conduct

29. Bespoke Pharmaceuticals, LLC, its owners and/or officers misrepresented and/or failed to fully disclose all persons beneficially interested in Bespoke Pharmaceuticals, LLC, on the 2024 Application, on the 2026 Application and during testimony before the Board on March 6, 2025, as alleged in paragraphs 2-18 herein, and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 197.190, NRS 639.230(2), NRS 639.231, NRS 639.281(1), NAC 639.227, NAC 639.500(2) and/or NAC 639.6915(1), were party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h), and Bespoke

Pharmaceuticals, LLC, is therefore subject to discipline pursuant to NRS 639.210(4), (9) and/or (12).

COUNT TWO
Obtaining Registration by False or Fraudulent Application

30. Bespoke Pharmaceuticals, LLC, its owners and/or officers misrepresented and/or failed to fully disclose all persons beneficially interested in Bespoke Pharmaceuticals, LLC, on the 2024 Application and during testimony before the Board on March 6, 2025, when obtaining License No. PH04719, as alleged in paragraphs 2-10 and 16-18 herein, and Bespoke Pharmaceuticals, LLC, is therefore subject to discipline pursuant to NRS 639.210(10).

COUNT THREE
Pharmacy/Pharmacy Owner Responsibility

31. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Bespoke is responsible for those violations, including all errors and omissions of its owners and/or officers, pursuant to NRS 639.230(5) and NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 4th day of August 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **BESPOKE PHARMACEUTICALS, LLC,** **License No. PH04719,** **Respondent.**	**Case No. 25-385-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, September 2, 2026, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney, Brett Kandt, at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 4th day of AUGUST 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **BESPOKE PHARMACEUTICALS, LLC, License No. PH04719,** **Respondent.**	**Case No. 25-385-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2026.

_____

AUTHORIZED REPRESENTATIVE FOR BESPOKE PHARMACEUTICALS, LLC

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 4th day of August 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Bespoke Pharmaceuticals, LLC
5795 N. Hollywood Blvd
Las Vegas, NV 89115

ERIN MILLER
ADMINISTRATIVE ASSISTANT -
BOARD COORDINATOR

5G

FILED
JUL 21 2026
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DANA RALPH MARKS, MD,** **Certificate of Registration No. CS09880,** **Respondent.**	**Case No. 25-408-CS-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this Respondent because, at the time of the events alleged herein, Respondent Dana Ralph Marks, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS09880, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about October 15, 2025, the Nevada State Board of Medical Examiners (NSBME) filed charges in Case No. 25-18131-1 and summarily suspended Respondent's License No. 9358 to practice medicine for engaging in conduct in violation of NRS Chapter 630.

3. On or about October 20, 2025, Board staff served Respondent with notice that the suspension of his NSBME License No. 9358 to practice medicine operated as an immediate suspension of his Certificate of Registration No. CS09880 with the Board pursuant to NRS 639.2107, and that Respondent must immediately cease and desist possessing, administering, prescribing and/or dispensing controlled substances in the state of Nevada.

4. On or about October 24, 2025, Respondent surrendered his Registration No. BM5206405 to the Drug Enforcement Administration by executing a DEA Form 104 – "Surrender for Cause of DEA Certificate of Registration."

5. On or about June 5, 2026, Respondent entered into a settlement agreement with the NSBME in Case No. 25-18131-1 and surrendered his NSBME License No. 9358 to practice medicine for violation of NRS 630.3065(2)(a) (knowingly or willfully failing to comply with a Board order) and NRS 630.306(1)(h) (having an alcohol or other substance use disorder).

APPLICABLE LAW

6. A practitioner must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or otherwise dispense any controlled substance in Nevada. 21 U.S.C. § 822(a)(2) and (e)(1); 21 U.S.C. § 823(f); 21 C.F.R. § 1301.12; 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

7. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

8. The Board may suspend or revoke a registration if the holder has a substance use disorder. NRS 639.210(5).

9. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

10. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

COUNT ONE

Violations of Federal Controlled Substances Act

11. By surrendering his DEA Registration No. BM5206405 for cause, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate the federal Controlled Substances Act 21 U.S.C. Chapter 13 and 21 CFR Chapter II, and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(11).

COUNT TWO

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

12. By his actions and omissions as detailed in the NSBME in Case No. 25-18131-1, Respondent has performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(4).

COUNT THREE

Substance Abuse Disorder

13. By his substance use disorder as detailed in the NSBME Case No. 25-18131-1, Respondent is subject to discipline pursuant to NRS 639.210(5).

COUNT FOUR

Commission of Acts that Render Registration Inconsistent with the Public Interest

14. By his actions and omissions as alleged herein, Respondent has committed acts that render his registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

COUNT FIVE

Not Qualified for Controlled Substance Registration

15. By surrendering his NSBME License No. 9358 to practice medicine and his DEA Registration No. BM5206405 for cause, Respondent no longer qualifies for registration to dispense controlled substances under federal or state law and his Certificate of Registration No. CS09880 is subject to revocation pursuant to NRS 453.236(1) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 21st day of July 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DANA RALPH MARKS, MD,** **Certificate of Registration No. CS09880,** **Respondent.**	**Case No. 25-408-CS-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, September 2, 2026, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney, Brett Kandt at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 21st day of July 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DANA RALPH MARKS, MD,** **Certificate of Registration No. CS09880,** **Respondent.**	**Case No. 25-408-CS-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2026.

_____

DANA RALPH MARKS, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 21st day of July 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Dana R. Marks, MD
[redacted]
Reno, NV [redacted]

Dana R. Marks, MD
c/o Humboldt ER
118 E Haskell St
Winnemucca, NV 89445

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DANA RALPH MARKS, MD,** **Certificate of Registration No. CS09880,** **Respondent.**	**Case No. 25-408-CS-N** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Dana Ralph Marks, MD, Certificate of Registration No. CS09880, by and through counsel, Lyn E. Beggs, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. On or about July 21, 2026, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing. Respondent is entering into this Stipulation in lieu of filing an Answer and Notice of Defense to the Accusation.

2. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

3. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with

the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Respondent does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*:

A. By his substance abuse disorder as detailed in the Nevada State Board of Medical Examiners (NSBME) Case No. 25-18131-1, Respondent has committed acts that render his registration inconsistent with the public interest, performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(4) and (5); and

B. By surrendering his NSBME License No. 9358 to practice medicine and his DEA Registration No. BM5206405 for cause, Respondent no longer qualifies for registration to dispense controlled substances under federal or state law and his Certificate of Registration No. CS09880 is subject to revocation pursuant to NRS 453.236(1) and NRS 453.241(1).

6. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236(1)(e), NRS 453.241(1), NRS 639.210 and/or NRS 639.255.

7. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties:

A. The registration of Respondent Dana Ralph Marks, MD, Certificate of Registration No. CS09880, is hereby revoked pursuant to NRS 453.241(l)(b).

B. Respondent may not possess (except pursuant to the lawful order of a practitioner), administer, prescribe or dispense a controlled substance until he has petitioned the Board for reinstatement pursuant to NRS 639.257 and the Board reinstates his certificate of registration.

C. Pursuant to NRS 622A.410(1) and 639.257(1), Respondent may not petition for reinstatement of his certificate of registration for a period of one (1) year from the effective date of this Order.

D. In the event Respondent applies for reinstatement of his certificate of registration, or applies for any other certificate, license or permit with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

E. Pursuant to NRS 622.400, Respondent shall pay One Thousand Dollars ($1000.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by October 2, 2026.

8. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

9. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on September 2, 2026. Respondent will appear in person or through counsel at the meeting to answer questions from the

Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

10. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

11. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

12. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____ 2026

DANA RALPH MARKS, MD
Certificate of Registration No. CS09880

Signed this ___ day of _____ 2026

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2026

_____

LYN E. BEGGS, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Dana Ralph Marks, MD, Certificate of Registration No. CS09880, in Case No. 25-408-CS-N and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of September 2026.

_____
Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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FILED
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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ADAM MANSOUR, RPH,** **Certificate of Registration No. 20107,** **Respondent.**	**CASE NO. 26-138-RPH-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this Respondent because at the time of the events alleged herein, Respondent Adam Mansour, RPh, Certificate of Registration No. 20107, was a pharmacist registered with the Board.

FACTUAL ALLEGATIONS

2. On or about May 22, 2024, in case no. 24-186-RPH-N Board staff issued a citation to Respondent and imposed a $500 fine for failing to complete the thirty (30) hours of continuing education required by NAC 639.330 for the biennial registration period starting November 1, 2021, and ending on October 31, 2023.

3. Respondent failed to complete the thirty (30) hours of continuing education required by NAC 639.330 for the biennial registration period starting November 1, 2023, and ending on October 31, 2025.

4. Respondent attempted to submit the Nevada law continued education credit he claimed in the 2023-25 CE audit for credit.

APPLICABLE LAW

5. The Board shall not renew the certificate of any registered pharmacist until the applicant submits proof to the Board of receipt of 30 continuing education units within the biennium immediately preceding the current renewal period. NRS 639.2174; NAC 639.330(1).

6. Performing any duties as the holder of a registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(i) and is grounds for suspension or revocation of any registration issued by the Board. NRS 639.210(4).

7. The Board may suspend or revoke a registration if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

COUNT ONE
Violation of State Law/Unprofessional Conduct

8. Respondent engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and violated NRS 639.2174 and NAC 639.330(1) when he failed to complete the thirty (30) hours of continuing education required by NAC 639.330 for the biennial registration period, and is subject to discipline pursuant to NRS 639.210(4) and/or (12).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 14th day of JULY 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ADAM MANSOUR, RPH,** **Certificate of Registration No. 20107,** **Respondent.**	**Case No. 26-138-RPH-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, September 2, 2026, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney, Brett Kandt at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 14th day of JULY 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ADAM MANSOUR, RPH,** **Certificate of Registration No. 20107,** **Respondent.**	**Case No. 26-138-RPH-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2026.

ADAM MANSOUR, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 20th day of July 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Adam Mansour, RPh
[redacted]
Reno, NV [redacted]

Adam Mansour, RPh
c/o CVS Pharmacy #157
2890 Northtowne Ln
Reno, NV 89512

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ERIC A. LAWRENCE, RPH,** **Certificate of Registration No. 20626,** **Respondent.**	**CASE NO. 26-255-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the events alleged herein, Respondent Eric A. Lawerence, RPh, Certificate of Registration No. 20626, was a pharmacist registered with the Board.

FACTUAL ALLEGATIONS

2. Respondent was employed as a pharmacist by CVS Pharmacy #16854, Pharmacy License No. PH01805, located at 4155 S. Grand Canyon Drive in Las Vegas, at the time of the events alleged herein.

3. On or about May 23, 2026, CVS Pharmacy #16854 commenced an investigation that produced evidence that Respondent regularly diverted Schedule II controlled substances, specifically Adderall and/or ADHD medications.

4. Respondent admitted in a written statement to CVS Pharmacy Loss Prevention on June 1, 2026, and again in a recorded interview with a Board investigator on July 8, 2026, to

diverting for his own personal use one to two tablets from patient's prescriptions for ADHD medications while filling them, approximately once per shift, at several CVS pharmacies beginning in October 2025.

5. On or about July 8, 2026, Respondent was suspended from employment by CVS Health due to drug diversion.

APPLICABLE LAW

6. It is a felony offense to acquire a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 843(a)(3); 21 U.S.C. § 846; NRS 453.331(1)(d); NRS 453.391(1).

7. It is a felony offense to possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 844; 21 U.S.C. § 846; NRS 453.336(1); NRS 453.381(8)

8. It is a criminal offense to use a controlled substance except as authorized by law. 42 U.S.C. § 12210; NRS 453.411(1).

9. Supplying or diverting drugs which are legally sold in pharmacies constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

10. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

11. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

12. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

COUNT ONE
Unlawful Acquisition of Controlled Substances

13. By diverting and acquiring controlled substances as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 841(a), 21 U.S.C. § 843(a)(3), 21 U.S.C. § 846, NRS 453.331(1)(d) and/or NRS 453.391(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12).

COUNT TWO
Unlawful Possession of Controlled Substances

14. By diverting and possessing controlled substances as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 841(a), 21 U.S.C. § 844, 21 U.S.C. § 846, NRS 453.336(1), NRS 453.381(8) and/or NRS 454.316(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12).

COUNT THREE
Unlawful Use of Controlled Substances

15. By diverting and using controlled substances as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 42 U.S.C. § 12210 and/or NRS 453.411(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12).

COUNT FOUR
Unprofessional Conduct – Diversion

16. By diverting controlled substances as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(g) and is subject to discipline pursuant to NRS 639.210(4).

COUNT FIVE

Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

17. By diverting controlled substances as alleged herein, Respondent was a party to a fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 5th day of August 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ERIC A. LAWRENCE, RPH,** **Certificate of Registration No. 20626,** **Respondent.**	**Case No. 26-255-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, September 2, 2026, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney, Brett Kandt, at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 5th day of AUGUST 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ERIC A. LAWRENCE, RPH,** **Certificate of Registration No. 20626,** **Respondent.**	**Case No. 26-255-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2026.

_____

ERIC A. LAWRENCE, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 5th day of August 2026, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Eric Lawrence, RPh
[redacted]
Las Vegas, NV [redacted]

Eric Lawrence, RPh
[redacted]
Las Vegas, NV [redacted]

Eric Lawrence, RPh
c/o Lyn Beggs, Esq.
316 California Ave. #863
Reno, NV 89509

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

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FILED
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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SEAN ARORA, M.D.,** **Certificate of Registration No. CS31476,** **CASSIE GIFFORD, APRN,** **Certificate of Registration Nos. CS34942 and PR18034,** **GABRIELLE MCINTYRE, APRN,** **Certificate of Registration No. PR17484, and** **ALLISON JAGGARD, APRN,** **Certificate of Registration No. PR17499,** **Respondents.**	**Case Nos. 24-509-CS-N** **24-509-PR-A-N** **24-509-PR-B-N** **24-509-PR-C-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent Sean Arora, M.D., ("Respondent Arora"), because Respondent Arora holds a certificate of registration issued by the Board authorizing him to prescribe controlled substances in Nevada. Respondent Arora holds certificate of registration no. CS31476, which was issued by the Board pursuant to NRS 453.226 and 453.231.

2. The Board has personal jurisdiction over Respondent Cassie Gifford, APRN, ("Respondent Gifford"), because Respondent Gifford holds a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs in Nevada. Respondent Gifford holds certificate of

registration no. PR18034, which was issued by the Board pursuant to NRS 639.2351 and NAC 639.850.[1]

3. The Board has personal jurisdiction over Respondent Gabrielle McIntyre, APRN, ("Respondent McIntyre"), because Respondent McIntyre holds a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs in Nevada. Respondent holds certificate of registration no. PR17484, which was issued by the Board pursuant to NRS 639.2351 and NAC 639.850.

4. The Board has personal jurisdiction over Respondent Allison Jaggard, APRN, ("Respondent Jaggard"), because Respondent Jaggard holds a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs in Nevada. Respondent holds certificate of registration no. PR171499, which was issued by the Board pursuant to NRS 639.2351 and NAC 639.850

5. The Board has jurisdiction over the subject matter of this accusation because it alleges violations involving the purchase, receipt, storage, possession, prescribing and/or dispensing of dangerous drugs and controlled substances. As used herein, "dangerous drug" has the meaning ascribed to it in NRS 454.201, and "controlled substance" means a substance listed in NAC 453.510 to NAC 453.550, inclusive, or in 21 CFR Part 1308.

FACTUAL ALLEGATIONS

6. Respondent Arora is a physician licensed by the Nevada State Board of Medical Examiners to practice medicine in Nevada. At all times alleged herein, Respondent Arora was a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

7. Respondent Gifford is an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. At all times alleged herein, Respondent

1. Respondent Gifford formerly held certificate of registration no. CS34942, authorizing her to prescribe controlled substances. Certificate of registration no. CS34942 was not renewed when it came due for renewal on November 1, 2024.

Gifford was a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

8. Respondent McIntyre is an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. At all times alleged herein, Respondent McIntyre was a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

9. Respondent Jaggard is an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. At all times alleged herein, Respondent McIntyre was a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

10. In 2024, Respondent Arora formed a partnership or other business relationship with We Treat, a medical consulting firm based in San Diego, California. We Treat provides consulting services and regulatory compliance advice to medical spas and wellness clinics.

11. We Treat provided consulting services and compliance advice to Youth, Inc. (Youth Inc.), the owner of a medical spa and wellness clinic located at 695 Sierra Rose Drive in Reno, Nevada.

12. We Treat developed a manual of policies, procedures and protocols for use by Youth Inc. Respondent Arora approved these policies, procedures and protocols for use by Youth Inc.

13. Between April 2024 and March 2025, Youth Inc. provided various anti-aging and wellness treatments for its patients. These included cosmetic treatments using botulinum toxin type A and dermal fillers, treatments for weight loss using compounded tirzepatide and semaglutide products, hormone replacement using injectable hormones, and treatment for erectile dysfunction using sildenafil and tadalafil.

14. Between April 2024 and March 2025, Youth Inc. did not lock or otherwise secure the dangerous drugs and/or controlled substances in its possession.

15. In early 2025, Youth Inc. was in possession of stock bottles containing sildenafil, tadalafil, and metformin hydrochloride, all dangerous drugs. Youth Inc.'s representatives claimed that

they were not planning to dispense these drugs until after they had secured a dispensing license issued by the Board.

16. We Treat arranged for Respondent Arora to serve as the "medical director" for Youth Inc., a role that Respondent Arora assumed sometime between April and August 2024.

17. Respondent Arora served as Youth Inc.'s medical director until early 2025.

18. During Respondent Arora's tenure as Youth Inc.'s medical director, Respondent Arora worked and resided in Seattle, Washington. Respondent Arora never visited Youth Inc.'s facility in Reno, Nevada.

19. Sometime between April 2024 and March 2025, Youth Inc. engaged the services of Respondent Gifford, Respondent McIntyre and Respondent Jaggard. Respondent Gifford, Respondent McIntyre, and Respondent Jaggard rarely, if ever, visited Youth Inc.'s facility in Reno, Nevada.

20. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard reviewed a prospective patient's medical questionnaire prior to the prospective patient's initial treatment at Youth Inc. Respondent Gifford, Respondent McIntyre, and Respondent Jaggard reviewed these medical questionnaires from a remote location and never saw or spoke to patients prior to their initial treatments at Youth Inc.

21. After reviewing medical questionnaires, and despite not ever seeing the patients in question, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard authorized initial patient treatments calling for the use or administration of dangerous drugs and/or controlled substances.

22. Sometime between April 2024 and March 2025, Youth Inc. employed Maddison Weiss-Frank, a registered nurse. Ms. Weiss-Frank was not an advanced practice registered nurse and was not a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

23. Ms. Weiss-Frank worked under the direction and supervision of Rachel Gonzalez, the co-owner and chief executive officer of Youth Inc. Ms. Gonzalez was not a "practitioner" as that term

is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125. On information and belief, Ms. Gonzalez has no formal medical training.

24. Because there was never a practitioner present at the location, Youth Inc.'s facility at 695 Sierra Rose Drive in Reno, Nevada, was not a location where a registered nurse could lawfully inject a neuromodulator pursuant to NRS 454.217.

25. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Ms. Weiss-Frank treated patients using prescription drugs and/or controlled substances. Ms. Weiss-Frank did not act under the direction or supervision of a practitioner.

26. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Ms. Weiss-Frank received, stored, and possessed dangerous drugs and/or controlled substances. Ms. Weiss-Frank did not work under the direction or supervision of a practitioner.

27. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Ms. Weiss-Frank and/or Ms. Gonzalez ordered and received compounded tirzepatide and semaglutide products from GLP-1 Sciences, LLC, a California manufacturer and/or supplier not licensed to engage in wholesale distribution in Nevada.

28. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Ms. Weiss-Frank and/or other employees of Youth Inc. injected multiple patients with prescription drugs and/or controlled substances contained within single-use vials.

29. Consistent with the practice described above, Youth Inc. returned single-use vials to stock even after the vials were punctured and therefore rendered unusable for subsequent treatments.

30. As the medical director for Youth Inc., Respondent Arora periodically reviewed purchase invoices and signed for shipments of dangerous drugs and/or controlled substances.

31. As the medical director for Youth Inc., Respondent Arora periodically reviewed patient medical questionnaires and treatment records.

32. As the medical director for Youth Inc., Respondent Arora periodically reviewed Youth Inc.'s policies, procedures and protocols related to the procurement, storage, possession and administration of dangerous drugs and controlled substances.

33. Based upon his knowledge of Youth Inc.'s records and business practices, Respondent Arora knew or should have known that Ms. Weiss-Frank received, stored, and possessed dangerous drugs and/or controlled substances without direction or supervision by a practitioner.

34. Based upon his knowledge of Youth Inc.'s records and business practices, Respondent Arora knew or should have known that Ms. Weiss-Frank treated patients with prescription drugs and/or controlled substances despite not working under the supervision or direction of a practitioner.

35. Based upon his knowledge of Youth Inc.'s records and business practices, Respondent Arora knew or should have known that Ms. Weiss-Frank and/or Ms. Gonzalez ordered and received compounded tirzepatide and semaglutide products from GLP-1 Sciences, LLC, a California manufacturer and/or supplier not licensed to engage in wholesale distribution in Nevada.

36. Based upon his knowledge of Youth Inc.'s records and business practices, Respondent Arora knew or should have known that Ms. Weiss-Frank and/or other employees of Youth Inc. injected multiple patients with prescription drugs and/or controlled substances contained within single-use vials.

37. As Youth Inc.'s medical director, Respondent Arora had a duty to understand Nevada law as it governs the receipt, possession, storage, and distribution of dangerous drugs and controlled substances.

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APPLICABLE LAW

38. It is unlawful for any person to engage in wholesale distribution, or permit to be distributed at wholesale, any drug or compound unless the person holds the appropriate certificate, license or permit issued by the Board. NRS 639.100(1).

39. To engage in wholesale distribution of any drug or compound in Nevada, a person must be licensed as a wholesaler or manufacturer, as applicable. NRS 639.100; NRS 639.233; NAC 639.593; NAC 639.6915.

40. The Board may revoke or suspend the registration of any practitioner who has violated, attempted to violate, assisted, or abetted in the violation of, or conspired to violate any of the provisions of NRS chapters 453, 454, 639, or any state or federal law or regulation relating to drugs, the manufacture or distribution of drugs, or the practice of pharmacy. NRS 639.210(12); NRS 453.236.

41. Additionally, the Board may revoke or suspend the registration of any practitioner who is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4); NRS 453.236.

42. A practitioner's conduct is deemed unprofessional and contrary to the public interest if the practitioner performs his or her duties as the holder of a certificate issued by the Board in an incompetent, unskillful, or negligent manner, or if the practitioner assists or abets a person not licensed to practice pharmacy in Nevada. NAC 639.945(1)(i) and (j).

43. A practitioner's conduct is deemed unprofessional and contrary to the public interest if the practitioner prescribes or orders a dangerous drug or controlled substance for a person with whom the practitioner does not have a bona fide therapeutic relationship. NAC 639.945(1)(n).

44. "'Practice of pharmacy' includes, but is not limited to, the . . . [p]erformance or supervision of activities associated with manufacturing, compounding, labeling, dispensing and distributing of a drug, including the receipt, handling and storage of prescriptions and other confidential information relating to patients." NRS 639.0124(1)(a).

45. It is unlawful to possess, store, or administer dangerous drugs, including botulinum toxin type A and injectable dermal fillers, except as authorized by NRS 454.213.

46. It is unlawful to possess, store, or administer controlled substances, including testosterone, except as provided by NRS 453.375.

47. "Administer" means the direct application of a [dangerous drug or controlled substance] . . . whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject." NRS 453.021; NRS 454.191.

48. Pursuant to NRS 453.375, a registered nurse may not possess, store, or administer controlled substances except when working under the direction of a supervising practitioner.

49. Pursuant to NRS 454.213, a registered nurse may not possess, store, or administer dangerous drugs except at the direction of a supervising practitioner.

50. It is unlawful for a registered nurse to inject botulinum toxin type A in a patient or customer "at a location other than a medical facility, as defined in NRS 449.0151, or the office of a physician or physician assistant licensed [pursuant to applicable statutes]." NRS 454.217.

51. A person who maintains a stock of controlled substances and/or dangerous drugs must not commingle expired substances and unexpired substances in a storage area from which the substances are withdrawn from stock for administering or dispensing to patients. NAC 639.050(2).

52. A practitioner is subject to discipline if the practitioner causes or allows a dangerous drug to be dispensed in a manner not authorized by NRS 454.215 and NRS 454.301. *See* NRS 639.100; NRS 639.210(12).

53. The term "dispense" includes the prescribing by a practitioner, administering, packaging, labeling, or compounding necessary to prepare a substance for delivery to a patient. NRS 639.0065; NRS 453.056.

54. It is unlawful to furnish drugs without a prescription. NRS 454.221.

55. "Furnish" means to supply by any means, by sale or otherwise. NRS 454.006.

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COUNT ONE
Permitting Unlicensed Wholesale Distribution
(Respondent Arora)

56. As alleged above, Respondent Arora served as the medical director for Youth Inc.

57. During Respondent Arora's tenure as medical director, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank ordered and received compounded tirzepatide and semaglutide products from GLP-1 Sciences, LLC, a California manufacturer and/or supplier not licensed to engage in wholesale distribution in Nevada.

58. As the medical director for Youth Inc., Respondent Arora had a duty to implement policies, procedures and protocols to prevent or discourage purchases from unlicensed distributors such as GLP-1 Sciences, LLC. Respondent failed to implement such policies, procedures and protocols.

59. Given the facts and circumstances alleged above, Respondent Arora permitted the unlicensed wholesale distribution of compounded drug products in violation of NRS 639.100(1).

60. Given the facts and circumstances alleged above, Respondent Arora performed his duties in an incompetent, unskillful, or negligent manner.

61. Respondent Arora's acts and/or omissions as alleged above amount to a violation of law and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 453.236; NAC 639.945(1)(i).

COUNT TWO
Assisting or Abetting the Unlicensed Practice of Pharmacy
(Respondent Arora)

62. As alleged above, Respondent Arora served as the medical director for Youth Inc.

63. During Respondent Arora's tenure as medical director, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank ordered, received, possessed, and/or stored dangerous drugs and/or controlled substances. This amounted to the unlicensed "practice of pharmacy" as that term is defined at NRS 639.0124(1)(a).

64. During Respondent Arora's tenure as medical director, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank furnished dangerous drugs and/or controlled substances to patients of

Youth Inc. This amounted to the unlicensed "practice of pharmacy" as that term is defined at NRS 639.0124(1)(a).

65. As the medical director for Youth Inc., Respondent Arora had a duty to implement policies, procedures and protocols to prevent or discourage the above persons from ordering, receiving, possessing, storing and/or furnishing dangerous drugs and/or controlled substances. Respondent Arora failed to implement such policies, procedures and protocols.

66. Given the facts and circumstances alleged above, Respondent Arora assisted or abetted in the unlicensed practice of pharmacy.

67. Given the facts and circumstances alleged above, Respondent Arora performed his duties in an incompetent, unskillful, or negligent manner.

68. Respondent Arora's acts and/or omissions as alleged above amount to conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4); NRS 453.236; NAC 639.945(1)(i) and (j).

COUNT THREE
Assisting or Abetting in Violations of NAC 639.050(2)
(Respondent Arora)

69. As alleged above, Respondent Arora served as the medical director for Youth Inc.

70. During Respondent Arora's tenure as medical director, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank injected multiple patients with drugs contained within single-use vials. After the vials were punctured, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank returned the vials to stock for subsequent use, in violation of NAC 639.050(2).

71. As the medical director for Youth Inc., Respondent Arora had a duty to implement policies, procedures and protocols to prevent or discourage the repeated or recurring use of punctured single-use vials. Respondent failed to implement such policies, procedures and protocols.

72. Given the facts and circumstances alleged above, Respondent Arora assisted or abetted in the above violations of NAC 639.050(2).

73. Given the facts and circumstances alleged above, Respondent Arora performed his duties in an incompetent, unskillful, or negligent manner.

74. Respondent Arora's acts and/or omissions as alleged above amount to a violation of law and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 453.236; NAC 639.945(1)(i).

COUNT FOUR
Assisting or Abetting in Violations of NAC 639.050(2)
(Respondents Gifford, McIntyre and Jaggard)

75. As alleged above, between April 2024 and March 2025, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank injected multiple patients with drugs contained within single-use vials. After the vials were punctured, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank returned the vials to stock for subsequent use, in violation of NAC 639.050(2).

76. Between April 2024 and March 2025, as alleged above, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard authorized initial patient treatments calling for the administration of injectable drugs contained within single-use vials.

77. Having authorized the above treatments, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard had a duty to ensure that Youth Inc. did not make repeated or recurring uses of punctured single-use vials.

78. Having authorized the above treatments, Respondent Gifford, Respondent McIntyre and Respondent Jaggard had a duty to ensure that Youth Inc. did not return single-use vials to stock after the vials were punctured.

79. Given the facts and circumstances alleged above, Respondent Gifford, Respondent McIntyre and Respondent Jaggard assisted or abetted in the above violations of NAC 639.050(2).

80. Given the facts and circumstances alleged above, Respondent Gifford, Respondent McIntyre and Respondent Jaggard performed their duties in an incompetent, unskillful, or negligent manner.

81. Respondents' acts and/or omissions as alleged above amount to a violation of law and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 453.236; NAC 639.945(1)(i).

COUNT FIVE
Assisting or Abetting the Unlicensed Practice of Pharmacy
(Respondents Gifford, McIntyre and Jaggard)

82. As alleged above, between April 2024 and March 2025, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank furnished dangerous drugs and/or controlled substances to patients of Youth Inc. This amounted to the unlicensed "practice of pharmacy" as that term is defined at NRS 639.0124(1)(a).

83. Between April 2024 and March 2025, as alleged above, Respondent Gifford, Respondent McIntyre and Respondent Jaggard authorized initial patient treatments calling for the administration of dangerous drugs and/or controlled substances.

84. Having authorized the above treatments, Respondent Gifford, Respondent McIntyre and Respondent Jaggard had a duty to ensure that dangerous drugs and/or controlled substances were administered under the direction or supervision of a practitioner. Dangerous drugs and/or controlled substances were not administered under the direction or supervision of a practitioner.

85. Given the facts and circumstances alleged above, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard assisted or abetted the unlicensed practice of pharmacy by Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank.

86. Given the facts and circumstances alleged above, Respondent Gifford, Respondent McIntyre and Respondent Jaggard performed their duties in an incompetent, unskillful, or negligent manner.

87. Respondents' acts and/or omissions as alleged above amount to a violation of law and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 453.236; NAC 639.945(1)(i).

COUNT SIX
Failure to Establish a Bona Fide Therapeutic Relationship with Patients
(Respondents Gifford, McIntyre and Jaggard)

88. Between April 2024 and March 2025, as alleged above, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard authorized initial patient treatments calling for the administration of dangerous drugs and/or controlled substances.

89. Respondent Gifford, Respondent McIntyre and Respondent Jaggard never saw or spoke with the above patients for whom they authorized treatments with dangerous drugs and/or controlled substances.

90. Having failed to see or speak with the above patients, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard failed to establish a bona fide therapeutic relationship with the above patients prior to authorizing their initial treatments with dangerous drugs and/or controlled substances.

91. Respondents' conduct as alleged above amounts to unprofessional conduct and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4); NRS 453.236; NAC 639.945(1)(n).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of Respondent Sean Arora, Respondent Cassie Gifford, Respondent Gabrielle McIntyre, and Respondent Allison Jaggard.

DATED this 24th day of July 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CASSIE GIFFORD, APRN,** **Certificate of Registration Nos. CS34942 and PR18034,** **Respondent.**	**Case No. 24-509-PR-A-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, September 3, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 24th day of JULY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CASSIE GIFFORD, APRN,** **Certificate of Registration Nos. CS34942 and PR18034,** **Respondent.**	**Case No. 24-509-PR-A-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

Cassie Gifford, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of July 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Sean Arora, MD
c/o Youth Inc
691 Sierra Rose Dr
Reno, NV 89511

Cassie Gifford, APRN
c/o Bionetics Health
5540 S Fort Apache Rd #120
Las Vegas, NV 89148

Gabrielle McIntyre, APRN
c/o Restore Hyper Wellness
1550 N Green Valley Pkwy., Ste 300
Henderson, NV 89074

Allison Jaggard, APRN
1708 Spring Green Blvd Ste 120-109
Katy, TX 77494

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

FILED
AUG 15 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SEAN ARORA, M.D.,** **Certificate of Registration No. CS31476** **CASSIE GIFFORD, APRN,** **Certificate of Registration Nos. CS34942 and PR18034,** **GABRIELLE MCINTYRE, APRN,** **Certificate of Registration No. PR17484,** **ALLISON JAGGARD, APRN,** **Certificate of Registration No. PR17499,** **Respondents.**	**Case Nos.** **24-509-CS-N** **24-509-PR-A-N** **24-509-PR-B-N** **24-509-PR-C-N** **ANSWER AND NOTICE OF DEFENSE OF RESPONDENTS**

Respondents Sean Arora, M.D., Cassie Gifford, APRN, Gabrielle McIntyre, APRN, and Allison Jaggard, APRN, hereby file with the Nevada State Board of Pharmacy ("Board"), their Answer and Notice of Defense to the Notice of Intended Action and Accusation ("Accusation") filed on July 24, 2025.

ANSWER TO ACCUSATION

Jurisdiction: Paragraphs 1-5

Paragraph 1: Dr. Arora acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 1 of the Accusation to the extent that the matter pertains to controlled substances as he holds a controlled substance registration issued by the Board.

Paragraph 2: Ms. Gifford acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 2 of the Accusation as she holds a certificate to prescribe dangerous drugs issued by the Board.

Paragraph 3: Ms. McIntyre acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 3 of the Accusation as she holds a certificate to prescribe dangerous drugs issued by the Board.

Paragraph 4: Ms. Jaggard acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 4 of the Accusation as she holds a certificate to prescribe dangerous drugs issued by the Board.

Paragraph 5: Respondents acknowledge that the Board has jurisdiction in the matter to the extent that the matter involves dangerous drugs and controlled substances. Dr. Arora acknowledges that the Board has jurisdiction over the allegations pertaining to his acts or omissions to the extent they concern controlled substances.

Factual Allegations: Paragraphs 6-37

Paragraph 6: Dr. Arora agrees with the factual allegations as set forth in Paragraph 6.

Paragraph 7: Ms. Gifford agrees with the factual allegations as set forth in Paragraph 7.

Paragraph 8: Ms. McIntyre agrees with the factual allegations as set forth in Paragraph 8.

Paragraph 9: Ms. Jaggard agrees with the factual allegations as set forth in Paragraph 9.

Paragraph 10: Dr. Arora agrees with the factual allegations set forth in Paragraph 10 only to the extent that he entered into an independent contractor agreement with We Treat, LLC in 2024.

Paragraph 11: Respondents are without sufficient personal knowledge to respond to the factual allegations set forth in Paragraph 11 as to the types of services which were provided to Youth Inc. However, to the best of Respondents' knowledge, Youth Inc. did receive services from

We Treat related to medical clearances for patients, policies and protocols and compliance information.

Paragraph 12: Dr. Arora agrees with the factual allegations set forth in Paragraph 12 only to the extent that he reviewed and approved policies and protocols directly related to the provision of certain medical services. Dr. Arora was not involved, nor did he review or approve, policies and procedures related to any other matters involving Youth, Inc.

Paragraph 13: Respondents are without sufficient personal knowledge to respond to the factual allegations contained in Paragraph 13.

Paragraph 14: Respondents are without sufficient personal knowledge to respond to the factual allegations contained in Paragraph 14.

Paragraph 15: Respondents are without sufficient personal knowledge to respond to the factual allegations contained in Paragraph 15.

Paragraph 16: Dr. Arora acknowledges that as part of his duties for We Treat, he was assigned as medical director for Youth, Inc. in approximately April 2024. Dr. Arora's duties as medical director included the review and approval of protocols for certain medical treatments performed at Youth, Inc., responding to patient specific questions from the clinic, and authorization of the ordering of certain dangerous drugs, to be done in accordance with compliance policies prepared by We Treat.

Paragraph 17: Dr. Arora agrees with the factual allegations contained in Paragraph 17 to the extent that he provided services to We Treat until January 2025, services which included acting as medical director for Youth,. Inc., which were limited to the duties set forth in the response to Paragraph 16.

Paragraph 18: Dr. Arora acknowledges that he was based in Seattle, Washington and that his duties for Youth, Inc. did not require him to be physically at Youth, Inc.'s location.

Paragraph 19: Respondent's Gifford, McIntyre, and Jaggard deny the factual allegations set forth in Paragraph 19. None of the named Respondents were engaged by Youth, Inc. to provide any services. All three Respondents were employees/independent contractors of We Treat which provided medical clearance screening of patients for Youth, Inc. through Nevada licensed practitioners.

Paragraph 20: Respondents Gifford, McIntyre, and Jaggard acknowledge that they reviewed and medically cleared patients for treatments performed at Youth, Inc. pursuant to medical protocols reviewed and approved by Dr. Arora and performed these reviews in accordance with policies and protocols developed and approved by We Treat, not Dr. Arora.

Paragraph 21: Respondents Gifford, McIntyre and Jaggard acknowledge that they medically cleared patients, if appropriate, after the review of medical information and authorized treatments to be performed pursuant to protocols approved by Dr. Arora which included standing orders for administration of certain drugs or the issuance of prescriptions pursuant to those protocols. No approved protocols for treatments authorized the administration of controlled substances at Youth, Inc.

Paragraph 22: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 22.

Paragraph 23: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 23.

Paragraph 24: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 24.

Paragraph 25: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 25.

Paragraph 26: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 26.

Paragraph 27: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 27.

Paragraph 28: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 28.

Paragraph 29: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 29.

Paragraph 30: Dr. Arora acknowledges that he would periodically review orders received for dangerous drugs and would sign, remotely for the same. Drugs were to be stored and accessed in accordance with policies and protocols developed by We Treat; Dr. Arora was not part of the development of those policies and procedures, nor was he asked to review them by We Treat. Dr. Arora denies that he ever signed off or approved of any shipments of controlled substances to Youth, Inc. and to his knowledge, no controlled substances were to be received or stored on-site at We Treat.

Paragraph 31: Dr. Arora denies the factual allegations contained in Paragraph 31, however he acknowledges that he would respond to patient specific questions posed to him and would review patient records at that time; however this occurred very rarely.

Paragraph 32: Dr. Arora denies the factual allegations contained in Paragraph 32. Dr. Arora was not responsible for the policies and procedures related to the procurement, storage, possession and/or administration of dangerous drugs or controlled substances other than approving

protocols directly related to the provision of medical services. We Treat's compliance department was solely responsible for the policies and protocols otherwise related to dangerous drugs and controlled substances.

Paragraph 33: Dr. Arora denies the allegations set forth in Paragraph 33.

Paragraph 34: Dr. Arora denies the allegations set forth in Paragraph 34.

Paragraph 35: Dr. Arora denies the allegations set forth in Paragraph 35.

Paragraph 36: Dr. Arora denies the allegations set forth in Paragraph 36.

Paragraph 37: Dr. Arora denies the allegations set forth in Paragraph 37 as he was not involved in, nor responsible for the receipt, possession storage, and distribution of dangerous drugs or controlled substances at Youth, Inc.

Applicable Law: Paragraphs 38-55

Paragraph 38-55: Respondents acknowledge that Paragraphs 38-55 accurately reflect the basic substance of the statutes and regulations cited therein.

Counts: Paragraphs 56-91

Count One (Paragraphs 56-61): Dr. Arora generally denies the allegations set forth in Count One in Paragraphs 56-61. Dr. Arora did not permit Youth, Inc. or any of its personnel to order any dangerous drugs from any manufacturer or supplier not licensed in Nevada. As discussed herein, Dr. Arora's duties for Youth, Inc. were limited to the review and authorization of protocols related to medical procedures. While Youth, Inc. was authorized to order supplies and dangerous drugs under Dr. Arora's credentials, this was to be done in accordance with policies and protocols developed and approved by We Treat's compliance department. To the best of Dr. Arora's knowledge, no client of We Treat was authorized to order or received dangerous drugs or other supplies from unlicensed suppliers/manufacturers.

Count Two (Paragraphs 62-68): Dr. Arora generally denies all allegations set forth in Count Two in Paragraphs 62-68. Further Dr. Arora asserts that a practice which orders, receives, and stores dangerous drugs is not engaging in the practice of pharmacy as alleged. If indeed this was accurate, every medical practice or facility that orders, receives and stores drugs for administration and/or dispensing, would be required to hold a pharmacy license with the Board; that is not currently a requirement and NRS 639.0124(1)(a) is inappropriately applied here.

Count Three (Paragraphs 69-74): Dr. Arora generally denies the allegations set forth in Count Three in Paragraphs 69-74. Again, as discussed herein, Dr. Arora's duties for Youth, Inc. were limited and did not include the development or approval of any protocols or procedures related to the procurement or storage of dangerous drugs. Dr. Arora's medical service protocols did not allow for the reuse of single use vials and any reuse of single use vials on the part of Youth, Inc. personnel would have been done without the knowledge of Dr. Arora and he did not aid or abet any violation of NAC 639.050(2).

Count Four (Paragraphs 75-81): Respondents Gifford, McIntyre, and Jaggard all generally deny the allegations set forth in Count Four in Paragraphs 75-81. Respondents Gifford, McIntyre, and Jaggard, worked for We Treat, not Youth, Inc. Respondents' duties for Youth, Inc. were limited to conducting medical clearance reviews for patients and if cleared, the patient was authorized for treatment pursuant to approved medical protocols. None of the named respondents were responsible for supervising the staff of Youth, Inc. and would have had no knowledge of unauthorized reuse of single use vials by any personnel associated with Youth, Inc.

Count Five (Paragraphs 82-87): Respondents Gifford, McIntyre, and Jaggard all generally deny the allegations set forth in Count Five in Paragraphs 75-81. The administration of dangerous drugs to patients is not the practice of pharmacy as defined by NRS 639.0124(1)(a) and

accordingly Respondents could not have aided or abetted in the violation of said statute. Again, as discussed above, should the Board take the position that the administration of a dangerous drug constitutes the practice of pharmacy, all practices and facilities at which any drug is administered would be required to hold a registration as a pharmacy with the Board which is not currently required.

Count Six (Paragraphs 88-91): Respondents Gifford, McIntyre, and Jaggard all generally deny the allegations set forth in Count Six in Paragraphs 88-91.

NOTICE OF DEFENSE/MITIGATING INFORMATION

In regard to Respondent Arora, Dr. Arora stresses that his involvement with We Treat was limited as medical director. The term "medical director" is not defined under Nevada law and there is no legal precedent for what the duties of a medical director must consist of. Dr. Arora functioned as a medical director per the duties he had as a contractor for We Treat, LLC, which consisted solely of the review and authorization of protocols for medical services offered at practices contracted with We Treat and he was required to be available for consultations regarding specific patient questions as needed. The medical protocols authorized by Dr. Arora included standing orders for the administration of certain dangerous drugs and for the prescription of certain controlled substances. It should be noted that Dr. Arora never authorized the administration of controlled substances at Youth, Inc., or any other practice for which he provided services under We Treat and to his knowledge, no controlled substances were stored on-site at Youth, Inc.

We Treat's compliance department was responsible for the development and authorization of all other policies and protocols, including those related to the procurement, receipt, and storage of dangerous drugs. Dr. Arora was advised by We Treat that all policies and protocols were reviewed and vetted for compliance with the laws in each individual state in which We Treat had

clients. Dr. Arora had no reason to doubt the assurances made by We Treat that the policies and protocols for Youth, Inc. were in compliance with Nevada law.

In regard to Respondents Gifford, McIntyre, and Jaggard, all three were employees/contractors with We Treat during the times in question. Their duties were to provide medical clearance reviews for patients wishing to receive services at practices which were contracted with We Treat and if cleared, authorize treatment to be provide pursuant to previously approved medical protocols. Respondents had no duties related to the oversight or supervision of any practice served by We Treat. Respondents would be notified through a proprietary platform that a patient required a medical clearance evaluation at practices which received services from We Treat and would be given access to the patient records through the We Treat platform and would either clear the patient for treatment or deny treatment[1]. Each clinic had individual protocols which would be followed by Respondents. Respondents were informed by We Treat that policies related to requirements for providing medical clearance for patients was vetted by its compliance department and all protocols were in compliance with state laws; Respondents had no reason to question the representations of We Treat.

Respondent Gifford estimates that she performed very few medical clearance evaluations for Youth, Inc. through the We Treat platform. Respondent McIntyre estimates that she did approximately two medical clearance evaluations for Youth, Inc. Respondent Jaggard estimates that she did a maximum of ten to fifteen medical clearance evaluations for Youth, Inc.

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[1] We Treat practitioners only performed medical clearance evaluations for patients in states in which they were licensed.

All Respondents deny having violated NRS and/or NAC Chapters 453, 454, or 639. Further Respondents reserve all legal defenses available to them should this matter proceed to a hearing.

Respectfully submitted this 15th day of August, 2025.

Lyn E. Beggs, Esq.
Attorney for Respondents

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SEAN ARORA, M.D.,** **Certificate of Registration No. CS31476,** **CASSIE GIFFORD, APRN,** **Certificate of Registration Nos. CS34942 and PR18034,** **GABRIELLE MCINTYRE, APRN,** **Certificate of Registration No. PR17484, and** **ALLISON JAGGARD, APRN,** **Certificate of Registration No. PR17499,** **Respondents.**	**Case Nos. 24-509-CS-N** **24-509-PR-A-N** **24-509-PR-B-N** **24-509-PR-C-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent Sean Arora, M.D., ("Respondent Arora"), because Respondent Arora holds a certificate of registration issued by the Board authorizing him to prescribe controlled substances in Nevada. Respondent Arora holds certificate of registration no. CS31476, which was issued by the Board pursuant to NRS 453.226 and 453.231.

2. The Board has personal jurisdiction over Respondent Cassie Gifford, APRN, ("Respondent Gifford"), because Respondent Gifford holds a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs in Nevada. Respondent Gifford holds certificate of

registration no. PR18034, which was issued by the Board pursuant to NRS 639.2351 and NAC 639.850.[1]

3. The Board has personal jurisdiction over Respondent Gabrielle McIntyre, APRN, ("Respondent McIntyre"), because Respondent McIntyre holds a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs in Nevada. Respondent holds certificate of registration no. PR17484, which was issued by the Board pursuant to NRS 639.2351 and NAC 639.850.

4. The Board has personal jurisdiction over Respondent Allison Jaggard, APRN, ("Respondent Jaggard"), because Respondent Jaggard holds a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs in Nevada. Respondent holds certificate of registration no. PR171499, which was issued by the Board pursuant to NRS 639.2351 and NAC 639.850

5. The Board has jurisdiction over the subject matter of this accusation because it alleges violations involving the purchase, receipt, storage, possession, prescribing and/or dispensing of dangerous drugs and controlled substances. As used herein, "dangerous drug" has the meaning ascribed to it in NRS 454.201, and "controlled substance" means a substance listed in NAC 453.510 to NAC 453.550, inclusive, or in 21 CFR Part 1308.

FACTUAL ALLEGATIONS

6. Respondent Arora is a physician licensed by the Nevada State Board of Medical Examiners to practice medicine in Nevada. At all times alleged herein, Respondent Arora was a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

7. Respondent Gifford is an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. At all times alleged herein, Respondent

1. Respondent Gifford formerly held certificate of registration no. CS34942, authorizing her to prescribe controlled substances. Certificate of registration no. CS34942 was not renewed when it came due for renewal on November 1, 2024.

Gifford was a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

8. Respondent McIntyre is an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. At all times alleged herein, Respondent McIntyre was a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

9. Respondent Jaggard is an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. At all times alleged herein, Respondent McIntyre was a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

10. In 2024, Respondent Arora formed a partnership or other business relationship with We Treat, a medical consulting firm based in San Diego, California. We Treat provides consulting services and regulatory compliance advice to medical spas and wellness clinics.

11. We Treat provided consulting services and compliance advice to Youth, Inc. (Youth Inc.), the owner of a medical spa and wellness clinic located at 695 Sierra Rose Drive in Reno, Nevada.

12. We Treat developed a manual of policies, procedures and protocols for use by Youth Inc. Respondent Arora approved these policies, procedures and protocols for use by Youth Inc.

13. Between April 2024 and March 2025, Youth Inc. provided various anti-aging and wellness treatments for its patients. These included cosmetic treatments using botulinum toxin type A and dermal fillers, treatments for weight loss using compounded tirzepatide and semaglutide products, hormone replacement using injectable hormones, and treatment for erectile dysfunction using sildenafil and tadalafil.

14. Between April 2024 and March 2025, Youth Inc. did not lock or otherwise secure the dangerous drugs and/or controlled substances in its possession.

15. In early 2025, Youth Inc. was in possession of stock bottles containing sildenafil, tadalafil, and metformin hydrochloride, all dangerous drugs. Youth Inc.'s representatives claimed that

they were not planning to dispense these drugs until after they had secured a dispensing license issued by the Board.

16. We Treat arranged for Respondent Arora to serve as the "medical director" for Youth Inc., a role that Respondent Arora assumed sometime between April and August 2024.

17. Respondent Arora served as Youth Inc.'s medical director until early 2025.

18. During Respondent Arora's tenure as Youth Inc.'s medical director, Respondent Arora worked and resided in Seattle, Washington. Respondent Arora never visited Youth Inc.'s facility in Reno, Nevada.

19. Sometime between April 2024 and March 2025, Youth Inc. engaged the services of Respondent Gifford, Respondent McIntyre and Respondent Jaggard. Respondent Gifford, Respondent McIntyre, and Respondent Jaggard rarely, if ever, visited Youth Inc.'s facility in Reno, Nevada.

20. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard reviewed a prospective patient's medical questionnaire prior to the prospective patient's initial treatment at Youth Inc. Respondent Gifford, Respondent McIntyre, and Respondent Jaggard reviewed these medical questionnaires from a remote location and never saw or spoke to patients prior to their initial treatments at Youth Inc.

21. After reviewing medical questionnaires, and despite not ever seeing the patients in question, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard authorized initial patient treatments calling for the use or administration of dangerous drugs and/or controlled substances.

22. Sometime between April 2024 and March 2025, Youth Inc. employed Maddison Weiss-Frank, a registered nurse. Ms. Weiss-Frank was not an advanced practice registered nurse and was not a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

23. Ms. Weiss-Frank worked under the direction and supervision of Rachel Gonzalez, the co-owner and chief executive officer of Youth Inc. Ms. Gonzalez was not a "practitioner" as that term

is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125. On information and belief, Ms. Gonzalez has no formal medical training.

24. Because there was never a practitioner present at the location, Youth Inc.'s facility at 695 Sierra Rose Drive in Reno, Nevada, was not a location where a registered nurse could lawfully inject a neuromodulator pursuant to NRS 454.217.

25. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Ms. Weiss-Frank treated patients using prescription drugs and/or controlled substances. Ms. Weiss-Frank did not act under the direction or supervision of a practitioner.

26. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Ms. Weiss-Frank received, stored, and possessed dangerous drugs and/or controlled substances. Ms. Weiss-Frank did not work under the direction or supervision of a practitioner.

27. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Ms. Weiss-Frank and/or Ms. Gonzalez ordered and received compounded tirzepatide and semaglutide products from GLP-1 Sciences, LLC, a California manufacturer and/or supplier not licensed to engage in wholesale distribution in Nevada.

28. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Ms. Weiss-Frank and/or other employees of Youth Inc. injected multiple patients with prescription drugs and/or controlled substances contained within single-use vials.

29. Consistent with the practice described above, Youth Inc. returned single-use vials to stock even after the vials were punctured and therefore rendered unusable for subsequent treatments.

30. As the medical director for Youth Inc., Respondent Arora periodically reviewed purchase invoices and signed for shipments of dangerous drugs and/or controlled substances.

31. As the medical director for Youth Inc., Respondent Arora periodically reviewed patient medical questionnaires and treatment records.

32. As the medical director for Youth Inc., Respondent Arora periodically reviewed Youth Inc.'s policies, procedures and protocols related to the procurement, storage, possession and administration of dangerous drugs and controlled substances.

33. Based upon his knowledge of Youth Inc.'s records and business practices, Respondent Arora knew or should have known that Ms. Weiss-Frank received, stored, and possessed dangerous drugs and/or controlled substances without direction or supervision by a practitioner.

34. Based upon his knowledge of Youth Inc.'s records and business practices, Respondent Arora knew or should have known that Ms. Weiss-Frank treated patients with prescription drugs and/or controlled substances despite not working under the supervision or direction of a practitioner.

35. Based upon his knowledge of Youth Inc.'s records and business practices, Respondent Arora knew or should have known that Ms. Weiss-Frank and/or Ms. Gonzalez ordered and received compounded tirzepatide and semaglutide products from GLP-1 Sciences, LLC, a California manufacturer and/or supplier not licensed to engage in wholesale distribution in Nevada.

36. Based upon his knowledge of Youth Inc.'s records and business practices, Respondent Arora knew or should have known that Ms. Weiss-Frank and/or other employees of Youth Inc. injected multiple patients with prescription drugs and/or controlled substances contained within single-use vials.

37. As Youth Inc.'s medical director, Respondent Arora had a duty to understand Nevada law as it governs the receipt, possession, storage, and distribution of dangerous drugs and controlled substances.

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APPLICABLE LAW

38. It is unlawful for any person to engage in wholesale distribution, or permit to be distributed at wholesale, any drug or compound unless the person holds the appropriate certificate, license or permit issued by the Board. NRS 639.100(1).

39. To engage in wholesale distribution of any drug or compound in Nevada, a person must be licensed as a wholesaler or manufacturer, as applicable. NRS 639.100; NRS 639.233; NAC 639.593; NAC 639.6915.

40. The Board may revoke or suspend the registration of any practitioner who has violated, attempted to violate, assisted, or abetted in the violation of, or conspired to violate any of the provisions of NRS chapters 453, 454, 639, or any state or federal law or regulation relating to drugs, the manufacture or distribution of drugs, or the practice of pharmacy. NRS 639.210(12); NRS 453.236.

41. Additionally, the Board may revoke or suspend the registration of any practitioner who is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4); NRS 453.236.

42. A practitioner's conduct is deemed unprofessional and contrary to the public interest if the practitioner performs his or her duties as the holder of a certificate issued by the Board in an incompetent, unskillful, or negligent manner, or if the practitioner assists or abets a person not licensed to practice pharmacy in Nevada. NAC 639.945(1)(i) and (j).

43. A practitioner's conduct is deemed unprofessional and contrary to the public interest if the practitioner prescribes or orders a dangerous drug or controlled substance for a person with whom the practitioner does not have a bona fide therapeutic relationship. NAC 639.945(1)(n).

44. "'Practice of pharmacy' includes, but is not limited to, the . . . [p]erformance or supervision of activities associated with manufacturing, compounding, labeling, dispensing and distributing of a drug, including the receipt, handling and storage of prescriptions and other confidential information relating to patients." NRS 639.0124(1)(a).

45. It is unlawful to possess, store, or administer dangerous drugs, including botulinum toxin type A and injectable dermal fillers, except as authorized by NRS 454.213.

46. It is unlawful to possess, store, or administer controlled substances, including testosterone, except as provided by NRS 453.375.

47. "Administer" means the direct application of a [dangerous drug or controlled substance] . . . whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject." NRS 453.021; NRS 454.191.

48. Pursuant to NRS 453.375, a registered nurse may not possess, store, or administer controlled substances except when working under the direction of a supervising practitioner.

49. Pursuant to NRS 454.213, a registered nurse may not possess, store, or administer dangerous drugs except at the direction of a supervising practitioner.

50. It is unlawful for a registered nurse to inject botulinum toxin type A in a patient or customer "at a location other than a medical facility, as defined in NRS 449.0151, or the office of a physician or physician assistant licensed [pursuant to applicable statutes]." NRS 454.217.

51. A person who maintains a stock of controlled substances and/or dangerous drugs must not commingle expired substances and unexpired substances in a storage area from which the substances are withdrawn from stock for administering or dispensing to patients. NAC 639.050(2).

52. A practitioner is subject to discipline if the practitioner causes or allows a dangerous drug to be dispensed in a manner not authorized by NRS 454.215 and NRS 454.301. *See* NRS 639.100; NRS 639.210(12).

53. The term "dispense" includes the prescribing by a practitioner, administering, packaging, labeling, or compounding necessary to prepare a substance for delivery to a patient. NRS 639.0065; NRS 453.056.

54. It is unlawful to furnish drugs without a prescription. NRS 454.221.

55. "Furnish" means to supply by any means, by sale or otherwise. NRS 454.006.

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COUNT ONE
Permitting Unlicensed Wholesale Distribution
(Respondent Arora)

56. As alleged above, Respondent Arora served as the medical director for Youth Inc.

57. During Respondent Arora's tenure as medical director, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank ordered and received compounded tirzepatide and semaglutide products from GLP-1 Sciences, LLC, a California manufacturer and/or supplier not licensed to engage in wholesale distribution in Nevada.

58. As the medical director for Youth Inc., Respondent Arora had a duty to implement policies, procedures and protocols to prevent or discourage purchases from unlicensed distributors such as GLP-1 Sciences, LLC. Respondent failed to implement such policies, procedures and protocols.

59. Given the facts and circumstances alleged above, Respondent Arora permitted the unlicensed wholesale distribution of compounded drug products in violation of NRS 639.100(1).

60. Given the facts and circumstances alleged above, Respondent Arora performed his duties in an incompetent, unskillful, or negligent manner.

61. Respondent Arora's acts and/or omissions as alleged above amount to a violation of law and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 453.236; NAC 639.945(1)(i).

COUNT TWO
Assisting or Abetting the Unlicensed Practice of Pharmacy
(Respondent Arora)

62. As alleged above, Respondent Arora served as the medical director for Youth Inc.

63. During Respondent Arora's tenure as medical director, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank ordered, received, possessed, and/or stored dangerous drugs and/or controlled substances. This amounted to the unlicensed "practice of pharmacy" as that term is defined at NRS 639.0124(1)(a).

64. During Respondent Arora's tenure as medical director, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank furnished dangerous drugs and/or controlled substances to patients of

Youth Inc. This amounted to the unlicensed "practice of pharmacy" as that term is defined at NRS 639.0124(1)(a).

65. As the medical director for Youth Inc., Respondent Arora had a duty to implement policies, procedures and protocols to prevent or discourage the above persons from ordering, receiving, possessing, storing and/or furnishing dangerous drugs and/or controlled substances. Respondent Arora failed to implement such policies, procedures and protocols.

66. Given the facts and circumstances alleged above, Respondent Arora assisted or abetted in the unlicensed practice of pharmacy.

67. Given the facts and circumstances alleged above, Respondent Arora performed his duties in an incompetent, unskillful, or negligent manner.

68. Respondent Arora's acts and/or omissions as alleged above amount to conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4); NRS 453.236; NAC 639.945(1)(i) and (j).

COUNT THREE
Assisting or Abetting in Violations of NAC 639.050(2)
(Respondent Arora)

69. As alleged above, Respondent Arora served as the medical director for Youth Inc.

70. During Respondent Arora's tenure as medical director, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank injected multiple patients with drugs contained within single-use vials. After the vials were punctured, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank returned the vials to stock for subsequent use, in violation of NAC 639.050(2).

71. As the medical director for Youth Inc., Respondent Arora had a duty to implement policies, procedures and protocols to prevent or discourage the repeated or recurring use of punctured single-use vials. Respondent failed to implement such policies, procedures and protocols.

72. Given the facts and circumstances alleged above, Respondent Arora assisted or abetted in the above violations of NAC 639.050(2).

73. Given the facts and circumstances alleged above, Respondent Arora performed his duties in an incompetent, unskillful, or negligent manner.

74. Respondent Arora's acts and/or omissions as alleged above amount to a violation of law and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 453.236; NAC 639.945(1)(i).

COUNT FOUR
Assisting or Abetting in Violations of NAC 639.050(2)
(Respondents Gifford, McIntyre and Jaggard)

75. As alleged above, between April 2024 and March 2025, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank injected multiple patients with drugs contained within single-use vials. After the vials were punctured, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank returned the vials to stock for subsequent use, in violation of NAC 639.050(2).

76. Between April 2024 and March 2025, as alleged above, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard authorized initial patient treatments calling for the administration of injectable drugs contained within single-use vials.

77. Having authorized the above treatments, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard had a duty to ensure that Youth Inc. did not make repeated or recurring uses of punctured single-use vials.

78. Having authorized the above treatments, Respondent Gifford, Respondent McIntyre and Respondent Jaggard had a duty to ensure that Youth Inc. did not return single-use vials to stock after the vials were punctured.

79. Given the facts and circumstances alleged above, Respondent Gifford, Respondent McIntyre and Respondent Jaggard assisted or abetted in the above violations of NAC 639.050(2).

80. Given the facts and circumstances alleged above, Respondent Gifford, Respondent McIntyre and Respondent Jaggard performed their duties in an incompetent, unskillful, or negligent manner.

81. Respondents' acts and/or omissions as alleged above amount to a violation of law and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 453.236; NAC 639.945(1)(i).

COUNT FIVE
Assisting or Abetting the Unlicensed Practice of Pharmacy
(Respondents Gifford, McIntyre and Jaggard)

82. As alleged above, between April 2024 and March 2025, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank furnished dangerous drugs and/or controlled substances to patients of Youth Inc. This amounted to the unlicensed "practice of pharmacy" as that term is defined at NRS 639.0124(1)(a).

83. Between April 2024 and March 2025, as alleged above, Respondent Gifford, Respondent McIntyre and Respondent Jaggard authorized initial patient treatments calling for the administration of dangerous drugs and/or controlled substances.

84. Having authorized the above treatments, Respondent Gifford, Respondent McIntyre and Respondent Jaggard had a duty to ensure that dangerous drugs and/or controlled substances were administered under the direction or supervision of a practitioner. Dangerous drugs and/or controlled substances were not administered under the direction or supervision of a practitioner.

85. Given the facts and circumstances alleged above, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard assisted or abetted the unlicensed practice of pharmacy by Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank.

86. Given the facts and circumstances alleged above, Respondent Gifford, Respondent McIntyre and Respondent Jaggard performed their duties in an incompetent, unskillful, or negligent manner.

87. Respondents' acts and/or omissions as alleged above amount to a violation of law and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 453.236; NAC 639.945(1)(i).

COUNT SIX
Failure to Establish a Bona Fide Therapeutic Relationship with Patients
(Respondents Gifford, McIntyre and Jaggard)

88. Between April 2024 and March 2025, as alleged above, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard authorized initial patient treatments calling for the administration of dangerous drugs and/or controlled substances.

89. Respondent Gifford, Respondent McIntyre and Respondent Jaggard never saw or spoke with the above patients for whom they authorized treatments with dangerous drugs and/or controlled substances.

90. Having failed to see or speak with the above patients, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard failed to establish a bona fide therapeutic relationship with the above patients prior to authorizing their initial treatments with dangerous drugs and/or controlled substances.

91. Respondents' conduct as alleged above amounts to unprofessional conduct and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4); NRS 453.236; NAC 639.945(1)(n).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of Respondent Sean Arora, Respondent Cassie Gifford, Respondent Gabrielle McIntyre, and Respondent Allison Jaggard.

DATED this 24th day of July 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GABRIELLE MCINTYRE, APRN,** **Certificate of Registration No. PR17484,** **Respondent.**	**Case No. 24-509-PR-B-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, September 3, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 24th day of JULY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GABRIELLE MCINTYRE, APRN,** **Certificate of Registration No. PR17484,** **Respondent.**	**Case No. 24-509-PR-B-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

Gabrielle McIntyre, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of July 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Sean Arora, MD
c/o Youth Inc
691 Sierra Rose Dr
Reno, NV 89511

Cassie Gifford, APRN
c/o Bionetics Health
5540 S Fort Apache Rd #120
Las Vegas, NV 89148

Gabrielle McIntyre, APRN
c/o Restore Hyper Wellness
1550 N Green Valley Pkwy., Ste 300
Henderson, NV 89074

Allison Jaggard, APRN
1708 Spring Green Blvd Ste 120-109
Katy, TX 77494

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

FILED
AUG 15 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. SEAN ARORA, M.D., Certificate of Registration No. CS31476 CASSIE GIFFORD, APRN, Certificate of Registration Nos. CS34942 and PR18034, GABRIELLE MCINTYRE, APRN, Certificate of Registration No. PR17484, ALLISON JAGGARD, APRN, Certificate of Registration No. PR17499, Respondents.	Case Nos. 24-509-CS-N 24-509-PR-A-N 24-509-PR-B-N 24-509-PR-C-N ANSWER AND NOTICE OF DEFENSE OF RESPONDENTS

Respondents Sean Arora, M.D., Cassie Gifford, APRN, Gabrielle McIntyre, APRN, and Allison Jaggard, APRN, hereby file with the Nevada State Board of Pharmacy ("Board"), their Answer and Notice of Defense to the Notice of Intended Action and Accusation ("Accusation") filed on July 24, 2025.

ANSWER TO ACCUSATION

Jurisdiction: Paragraphs 1-5

Paragraph 1: Dr. Arora acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 1 of the Accusation to the extent that the matter pertains to controlled substances as he holds a controlled substance registration issued by the Board.

Paragraph 2: Ms. Gifford acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 2 of the Accusation as she holds a certificate to prescribe dangerous drugs issued by the Board.

Paragraph 3: Ms. McIntyre acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 3 of the Accusation as she holds a certificate to prescribe dangerous drugs issued by the Board.

Paragraph 4: Ms. Jaggard acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 4 of the Accusation as she holds a certificate to prescribe dangerous drugs issued by the Board.

Paragraph 5: Respondents acknowledge that the Board has jurisdiction in the matter to the extent that the matter involves dangerous drugs and controlled substances. Dr. Arora acknowledges that the Board has jurisdiction over the allegations pertaining to his acts or omissions to the extent they concern controlled substances.

Factual Allegations: Paragraphs 6-37

Paragraph 6: Dr. Arora agrees with the factual allegations as set forth in Paragraph 6.

Paragraph 7: Ms. Gifford agrees with the factual allegations as set forth in Paragraph 7.

Paragraph 8: Ms. McIntyre agrees with the factual allegations as set forth in Paragraph 8.

Paragraph 9: Ms. Jaggard agrees with the factual allegations as set forth in Paragraph 9.

Paragraph 10: Dr. Arora agrees with the factual allegations set forth in Paragraph 10 only to the extent that he entered into an independent contractor agreement with We Treat, LLC in 2024.

Paragraph 11: Respondents are without sufficient personal knowledge to respond to the factual allegations set forth in Paragraph 11 as to the types of services which were provided to Youth Inc. However, to the best of Respondents' knowledge, Youth Inc. did receive services from

We Treat related to medical clearances for patients, policies and protocols and compliance information.

Paragraph 12: Dr. Arora agrees with the factual allegations set forth in Paragraph 12 only to the extent that he reviewed and approved policies and protocols directly related to the provision of certain medical services. Dr. Arora was not involved, nor did he review or approve, policies and procedures related to any other matters involving Youth, Inc.

Paragraph 13: Respondents are without sufficient personal knowledge to respond to the factual allegations contained in Paragraph 13.

Paragraph 14: Respondents are without sufficient personal knowledge to respond to the factual allegations contained in Paragraph 14.

Paragraph 15: Respondents are without sufficient personal knowledge to respond to the factual allegations contained in Paragraph 15.

Paragraph 16: Dr. Arora acknowledges that as part of his duties for We Treat, he was assigned as medical director for Youth, Inc. in approximately April 2024. Dr. Arora's duties as medical director included the review and approval of protocols for certain medical treatments performed at Youth, Inc., responding to patient specific questions from the clinic, and authorization of the ordering of certain dangerous drugs, to be done in accordance with compliance policies prepared by We Treat.

Paragraph 17: Dr. Arora agrees with the factual allegations contained in Paragraph 17 to the extent that he provided services to We Treat until January 2025, services which included acting as medical director for Youth,. Inc., which were limited to the duties set forth in the response to Paragraph 16.

Paragraph 18: Dr. Arora acknowledges that he was based in Seattle, Washington and that his duties for Youth, Inc. did not require him to be physically at Youth, Inc.'s location.

Paragraph 19: Respondent's Gifford, McIntyre, and Jaggard deny the factual allegations set forth in Paragraph 19. None of the named Respondents were engaged by Youth, Inc. to provide any services. All three Respondents were employees/independent contractors of We Treat which provided medical clearance screening of patients for Youth, Inc. through Nevada licensed practitioners.

Paragraph 20: Respondents Gifford, McIntyre, and Jaggard acknowledge that they reviewed and medically cleared patients for treatments performed at Youth, Inc. pursuant to medical protocols reviewed and approved by Dr. Arora and performed these reviews in accordance with policies and protocols developed and approved by We Treat, not Dr. Arora.

Paragraph 21: Respondents Gifford, McIntyre and Jaggard acknowledge that they medically cleared patients, if appropriate, after the review of medical information and authorized treatments to be performed pursuant to protocols approved by Dr. Arora which included standing orders for administration of certain drugs or the issuance of prescriptions pursuant to those protocols. No approved protocols for treatments authorized the administration of controlled substances at Youth, Inc.

Paragraph 22: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 22.

Paragraph 23: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 23.

Paragraph 24: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 24.

Paragraph 25: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 25.

Paragraph 26: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 26.

Paragraph 27: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 27.

Paragraph 28: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 28.

Paragraph 29: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 29.

Paragraph 30: Dr. Arora acknowledges that he would periodically review orders received for dangerous drugs and would sign, remotely for the same. Drugs were to be stored and accessed in accordance with policies and protocols developed by We Treat; Dr. Arora was not part of the development of those policies and procedures, nor was he asked to review them by We Treat. Dr. Arora denies that he ever signed off or approved of any shipments of controlled substances to Youth, Inc. and to his knowledge, no controlled substances were to be received or stored on-site at We Treat.

Paragraph 31: Dr. Arora denies the factual allegations contained in Paragraph 31, however he acknowledges that he would respond to patient specific questions posed to him and would review patient records at that time; however this occurred very rarely.

Paragraph 32: Dr. Arora denies the factual allegations contained in Paragraph 32. Dr. Arora was not responsible for the policies and procedures related to the procurement, storage, possession and/or administration of dangerous drugs or controlled substances other than approving

protocols directly related to the provision of medical services. We Treat's compliance department was solely responsible for the policies and protocols otherwise related to dangerous drugs and controlled substances.

Paragraph 33: Dr. Arora denies the allegations set forth in Paragraph 33.

Paragraph 34: Dr. Arora denies the allegations set forth in Paragraph 34.

Paragraph 35: Dr. Arora denies the allegations set forth in Paragraph 35.

Paragraph 36: Dr. Arora denies the allegations set forth in Paragraph 36.

Paragraph 37: Dr. Arora denies the allegations set forth in Paragraph 37 as he was not involved in, nor responsible for the receipt, possession storage, and distribution of dangerous drugs or controlled substances at Youth, Inc.

Applicable Law: Paragraphs 38-55

Paragraph 38-55: Respondents acknowledge that Paragraphs 38-55 accurately reflect the basic substance of the statutes and regulations cited therein.

Counts: Paragraphs 56-91

Count One (Paragraphs 56-61): Dr. Arora generally denies the allegations set forth in Count One in Paragraphs 56-61. Dr. Arora did not permit Youth, Inc. or any of its personnel to order any dangerous drugs from any manufacturer or supplier not licensed in Nevada. As discussed herein, Dr. Arora's duties for Youth, Inc. were limited to the review and authorization of protocols related to medical procedures. While Youth, Inc. was authorized to order supplies and dangerous drugs under Dr. Arora's credentials, this was to be done in accordance with policies and protocols developed and approved by We Treat's compliance department. To the best of Dr. Arora's knowledge, no client of We Treat was authorized to order or received dangerous drugs or other supplies from unlicensed suppliers/manufacturers.

Count Two (Paragraphs 62-68): Dr. Arora generally denies all allegations set forth in Count Two in Paragraphs 62-68. Further Dr. Arora asserts that a practice which orders, receives, and stores dangerous drugs is not engaging in the practice of pharmacy as alleged. If indeed this was accurate, every medical practice or facility that orders, receives and stores drugs for administration and/or dispensing, would be required to hold a pharmacy license with the Board; that is not currently a requirement and NRS 639.0124(1)(a) is inappropriately applied here.

Count Three (Paragraphs 69-74): Dr. Arora generally denies the allegations set forth in Count Three in Paragraphs 69-74. Again, as discussed herein, Dr. Arora's duties for Youth, Inc. were limited and did not include the development or approval of any protocols or procedures related to the procurement or storage of dangerous drugs. Dr. Arora's medical service protocols did not allow for the reuse of single use vials and any reuse of single use vials on the part of Youth, Inc. personnel would have been done without the knowledge of Dr. Arora and he did not aid or abet any violation of NAC 639.050(2).

Count Four (Paragraphs 75-81): Respondents Gifford, McIntyre, and Jaggard all generally deny the allegations set forth in Count Four in Paragraphs 75-81. Respondents Gifford, McIntyre, and Jaggard, worked for We Treat, not Youth, Inc. Respondents' duties for Youth, Inc. were limited to conducting medical clearance reviews for patients and if cleared, the patient was authorized for treatment pursuant to approved medical protocols. None of the named respondents were responsible for supervising the staff of Youth, Inc. and would have had no knowledge of unauthorized reuse of single use vials by any personnel associated with Youth, Inc.

Count Five (Paragraphs 82-87): Respondents Gifford, McIntyre, and Jaggard all generally deny the allegations set forth in Count Five in Paragraphs 75-81. The administration of dangerous drugs to patients is not the practice of pharmacy as defined by NRS 639.0124(1)(a) and

accordingly Respondents could not have aided or abetted in the violation of said statute. Again, as discussed above, should the Board take the position that the administration of a dangerous drug constitutes the practice of pharmacy, all practices and facilities at which any drug is administered would be required to hold a registration as a pharmacy with the Board which is not currently required.

Count Six (Paragraphs 88-91): Respondents Gifford, McIntyre, and Jaggard all generally deny the allegations set forth in Count Six in Paragraphs 88-91.

NOTICE OF DEFENSE/MITIGATING INFORMATION

In regard to Respondent Arora, Dr. Arora stresses that his involvement with We Treat was limited as medical director. The term "medical director" is not defined under Nevada law and there is no legal precedent for what the duties of a medical director must consist of. Dr. Arora functioned as a medical director per the duties he had as a contractor for We Treat, LLC, which consisted solely of the review and authorization of protocols for medical services offered at practices contracted with We Treat and he was required to be available for consultations regarding specific patient questions as needed. The medical protocols authorized by Dr. Arora included standing orders for the administration of certain dangerous drugs and for the prescription of certain controlled substances. It should be noted that Dr. Arora never authorized the administration of controlled substances at Youth, Inc., or any other practice for which he provided services under We Treat and to his knowledge, no controlled substances were stored on-site at Youth, Inc.

We Treat's compliance department was responsible for the development and authorization of all other policies and protocols, including those related to the procurement, receipt, and storage of dangerous drugs. Dr. Arora was advised by We Treat that all policies and protocols were reviewed and vetted for compliance with the laws in each individual state in which We Treat had

clients. Dr. Arora had no reason to doubt the assurances made by We Treat that the policies and protocols for Youth, Inc. were in compliance with Nevada law.

In regard to Respondents Gifford, McIntyre, and Jaggard, all three were employees/contractors with We Treat during the times in question. Their duties were to provide medical clearance reviews for patients wishing to receive services at practices which were contracted with We Treat and if cleared, authorize treatment to be provide pursuant to previously approved medical protocols. Respondents had no duties related to the oversight or supervision of any practice served by We Treat. Respondents would be notified through a proprietary platform that a patient required a medical clearance evaluation at practices which received services from We Treat and would be given access to the patient records through the We Treat platform and would either clear the patient for treatment or deny treatment[1]. Each clinic had individual protocols which would be followed by Respondents. Respondents were informed by We Treat that policies related to requirements for providing medical clearance for patients was vetted by its compliance department and all protocols were in compliance with state laws; Respondents had no reason to question the representations of We Treat.

Respondent Gifford estimates that she performed very few medical clearance evaluations for Youth, Inc. through the We Treat platform. Respondent McIntyre estimates that she did approximately two medical clearance evaluations for Youth, Inc. Respondent Jaggard estimates that she did a maximum of ten to fifteen medical clearance evaluations for Youth, Inc.

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[1] We Treat practitioners only performed medical clearance evaluations for patients in states in which they were licensed.

All Respondents deny having violated NRS and/or NAC Chapters 453, 454, or 639. Further Respondents reserve all legal defenses available to them should this matter proceed to a hearing.

Respectfully submitted this 15th day of August, 2025.

Lyn E. Beggs, Esq.
Attorney for Respondents

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FILED
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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SEAN ARORA, M.D.,** **Certificate of Registration No. CS31476,** **CASSIE GIFFORD, APRN,** **Certificate of Registration Nos. CS34942 and PR18034,** **GABRIELLE MCINTYRE, APRN,** **Certificate of Registration No. PR17484, and** **ALLISON JAGGARD, APRN,** **Certificate of Registration No. PR17499,** **Respondents.**	**Case Nos. 24-509-CS-N** **24-509-PR-A-N** **24-509-PR-B-N** **24-509-PR-C-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent Sean Arora, M.D., ("Respondent Arora"), because Respondent Arora holds a certificate of registration issued by the Board authorizing him to prescribe controlled substances in Nevada. Respondent Arora holds certificate of registration no. CS31476, which was issued by the Board pursuant to NRS 453.226 and 453.231.

2. The Board has personal jurisdiction over Respondent Cassie Gifford, APRN, ("Respondent Gifford"), because Respondent Gifford holds a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs in Nevada. Respondent Gifford holds certificate of

registration no. PR18034, which was issued by the Board pursuant to NRS 639.2351 and NAC 639.850.[1]

3. The Board has personal jurisdiction over Respondent Gabrielle McIntyre, APRN, ("Respondent McIntyre"), because Respondent McIntyre holds a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs in Nevada. Respondent holds certificate of registration no. PR17484, which was issued by the Board pursuant to NRS 639.2351 and NAC 639.850.

4. The Board has personal jurisdiction over Respondent Allison Jaggard, APRN, ("Respondent Jaggard"), because Respondent Jaggard holds a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs in Nevada. Respondent holds certificate of registration no. PR171499, which was issued by the Board pursuant to NRS 639.2351 and NAC 639.850

5. The Board has jurisdiction over the subject matter of this accusation because it alleges violations involving the purchase, receipt, storage, possession, prescribing and/or dispensing of dangerous drugs and controlled substances. As used herein, "dangerous drug" has the meaning ascribed to it in NRS 454.201, and "controlled substance" means a substance listed in NAC 453.510 to NAC 453.550, inclusive, or in 21 CFR Part 1308.

FACTUAL ALLEGATIONS

6. Respondent Arora is a physician licensed by the Nevada State Board of Medical Examiners to practice medicine in Nevada. At all times alleged herein, Respondent Arora was a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

7. Respondent Gifford is an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. At all times alleged herein, Respondent

1. Respondent Gifford formerly held certificate of registration no. CS34942, authorizing her to prescribe controlled substances. Certificate of registration no. CS34942 was not renewed when it came due for renewal on November 1, 2024.

Gifford was a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

8. Respondent McIntyre is an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. At all times alleged herein, Respondent McIntyre was a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

9. Respondent Jaggard is an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. At all times alleged herein, Respondent McIntyre was a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

10. In 2024, Respondent Arora formed a partnership or other business relationship with We Treat, a medical consulting firm based in San Diego, California. We Treat provides consulting services and regulatory compliance advice to medical spas and wellness clinics.

11. We Treat provided consulting services and compliance advice to Youth, Inc. (Youth Inc.), the owner of a medical spa and wellness clinic located at 695 Sierra Rose Drive in Reno, Nevada.

12. We Treat developed a manual of policies, procedures and protocols for use by Youth Inc. Respondent Arora approved these policies, procedures and protocols for use by Youth Inc.

13. Between April 2024 and March 2025, Youth Inc. provided various anti-aging and wellness treatments for its patients. These included cosmetic treatments using botulinum toxin type A and dermal fillers, treatments for weight loss using compounded tirzepatide and semaglutide products, hormone replacement using injectable hormones, and treatment for erectile dysfunction using sildenafil and tadalafil.

14. Between April 2024 and March 2025, Youth Inc. did not lock or otherwise secure the dangerous drugs and/or controlled substances in its possession.

15. In early 2025, Youth Inc. was in possession of stock bottles containing sildenafil, tadalafil, and metformin hydrochloride, all dangerous drugs. Youth Inc.'s representatives claimed that

they were not planning to dispense these drugs until after they had secured a dispensing license issued by the Board.

16. We Treat arranged for Respondent Arora to serve as the "medical director" for Youth Inc., a role that Respondent Arora assumed sometime between April and August 2024.

17. Respondent Arora served as Youth Inc.'s medical director until early 2025.

18. During Respondent Arora's tenure as Youth Inc.'s medical director, Respondent Arora worked and resided in Seattle, Washington. Respondent Arora never visited Youth Inc.'s facility in Reno, Nevada.

19. Sometime between April 2024 and March 2025, Youth Inc. engaged the services of Respondent Gifford, Respondent McIntyre and Respondent Jaggard. Respondent Gifford, Respondent McIntyre, and Respondent Jaggard rarely, if ever, visited Youth Inc.'s facility in Reno, Nevada.

20. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard reviewed a prospective patient's medical questionnaire prior to the prospective patient's initial treatment at Youth Inc. Respondent Gifford, Respondent McIntyre, and Respondent Jaggard reviewed these medical questionnaires from a remote location and never saw or spoke to patients prior to their initial treatments at Youth Inc.

21. After reviewing medical questionnaires, and despite not ever seeing the patients in question, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard authorized initial patient treatments calling for the use or administration of dangerous drugs and/or controlled substances.

22. Sometime between April 2024 and March 2025, Youth Inc. employed Maddison Weiss-Frank, a registered nurse. Ms. Weiss-Frank was not an advanced practice registered nurse and was not a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

23. Ms. Weiss-Frank worked under the direction and supervision of Rachel Gonzalez, the co-owner and chief executive officer of Youth Inc. Ms. Gonzalez was not a "practitioner" as that term

is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125. On information and belief, Ms. Gonzalez has no formal medical training.

24. Because there was never a practitioner present at the location, Youth Inc.'s facility at 695 Sierra Rose Drive in Reno, Nevada, was not a location where a registered nurse could lawfully inject a neuromodulator pursuant to NRS 454.217.

25. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Ms. Weiss-Frank treated patients using prescription drugs and/or controlled substances. Ms. Weiss-Frank did not act under the direction or supervision of a practitioner.

26. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Ms. Weiss-Frank received, stored, and possessed dangerous drugs and/or controlled substances. Ms. Weiss-Frank did not work under the direction or supervision of a practitioner.

27. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Ms. Weiss-Frank and/or Ms. Gonzalez ordered and received compounded tirzepatide and semaglutide products from GLP-1 Sciences, LLC, a California manufacturer and/or supplier not licensed to engage in wholesale distribution in Nevada.

28. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Ms. Weiss-Frank and/or other employees of Youth Inc. injected multiple patients with prescription drugs and/or controlled substances contained within single-use vials.

29. Consistent with the practice described above, Youth Inc. returned single-use vials to stock even after the vials were punctured and therefore rendered unusable for subsequent treatments.

30. As the medical director for Youth Inc., Respondent Arora periodically reviewed purchase invoices and signed for shipments of dangerous drugs and/or controlled substances.

31. As the medical director for Youth Inc., Respondent Arora periodically reviewed patient medical questionnaires and treatment records.

32. As the medical director for Youth Inc., Respondent Arora periodically reviewed Youth Inc.'s policies, procedures and protocols related to the procurement, storage, possession and administration of dangerous drugs and controlled substances.

33. Based upon his knowledge of Youth Inc.'s records and business practices, Respondent Arora knew or should have known that Ms. Weiss-Frank received, stored, and possessed dangerous drugs and/or controlled substances without direction or supervision by a practitioner.

34. Based upon his knowledge of Youth Inc.'s records and business practices, Respondent Arora knew or should have known that Ms. Weiss-Frank treated patients with prescription drugs and/or controlled substances despite not working under the supervision or direction of a practitioner.

35. Based upon his knowledge of Youth Inc.'s records and business practices, Respondent Arora knew or should have known that Ms. Weiss-Frank and/or Ms. Gonzalez ordered and received compounded tirzepatide and semaglutide products from GLP-1 Sciences, LLC, a California manufacturer and/or supplier not licensed to engage in wholesale distribution in Nevada.

36. Based upon his knowledge of Youth Inc.'s records and business practices, Respondent Arora knew or should have known that Ms. Weiss-Frank and/or other employees of Youth Inc. injected multiple patients with prescription drugs and/or controlled substances contained within single-use vials.

37. As Youth Inc.'s medical director, Respondent Arora had a duty to understand Nevada law as it governs the receipt, possession, storage, and distribution of dangerous drugs and controlled substances.

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APPLICABLE LAW

38. It is unlawful for any person to engage in wholesale distribution, or permit to be distributed at wholesale, any drug or compound unless the person holds the appropriate certificate, license or permit issued by the Board. NRS 639.100(1).

39. To engage in wholesale distribution of any drug or compound in Nevada, a person must be licensed as a wholesaler or manufacturer, as applicable. NRS 639.100; NRS 639.233; NAC 639.593; NAC 639.6915.

40. The Board may revoke or suspend the registration of any practitioner who has violated, attempted to violate, assisted, or abetted in the violation of, or conspired to violate any of the provisions of NRS chapters 453, 454, 639, or any state or federal law or regulation relating to drugs, the manufacture or distribution of drugs, or the practice of pharmacy. NRS 639.210(12); NRS 453.236.

41. Additionally, the Board may revoke or suspend the registration of any practitioner who is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4); NRS 453.236.

42. A practitioner's conduct is deemed unprofessional and contrary to the public interest if the practitioner performs his or her duties as the holder of a certificate issued by the Board in an incompetent, unskillful, or negligent manner, or if the practitioner assists or abets a person not licensed to practice pharmacy in Nevada. NAC 639.945(1)(i) and (j).

43. A practitioner's conduct is deemed unprofessional and contrary to the public interest if the practitioner prescribes or orders a dangerous drug or controlled substance for a person with whom the practitioner does not have a bona fide therapeutic relationship. NAC 639.945(1)(n).

44. "'Practice of pharmacy' includes, but is not limited to, the . . . [p]erformance or supervision of activities associated with manufacturing, compounding, labeling, dispensing and distributing of a drug, including the receipt, handling and storage of prescriptions and other confidential information relating to patients." NRS 639.0124(1)(a).

45. It is unlawful to possess, store, or administer dangerous drugs, including botulinum toxin type A and injectable dermal fillers, except as authorized by NRS 454.213.

46. It is unlawful to possess, store, or administer controlled substances, including testosterone, except as provided by NRS 453.375.

47. "Administer" means the direct application of a [dangerous drug or controlled substance] . . . whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject." NRS 453.021; NRS 454.191.

48. Pursuant to NRS 453.375, a registered nurse may not possess, store, or administer controlled substances except when working under the direction of a supervising practitioner.

49. Pursuant to NRS 454.213, a registered nurse may not possess, store, or administer dangerous drugs except at the direction of a supervising practitioner.

50. It is unlawful for a registered nurse to inject botulinum toxin type A in a patient or customer "at a location other than a medical facility, as defined in NRS 449.0151, or the office of a physician or physician assistant licensed [pursuant to applicable statutes]." NRS 454.217.

51. A person who maintains a stock of controlled substances and/or dangerous drugs must not commingle expired substances and unexpired substances in a storage area from which the substances are withdrawn from stock for administering or dispensing to patients. NAC 639.050(2).

52. A practitioner is subject to discipline if the practitioner causes or allows a dangerous drug to be dispensed in a manner not authorized by NRS 454.215 and NRS 454.301. *See* NRS 639.100; NRS 639.210(12).

53. The term "dispense" includes the prescribing by a practitioner, administering, packaging, labeling, or compounding necessary to prepare a substance for delivery to a patient. NRS 639.0065; NRS 453.056.

54. It is unlawful to furnish drugs without a prescription. NRS 454.221.

55. "Furnish" means to supply by any means, by sale or otherwise. NRS 454.006.

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COUNT ONE
Permitting Unlicensed Wholesale Distribution
(Respondent Arora)

56. As alleged above, Respondent Arora served as the medical director for Youth Inc.

57. During Respondent Arora's tenure as medical director, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank ordered and received compounded tirzepatide and semaglutide products from GLP-1 Sciences, LLC, a California manufacturer and/or supplier not licensed to engage in wholesale distribution in Nevada.

58. As the medical director for Youth Inc., Respondent Arora had a duty to implement policies, procedures and protocols to prevent or discourage purchases from unlicensed distributors such as GLP-1 Sciences, LLC. Respondent failed to implement such policies, procedures and protocols.

59. Given the facts and circumstances alleged above, Respondent Arora permitted the unlicensed wholesale distribution of compounded drug products in violation of NRS 639.100(1).

60. Given the facts and circumstances alleged above, Respondent Arora performed his duties in an incompetent, unskillful, or negligent manner.

61. Respondent Arora's acts and/or omissions as alleged above amount to a violation of law and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 453.236; NAC 639.945(1)(i).

COUNT TWO
Assisting or Abetting the Unlicensed Practice of Pharmacy
(Respondent Arora)

62. As alleged above, Respondent Arora served as the medical director for Youth Inc.

63. During Respondent Arora's tenure as medical director, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank ordered, received, possessed, and/or stored dangerous drugs and/or controlled substances. This amounted to the unlicensed "practice of pharmacy" as that term is defined at NRS 639.0124(1)(a).

64. During Respondent Arora's tenure as medical director, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank furnished dangerous drugs and/or controlled substances to patients of

Youth Inc. This amounted to the unlicensed "practice of pharmacy" as that term is defined at NRS 639.0124(1)(a).

65. As the medical director for Youth Inc., Respondent Arora had a duty to implement policies, procedures and protocols to prevent or discourage the above persons from ordering, receiving, possessing, storing and/or furnishing dangerous drugs and/or controlled substances. Respondent Arora failed to implement such policies, procedures and protocols.

66. Given the facts and circumstances alleged above, Respondent Arora assisted or abetted in the unlicensed practice of pharmacy.

67. Given the facts and circumstances alleged above, Respondent Arora performed his duties in an incompetent, unskillful, or negligent manner.

68. Respondent Arora's acts and/or omissions as alleged above amount to conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4); NRS 453.236; NAC 639.945(1)(i) and (j).

COUNT THREE
Assisting or Abetting in Violations of NAC 639.050(2)
(Respondent Arora)

69. As alleged above, Respondent Arora served as the medical director for Youth Inc.

70. During Respondent Arora's tenure as medical director, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank injected multiple patients with drugs contained within single-use vials. After the vials were punctured, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank returned the vials to stock for subsequent use, in violation of NAC 639.050(2).

71. As the medical director for Youth Inc., Respondent Arora had a duty to implement policies, procedures and protocols to prevent or discourage the repeated or recurring use of punctured single-use vials. Respondent failed to implement such policies, procedures and protocols.

72. Given the facts and circumstances alleged above, Respondent Arora assisted or abetted in the above violations of NAC 639.050(2).

73. Given the facts and circumstances alleged above, Respondent Arora performed his duties in an incompetent, unskillful, or negligent manner.

74. Respondent Arora's acts and/or omissions as alleged above amount to a violation of law and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 453.236; NAC 639.945(1)(i).

COUNT FOUR
Assisting or Abetting in Violations of NAC 639.050(2)
(Respondents Gifford, McIntyre and Jaggard)

75. As alleged above, between April 2024 and March 2025, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank injected multiple patients with drugs contained within single-use vials. After the vials were punctured, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank returned the vials to stock for subsequent use, in violation of NAC 639.050(2).

76. Between April 2024 and March 2025, as alleged above, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard authorized initial patient treatments calling for the administration of injectable drugs contained within single-use vials.

77. Having authorized the above treatments, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard had a duty to ensure that Youth Inc. did not make repeated or recurring uses of punctured single-use vials.

78. Having authorized the above treatments, Respondent Gifford, Respondent McIntyre and Respondent Jaggard had a duty to ensure that Youth Inc. did not return single-use vials to stock after the vials were punctured.

79. Given the facts and circumstances alleged above, Respondent Gifford, Respondent McIntyre and Respondent Jaggard assisted or abetted in the above violations of NAC 639.050(2).

80. Given the facts and circumstances alleged above, Respondent Gifford, Respondent McIntyre and Respondent Jaggard performed their duties in an incompetent, unskillful, or negligent manner.

81. Respondents' acts and/or omissions as alleged above amount to a violation of law and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 453.236; NAC 639.945(1)(i).

COUNT FIVE
Assisting or Abetting the Unlicensed Practice of Pharmacy
(Respondents Gifford, McIntyre and Jaggard)

82. As alleged above, between April 2024 and March 2025, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank furnished dangerous drugs and/or controlled substances to patients of Youth Inc. This amounted to the unlicensed "practice of pharmacy" as that term is defined at NRS 639.0124(1)(a).

83. Between April 2024 and March 2025, as alleged above, Respondent Gifford, Respondent McIntyre and Respondent Jaggard authorized initial patient treatments calling for the administration of dangerous drugs and/or controlled substances.

84. Having authorized the above treatments, Respondent Gifford, Respondent McIntyre and Respondent Jaggard had a duty to ensure that dangerous drugs and/or controlled substances were administered under the direction or supervision of a practitioner. Dangerous drugs and/or controlled substances were not administered under the direction or supervision of a practitioner.

85. Given the facts and circumstances alleged above, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard assisted or abetted the unlicensed practice of pharmacy by Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank.

86. Given the facts and circumstances alleged above, Respondent Gifford, Respondent McIntyre and Respondent Jaggard performed their duties in an incompetent, unskillful, or negligent manner.

87. Respondents' acts and/or omissions as alleged above amount to a violation of law and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 453.236; NAC 639.945(1)(i).

COUNT SIX
Failure to Establish a Bona Fide Therapeutic Relationship with Patients
(Respondents Gifford, McIntyre and Jaggard)

88. Between April 2024 and March 2025, as alleged above, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard authorized initial patient treatments calling for the administration of dangerous drugs and/or controlled substances.

89. Respondent Gifford, Respondent McIntyre and Respondent Jaggard never saw or spoke with the above patients for whom they authorized treatments with dangerous drugs and/or controlled substances.

90. Having failed to see or speak with the above patients, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard failed to establish a bona fide therapeutic relationship with the above patients prior to authorizing their initial treatments with dangerous drugs and/or controlled substances.

91. Respondents' conduct as alleged above amounts to unprofessional conduct and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4); NRS 453.236; NAC 639.945(1)(n).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of Respondent Sean Arora, Respondent Cassie Gifford, Respondent Gabrielle McIntyre, and Respondent Allison Jaggard.

DATED this 24th day of July 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ALLISON JAGGARD, APRN,** **Certificate of Registration No. PR17499,** **Respondent.**	**Case No. 24-509-PR-C-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, September 3, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 24th day of JULY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ALLISON JAGGARD, APRN,** **Certificate of Registration No. PR17499,** **Respondent.**	**Case No. 24-509-PR-C-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

Allison Jaggard, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of July 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Sean Arora, MD
c/o Youth Inc
691 Sierra Rose Dr
Reno, NV 89511

Cassie Gifford, APRN
c/o Bionetics Health
5540 S Fort Apache Rd #120
Las Vegas, NV 89148

Gabrielle McIntyre, APRN
c/o Restore Hyper Wellness
1550 N Green Valley Pkwy., Ste 300
Henderson, NV 89074

Allison Jaggard, APRN
1708 Spring Green Blvd Ste 120-109
Katy, TX 77494

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 7th day of August 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Allison Jaggard, APRN c/o Allie Vitality
1708 Spring Green Blvd Ste 120-109
Katy, TX 77494

Allison Jaggard, APRN
[redacted]
Katy, TX[redacted]

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

FILED
AUG 15 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SEAN ARORA, M.D.,** **Certificate of Registration No. CS31476** **CASSIE GIFFORD, APRN,** **Certificate of Registration Nos. CS34942 and PR18034,** **GABRIELLE MCINTYRE, APRN,** **Certificate of Registration No. PR17484,** **ALLISON JAGGARD, APRN,** **Certificate of Registration No. PR17499,** **Respondents.**	**Case Nos.** **24-509-CS-N** **24-509-PR-A-N** **24-509-PR-B-N** **24-509-PR-C-N** **ANSWER AND NOTICE OF DEFENSE OF RESPONDENTS**

Respondents Sean Arora, M.D., Cassie Gifford, APRN, Gabrielle McIntyre, APRN, and Allison Jaggard, APRN, hereby file with the Nevada State Board of Pharmacy ("Board"), their Answer and Notice of Defense to the Notice of Intended Action and Accusation ("Accusation") filed on July 24, 2025.

ANSWER TO ACCUSATION

Jurisdiction: Paragraphs 1-5

Paragraph 1: Dr. Arora acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 1 of the Accusation to the extent that the matter pertains to controlled substances as he holds a controlled substance registration issued by the Board.

Paragraph 2: Ms. Gifford acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 2 of the Accusation as she holds a certificate to prescribe dangerous drugs issued by the Board.

Paragraph 3: Ms. McIntyre acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 3 of the Accusation as she holds a certificate to prescribe dangerous drugs issued by the Board.

Paragraph 4: Ms. Jaggard acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 4 of the Accusation as she holds a certificate to prescribe dangerous drugs issued by the Board.

Paragraph 5: Respondents acknowledge that the Board has jurisdiction in the matter to the extent that the matter involves dangerous drugs and controlled substances. Dr. Arora acknowledges that the Board has jurisdiction over the allegations pertaining to his acts or omissions to the extent they concern controlled substances.

Factual Allegations: Paragraphs 6-37

Paragraph 6: Dr. Arora agrees with the factual allegations as set forth in Paragraph 6.

Paragraph 7: Ms. Gifford agrees with the factual allegations as set forth in Paragraph 7.

Paragraph 8: Ms. McIntyre agrees with the factual allegations as set forth in Paragraph 8.

Paragraph 9: Ms. Jaggard agrees with the factual allegations as set forth in Paragraph 9.

Paragraph 10: Dr. Arora agrees with the factual allegations set forth in Paragraph 10 only to the extent that he entered into an independent contractor agreement with We Treat, LLC in 2024.

Paragraph 11: Respondents are without sufficient personal knowledge to respond to the factual allegations set forth in Paragraph 11 as to the types of services which were provided to Youth Inc. However, to the best of Respondents' knowledge, Youth Inc. did receive services from

We Treat related to medical clearances for patients, policies and protocols and compliance information.

Paragraph 12: Dr. Arora agrees with the factual allegations set forth in Paragraph 12 only to the extent that he reviewed and approved policies and protocols directly related to the provision of certain medical services. Dr. Arora was not involved, nor did he review or approve, policies and procedures related to any other matters involving Youth, Inc.

Paragraph 13: Respondents are without sufficient personal knowledge to respond to the factual allegations contained in Paragraph 13.

Paragraph 14: Respondents are without sufficient personal knowledge to respond to the factual allegations contained in Paragraph 14.

Paragraph 15: Respondents are without sufficient personal knowledge to respond to the factual allegations contained in Paragraph 15.

Paragraph 16: Dr. Arora acknowledges that as part of his duties for We Treat, he was assigned as medical director for Youth, Inc. in approximately April 2024. Dr. Arora's duties as medical director included the review and approval of protocols for certain medical treatments performed at Youth, Inc., responding to patient specific questions from the clinic, and authorization of the ordering of certain dangerous drugs, to be done in accordance with compliance policies prepared by We Treat.

Paragraph 17: Dr. Arora agrees with the factual allegations contained in Paragraph 17 to the extent that he provided services to We Treat until January 2025, services which included acting as medical director for Youth,. Inc., which were limited to the duties set forth in the response to Paragraph 16.

Paragraph 18: Dr. Arora acknowledges that he was based in Seattle, Washington and that his duties for Youth, Inc. did not require him to be physically at Youth, Inc.'s location.

Paragraph 19: Respondent's Gifford, McIntyre, and Jaggard deny the factual allegations set forth in Paragraph 19. None of the named Respondents were engaged by Youth, Inc. to provide any services. All three Respondents were employees/independent contractors of We Treat which provided medical clearance screening of patients for Youth, Inc. through Nevada licensed practitioners.

Paragraph 20: Respondents Gifford, McIntyre, and Jaggard acknowledge that they reviewed and medically cleared patients for treatments performed at Youth, Inc. pursuant to medical protocols reviewed and approved by Dr. Arora and performed these reviews in accordance with policies and protocols developed and approved by We Treat, not Dr. Arora.

Paragraph 21: Respondents Gifford, McIntyre and Jaggard acknowledge that they medically cleared patients, if appropriate, after the review of medical information and authorized treatments to be performed pursuant to protocols approved by Dr. Arora which included standing orders for administration of certain drugs or the issuance of prescriptions pursuant to those protocols. No approved protocols for treatments authorized the administration of controlled substances at Youth, Inc.

Paragraph 22: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 22.

Paragraph 23: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 23.

Paragraph 24: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 24.

Paragraph 25: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 25.

Paragraph 26: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 26.

Paragraph 27: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 27.

Paragraph 28: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 28.

Paragraph 29: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 29.

Paragraph 30: Dr. Arora acknowledges that he would periodically review orders received for dangerous drugs and would sign, remotely for the same. Drugs were to be stored and accessed in accordance with policies and protocols developed by We Treat; Dr. Arora was not part of the development of those policies and procedures, nor was he asked to review them by We Treat. Dr. Arora denies that he ever signed off or approved of any shipments of controlled substances to Youth, Inc. and to his knowledge, no controlled substances were to be received or stored on-site at We Treat.

Paragraph 31: Dr. Arora denies the factual allegations contained in Paragraph 31, however he acknowledges that he would respond to patient specific questions posed to him and would review patient records at that time; however this occurred very rarely.

Paragraph 32: Dr. Arora denies the factual allegations contained in Paragraph 32. Dr. Arora was not responsible for the policies and procedures related to the procurement, storage, possession and/or administration of dangerous drugs or controlled substances other than approving

protocols directly related to the provision of medical services. We Treat's compliance department was solely responsible for the policies and protocols otherwise related to dangerous drugs and controlled substances.

Paragraph 33: Dr. Arora denies the allegations set forth in Paragraph 33.

Paragraph 34: Dr. Arora denies the allegations set forth in Paragraph 34.

Paragraph 35: Dr. Arora denies the allegations set forth in Paragraph 35.

Paragraph 36: Dr. Arora denies the allegations set forth in Paragraph 36.

Paragraph 37: Dr. Arora denies the allegations set forth in Paragraph 37 as he was not involved in, nor responsible for the receipt, possession storage, and distribution of dangerous drugs or controlled substances at Youth, Inc.

Applicable Law: Paragraphs 38-55

Paragraph 38-55: Respondents acknowledge that Paragraphs 38-55 accurately reflect the basic substance of the statutes and regulations cited therein.

Counts: Paragraphs 56-91

Count One (Paragraphs 56-61): Dr. Arora generally denies the allegations set forth in Count One in Paragraphs 56-61. Dr. Arora did not permit Youth, Inc. or any of its personnel to order any dangerous drugs from any manufacturer or supplier not licensed in Nevada. As discussed herein, Dr. Arora's duties for Youth, Inc. were limited to the review and authorization of protocols related to medical procedures. While Youth, Inc. was authorized to order supplies and dangerous drugs under Dr. Arora's credentials, this was to be done in accordance with policies and protocols developed and approved by We Treat's compliance department. To the best of Dr. Arora's knowledge, no client of We Treat was authorized to order or received dangerous drugs or other supplies from unlicensed suppliers/manufacturers.

Count Two (Paragraphs 62-68): Dr. Arora generally denies all allegations set forth in Count Two in Paragraphs 62-68. Further Dr. Arora asserts that a practice which orders, receives, and stores dangerous drugs is not engaging in the practice of pharmacy as alleged. If indeed this was accurate, every medical practice or facility that orders, receives and stores drugs for administration and/or dispensing, would be required to hold a pharmacy license with the Board; that is not currently a requirement and NRS 639.0124(1)(a) is inappropriately applied here.

Count Three (Paragraphs 69-74): Dr. Arora generally denies the allegations set forth in Count Three in Paragraphs 69-74. Again, as discussed herein, Dr. Arora's duties for Youth, Inc. were limited and did not include the development or approval of any protocols or procedures related to the procurement or storage of dangerous drugs. Dr. Arora's medical service protocols did not allow for the reuse of single use vials and any reuse of single use vials on the part of Youth, Inc. personnel would have been done without the knowledge of Dr. Arora and he did not aid or abet any violation of NAC 639.050(2).

Count Four (Paragraphs 75-81): Respondents Gifford, McIntyre, and Jaggard all generally deny the allegations set forth in Count Four in Paragraphs 75-81. Respondents Gifford, McIntyre, and Jaggard, worked for We Treat, not Youth, Inc. Respondents' duties for Youth, Inc. were limited to conducting medical clearance reviews for patients and if cleared, the patient was authorized for treatment pursuant to approved medical protocols. None of the named respondents were responsible for supervising the staff of Youth, Inc. and would have had no knowledge of unauthorized reuse of single use vials by any personnel associated with Youth, Inc.

Count Five (Paragraphs 82-87): Respondents Gifford, McIntyre, and Jaggard all generally deny the allegations set forth in Count Five in Paragraphs 75-81. The administration of dangerous drugs to patients is not the practice of pharmacy as defined by NRS 639.0124(1)(a) and

accordingly Respondents could not have aided or abetted in the violation of said statute. Again, as discussed above, should the Board take the position that the administration of a dangerous drug constitutes the practice of pharmacy, all practices and facilities at which any drug is administered would be required to hold a registration as a pharmacy with the Board which is not currently required.

Count Six (Paragraphs 88-91): Respondents Gifford, McIntyre, and Jaggard all generally deny the allegations set forth in Count Six in Paragraphs 88-91.

NOTICE OF DEFENSE/MITIGATING INFORMATION

In regard to Respondent Arora, Dr. Arora stresses that his involvement with We Treat was limited as medical director. The term "medical director" is not defined under Nevada law and there is no legal precedent for what the duties of a medical director must consist of. Dr. Arora functioned as a medical director per the duties he had as a contractor for We Treat, LLC, which consisted solely of the review and authorization of protocols for medical services offered at practices contracted with We Treat and he was required to be available for consultations regarding specific patient questions as needed. The medical protocols authorized by Dr. Arora included standing orders for the administration of certain dangerous drugs and for the prescription of certain controlled substances. It should be noted that Dr. Arora never authorized the administration of controlled substances at Youth, Inc., or any other practice for which he provided services under We Treat and to his knowledge, no controlled substances were stored on-site at Youth, Inc.

We Treat's compliance department was responsible for the development and authorization of all other policies and protocols, including those related to the procurement, receipt, and storage of dangerous drugs. Dr. Arora was advised by We Treat that all policies and protocols were reviewed and vetted for compliance with the laws in each individual state in which We Treat had

clients. Dr. Arora had no reason to doubt the assurances made by We Treat that the policies and protocols for Youth, Inc. were in compliance with Nevada law.

In regard to Respondents Gifford, McIntyre, and Jaggard, all three were employees/contractors with We Treat during the times in question. Their duties were to provide medical clearance reviews for patients wishing to receive services at practices which were contracted with We Treat and if cleared, authorize treatment to be provide pursuant to previously approved medical protocols. Respondents had no duties related to the oversight or supervision of any practice served by We Treat. Respondents would be notified through a proprietary platform that a patient required a medical clearance evaluation at practices which received services from We Treat and would be given access to the patient records through the We Treat platform and would either clear the patient for treatment or deny treatment[1]. Each clinic had individual protocols which would be followed by Respondents. Respondents were informed by We Treat that policies related to requirements for providing medical clearance for patients was vetted by its compliance department and all protocols were in compliance with state laws; Respondents had no reason to question the representations of We Treat.

Respondent Gifford estimates that she performed very few medical clearance evaluations for Youth, Inc. through the We Treat platform. Respondent McIntyre estimates that she did approximately two medical clearance evaluations for Youth, Inc. Respondent Jaggard estimates that she did a maximum of ten to fifteen medical clearance evaluations for Youth, Inc.

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[1] We Treat practitioners only performed medical clearance evaluations for patients in states in which they were licensed.

All Respondents deny having violated NRS and/or NAC Chapters 453, 454, or 639. Further Respondents reserve all legal defenses available to them should this matter proceed to a hearing.

Respectfully submitted this 15th day of August, 2025.

Lyn E. Beggs, Esq.
Attorney for Respondents

5M

FILED
JUL 14 2026
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SIERRA CENTER FOR FOOT SURGERY, License No. ASC02426, and** **MICHAEL HAUTEKEET, Certificate of Registration No. 10777,** **Respondents.**	**Case Nos. 25-181-PH-N** **25-181-RPH-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Sierra Center for Foot Surgery (Sierra Center), License No. ASC02426, held a license by the Board as an ambulatory surgical center, and Respondent Michael Hautekeet (Hautekeet), Certificate of Registration No. 10777, was a pharmacist licensed by the Board.

FACTUAL ALLEGATIONS

2. Sierra Center, located at 1801 N. Carson Street No. B in Carson City, Nevada, is an ambulatory surgical center that has been licensed by the Board since 2008.

3. As a surgical center with a license from the Board, Sierra Center must, among other things, employ or contract with a pharmacist who shall visit the surgery center at least once month for evaluation and compliance duties.

4. Since February 2010, Hautekeet has contracted with Sierra Center as its consultant pharmacist to perform evaluation and compliance duties, as required by Nevada law.

5. On or about April 29, 2025, Board Inspector Mui Lee discovered during a site visit at Sierra Center that Hautekeet had not performed a site visit of Sierra Center since February 2025. On a later date, Inspector Lee spoke to Hautekeet and found out that he was on a 180-day cruise and would not be returning until July 2025.

6. As a result of his absence, Hautekeet missed a total of four monthly site visits in 2025.

7. In a follow-up email conversation with an employee of Sierra Center and Hautekeet, Inspector Lee found that Hautekeet had missed some of his required site visits in 2023 for a vacation cruise.

8. Inspector Lee asked for a record of Hautekeet's 2023 absence from Sierra Center. Sierra Center was unable to provide a written record of Hautekeet's 2023 absence.

APPLICABLE LAW

9. Surgical centers for ambulatory patients must obtain a license from the Board to dispense controlled substances and dangerous drugs. NAC 639.4992.

10. Surgical centers for ambulatory patients must employ or enter into a contract with a pharmacist to establish policies and procedures related to the center's pharmaceutical practices. NAC 639.4996.

11. A pharmacist employed by or contracted with a surgical center for ambulatory patients has a duty to, among other things, visit the surgical center at least once a month to evaluate the effectiveness of the policies and procedures established pursuant to NAC 639.4996 and confirm that the center is complying with those policies and procedures. NAC 639.4998(1).

12. A licensee of the Board may be disciplined for unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

13. Unprofessional conduct includes performing one's duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

14. The Board may discipline a licensee who has violated any provisions of a regulation relating to the practice of pharmacy. NRS 639.210(12).

15. The owner of any business or facility licensed by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

16. In lieu of, or in addition to, revoking or suspending a license holder's registration for violating the law or engaging in unprofessional conduct, the Board may impose fines as a disciplinary measure. *See* NRS 639.255; NAC 639.955.

COUNT ONE
Unprofessional Conduct -Performing Duties in an Incompetent, Unskillful, or Negligent Manner
(Respondent Michael Hautekeet)

17. As alleged above, as the pharmacist contracted with Sierra Center, Hautekeet had a duty to conduct monthly site visits to ensure, among other things, Sierra Center's compliance with policies and procedures. NAC 639.4998(1).

18. As alleged above, from March 2025 to July 2025, Hautekeet did not conduct a site visit of Sierra Center, where he was contracted as a pharmacist.

19. As alleged above, also during the course of his contracted employment with Sierra Center, Hautekeet did not conduct some of his required site visits of the center in 2023.

20. Hautekeet's conduct was unprofessional because he failed to perform his duties as required pursuant to NAC 639.4998(1). NAC 639.945(1)(i).

21. Respondent Hautekeet is subject to professional discipline for the conduct described above. NRS 639.210(4).

COUNT TWO
(Respondent Michael Hautekeet)
Unprofessional Conduct—Violation of State Regulation Related to Practice of Pharmacy

22. As alleged above, as the pharmacist contracted with Sierra Center, Hautekeet had a duty to conduct monthly site visits to ensure, among other things, Sierra Center's compliance with policies and procedures. NAC 639.4998(1).

23. As alleged above, from March 2025 to July 2025, Hautekeet did not conduct a site visit of Sierra Center, where he was contracted as a pharmacist.

24. As alleged above, also during the course of his contracted employment with Sierra Center, Hautekeet did not conduct some of his required site visits of the center for in 2023.

25. Hautekeet is subject to professional discipline for having failed to perform monthly site visits as required pursuant to NAC639.4998(1). NRS 639.210(12).

COUNT THREE
Center/Facility Owner Responsibility
(Respondent Sierra Center for Foot Surgery)

26. As the center/facility at which the unprofessional conduct and violations of law alleged herein occurred, Respondent Sierra Center is responsible for those violations, including all errors and omissions of Respondent Hautekeet and any other pharmacy personnel in the course of violations of any law or regulation related to the practice of pharmacy, pursuant to NAC 639.702 and/or NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondents Michael Hautekeet and Sierra Center for Foot Surgery.

Signed this 14 day of JULY 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SIERRA CENTER FOR FOOT SURGERY, License No. ASC02426,** **Respondent.**	**Case No. 25-181-PH-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, September 2, 2026, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney, Laura Tucker, at the email addresses below:

TeamBC@Pharmacy.nv.gov and **L.tucker@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 14th day of JULY 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SIERRA CENTER FOR FOOT SURGERY, License No. ASC02426,** **Respondent.**	**Case No. 25-181-PH-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2026.

_____

AUTHORIZED REPRESENTATIVE FOR SIERRA CENTER FOR FOOT SURGERY

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 15th day of July 2026, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Sierra Center for Foot Surgery
1801 N Carson St. #B
Carson City, NV 89701

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

FILED
AUG - 4 2026
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

vs.

SIERRA CENTER FOR FOOT SURGERY,
License No. ASC02426, and

MICHAEL HAUTEKEET,
Certificate of Registration No. 10777,

Respondents.

Case No. 25-181-PH-N
25-181-RPH-N

/

ANSWER AND NOTICE OF DEFENSE

COMES NOW, Respondent, SIERRA CENTER FOR FOOT SURGERY, License No. ASC02426 ("Respondent"), by and through its attorneys, ALLISON MacKENZIE, LTD., who hereby files its Answer and Notice of Defense, as follows:

JURISDICTION

1. Respondent admits the allegations contained in paragraph 1 of the Complaint.

FACTUAL ALLEGATIONS

2. Respondent admits the allegations contained in paragraph 2 of the Complaint.

3. Respondent admits the allegations contained in paragraph 3 of the Complaint.

4. Respondent admits the allegations contained in paragraph 4 of the Complaint.

5. Respondent is without sufficient information to either admit or deny the allegations in paragraph 5 of the Complaint, and on that basis, Respondent denies the same.

6. Respondent is without sufficient information to either admit or deny the allegations in paragraph 6 of the Complaint, and on that basis, Respondent denies the same.

7. Respondent is without sufficient information to either admit or deny the allegations in paragraph 7 of the Complaint, and on that basis, Respondent denies the same.

8. Respondent admits the allegations contained in paragraph 8 of the Complaint.

ALLISON MacKENZIE, LTD.
402 North Division Street, P.O. Box 646, Carson City, NV 89702
Telephone: (775) 687-0202 Fax: (775) 882-7918
E-Mail Address: law@allisonmackenzie.com

ALLISON MacKENZIE, LTD.
402 North Division Street, P.O. Box 646, Carson City, NV 89702
Telephone: (775) 687-0202 Fax: (775) 882-7918
E-Mail Address: law@allisonmackenzie.com

APPLICABLE LAW

9. The allegations contained in paragraphs 9-16 contain legal conclusions and the statutes and regulations cited therein speak for themselves, and on that basis, Respondent denies the same.

COUNT ONE
Unprofessional Conduct – Performing Duties in an Incompetent, Unskillful, or Negligent Manner
(Respondent Michael Hautekeet)

10. Respondent is without sufficient information to either admit or deny the allegations in paragraphs 17-21 of the Complaint, and on that basis, Respondent denies the same.

COUNT TWO
(Respondent Michael Hautekeet)
Unprofessional Conduct - Violation of State Regulation Related to Practice of Pharmacy

11. Respondent is without sufficient information to either admit or deny the allegations in paragraphs 22-25 of the Complaint, and on that basis, Respondent denies the same

COUNT THREE
Center/Facility Owner Responsibility
(Respondent Sierra Center for Foot Surgery)

12. The allegations contained in paragraph 26 contain legal conclusions and the regulations cited therein speak for themselves, and on that basis, Respondent denies the same.

AFFIRMATIVE DEFENSES

Respondent alleges the following affirmative defenses to Petitioner's claims for detrimental reliance, and declaratory and equitable relief. These defenses are asserted in the alternative and without assuming any burden of proof that would otherwise rest with Petitioner. Defendant preserves all defenses available under Nevada law and the Nevada Rules of Civil Procedure, including defenses that may be asserted in a responsive pleading, by motion, or at trial. For affirmative defenses to all claims set forth in the Complaint, Respondent states and alleges as follows:

1. Failure to State a Claim: Plaintiff's claims, and each of them, fail to state facts sufficient to constitute a claim upon which relief may be granted.

2. Reservation and Preservation of Additional Defenses: Respondent gives notice that discovery and investigation are ongoing. Respondent preserves the right to assert additional defenses,

including affirmative defenses, avoidance defenses, and defenses that may be asserted by motion or at hearing, as they become known or as justice permits under the Nevada Rules of Civil Procedure.

3. Mitigation of Lack of Strict Compliance: Respondent Hautekeet performed an inspection dated January 30, 2025, and due to Respondent Hautekeet's failure to perform subsequent inspections, Respondent contracted with a new pharmacist, Tanya DeMichelle, as soon as professionally practicable as attempting to retain a new pharmacist as Respondent's small surgical facility on a temporary basis is not a viable option as the facility only conducts surgical cases 1-3 days per month. Respondent has ceased performing surgeries effective March 6, 2026 pending seeking a buyer for the facility due to the low number of surgeries and issues retaining a licensed pharmacist.

PRAYER FOR RELIEF

WHEREFORE, Respondent respectfully prays for judgment as follows:

1. That Plaintiff take nothing by way of the Complaint;

2. For such other and further relief as the Board deems appropriate.

AFFIRMATION

The undersigned does hereby affirm that this document DOES NOT contain the social security number of any person.

DATED this 4 day of August 2026.

ALLISON MacKENZIE, LTD.

By: _____

JOEL W. LOCKE, ESQ.
Nevada State Bar No. 10128
ALLISON MacKENZIE, LTD.
P.O. Box 646
Carson City, Nevada 89702
Telephone: (775) 687-0202
Facsimile: (775) 882-7918
jlocke@allisonmackenzie.com
Attorneys for Respondent,
Sierra Center for Foot Surgery

ALLISON MacKENZIE, LTD.
402 North Division Street, P.O. Box 646, Carson City, NV 89702
Telephone: (775) 687-0202 Fax: (775) 882-7918
E-Mail Address: law@allisonmackenzie.com

DECLARATION

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts stated therein, are true and correct to the best of my knowledge.

DATED this _3rd_____day of _____August_____, 2026.

Amalinda Bean

AUTHORIZED REPRESENTATIVE FOR
SIERRA CENTER FOR FOOT SURGERY

ALLISON MacKENZIE, LTD.
402 North Division Street, P.O. Box 646, Carson City, NV 89702
Telephone: (775) 687-0202 Fax: (775) 882-7918
E-Mail Address: law@allisonmackenzie.com

CERTIFICATE OF SERVICE

Pursuant to NRCP Rule 5(b), I hereby certify that I am an employee of ALLISON MacKENZIE, LTD., Attorneys at Law, and that on this date; I caused the foregoing document to be served to all parties to this action by:

_____ Placing a true copy thereof in a sealed postage prepaid envelope in the United States Mail in Carson City, Nevada [NRCP 5(b)(2)(B)]

_____ Hand-delivery - via Reno/Carson Messenger Service [NRCP 5(b)(2)(A)]

_____ Facsimile

_____ Federal Express, UPS, or other overnight delivery

X E-Mail

fully addressed as follows:

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway Suite 206
Reno, NV 89521
TeamBC@Pharmacy.nv.gov
L.Tucker@pharmacy.nv.gov

DATED this 4TH day of August, 2026

SAMANTHA SLAGLE

ALLISON MacKENZIE, LTD.
402 North Division Street, P.O. Box 646, Carson City, NV 89702
Telephone: (775) 687-0202 Fax: (775) 882-7918
E-Mail Address: law@allisonmackenzie.com

5N

FILED
JUL 14 2026
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SIERRA CENTER FOR FOOT SURGERY, License No. ASC02426, and** **MICHAEL HAUTEKEET, Certificate of Registration No. 10777,** **Respondents.**	**Case Nos. 25-181-PH-N** **25-181-RPH-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Sierra Center for Foot Surgery (Sierra Center), License No. ASC02426, held a license by the Board as an ambulatory surgical center, and Respondent Michael Hautekeet (Hautekeet), Certificate of Registration No. 10777, was a pharmacist licensed by the Board.

FACTUAL ALLEGATIONS

2. Sierra Center, located at 1801 N. Carson Street No. B in Carson City, Nevada, is an ambulatory surgical center that has been licensed by the Board since 2008.

3. As a surgical center with a license from the Board, Sierra Center must, among other things, employ or contract with a pharmacist who shall visit the surgery center at least once month for evaluation and compliance duties.

4. Since February 2010, Hautekeet has contracted with Sierra Center as its consultant pharmacist to perform evaluation and compliance duties, as required by Nevada law.

5. On or about April 29, 2025, Board Inspector Mui Lee discovered during a site visit at Sierra Center that Hautekeet had not performed a site visit of Sierra Center since February 2025. On a later date, Inspector Lee spoke to Hautekeet and found out that he was on a 180-day cruise and would not be returning until July 2025.

6. As a result of his absence, Hautekeet missed a total of four monthly site visits in 2025.

7. In a follow-up email conversation with an employee of Sierra Center and Hautekeet, Inspector Lee found that Hautekeet had missed some of his required site visits in 2023 for a vacation cruise.

8. Inspector Lee asked for a record of Hautekeet's 2023 absence from Sierra Center. Sierra Center was unable to provide a written record of Hautekeet's 2023 absence.

APPLICABLE LAW

9. Surgical centers for ambulatory patients must obtain a license from the Board to dispense controlled substances and dangerous drugs. NAC 639.4992.

10. Surgical centers for ambulatory patients must employ or enter into a contract with a pharmacist to establish policies and procedures related to the center's pharmaceutical practices. NAC 639.4996.

11. A pharmacist employed by or contracted with a surgical center for ambulatory patients has a duty to, among other things, visit the surgical center at least once a month to evaluate the effectiveness of the policies and procedures established pursuant to NAC 639.4996 and confirm that the center is complying with those policies and procedures. NAC 639.4998(1).

12. A licensee of the Board may be disciplined for unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

13. Unprofessional conduct includes performing one's duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

14. The Board may discipline a licensee who has violated any provisions of a regulation relating to the practice of pharmacy. NRS 639.210(12).

15. The owner of any business or facility licensed by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

16. In lieu of, or in addition to, revoking or suspending a license holder's registration for violating the law or engaging in unprofessional conduct, the Board may impose fines as a disciplinary measure. *See* NRS 639.255; NAC 639.955.

COUNT ONE

Unprofessional Conduct -Performing Duties in an Incompetent, Unskillful, or Negligent Manner
(Respondent Michael Hautekeet)

17. As alleged above, as the pharmacist contracted with Sierra Center, Hautekeet had a duty to conduct monthly site visits to ensure, among other things, Sierra Center's compliance with policies and procedures. NAC 639.4998(1).

18. As alleged above, from March 2025 to July 2025, Hautekeet did not conduct a site visit of Sierra Center, where he was contracted as a pharmacist.

19. As alleged above, also during the course of his contracted employment with Sierra Center, Hautekeet did not conduct some of his required site visits of the center in 2023.

20. Hautekeet's conduct was unprofessional because he failed to perform his duties as required pursuant to NAC 639.4998(1). NAC 639.945(1)(i).

21. Respondent Hautekeet is subject to professional discipline for the conduct described above. NRS 639.210(4).

COUNT TWO
(Respondent Michael Hautekeet)
Unprofessional Conduct—Violation of State Regulation Related to Practice of Pharmacy

22. As alleged above, as the pharmacist contracted with Sierra Center, Hautekeet had a duty to conduct monthly site visits to ensure, among other things, Sierra Center's compliance with policies and procedures. NAC 639.4998(1).

23. As alleged above, from March 2025 to July 2025, Hautekeet did not conduct a site visit of Sierra Center, where he was contracted as a pharmacist.

24. As alleged above, also during the course of his contracted employment with Sierra Center, Hautekeet did not conduct some of his required site visits of the center for in 2023.

25. Hautekeet is subject to professional discipline for having failed to perform monthly site visits as required pursuant to NAC639.4998(1). NRS 639.210(12).

COUNT THREE
Center/Facility Owner Responsibility
(Respondent Sierra Center for Foot Surgery)

26. As the center/facility at which the unprofessional conduct and violations of law alleged herein occurred, Respondent Sierra Center is responsible for those violations, including all errors and omissions of Respondent Hautekeet and any other pharmacy personnel in the course of violations of any law or regulation related to the practice of pharmacy, pursuant to NAC 639.702 and/or NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondents Michael Hautekeet and Sierra Center for Foot Surgery.

Signed this 14th day of July 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MICHAEL HAUTEKEET,** **Certificate of Registration No. 10777,** **Respondent.**	**Case No. 25-181-RPH-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, September 2, 2026, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney, Laura Tucker, at the email addresses below:

TeamBC@Pharmacy.nv.gov and **L.tucker@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 10th day of JULY 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MICHAEL HAUTEKEET,** **Certificate of Registration No. 10777,** **Respondent.**	**Case No. 25-181-RPH-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2026.

_____

MICHAEL HAUTEKEET, RPh

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 15th day of July 2026, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Michael Hautekeet
[redacted]
Carson City, NV [redacted]

Michael Hautekeet
[redacted]
Carson City, NV [redacted]

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

FILED
AUG - 7 2026
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, MICHAEL HAUTEKEET, Certificate of Registration No. 10777, Respondent.	Case No. 25-181-RPH-N ANSWER AND NOTICE OF DEFENSE

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

Objections: that #19 on page 3 can not alleged because of the statement on #8 page 2 and that #24 on page 4 is false because of the statement on #8 page 2

That all other allegations are false

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I deny all allegations.

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 7th day of August, 2026

Michael M Hautekeet, Pharm.D., R.Ph

5O & 5P

FILED
APR 07 2026
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **EMPOWER PHARMA,** **Certificate of Registration No. WH02264, and** **EMPOWER PHARMA,** **Certificate of Registration No. OU00033,** **Respondents.**	**Case Nos. 25-230-WH-A-S** **25-230-OU-A-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Board has jurisdiction over Respondent Empower Pharma ("Respondent Empower"), because Respondent Empower holds certificates of registration issued by the Board authorizing Respondent Empower to manufacture dangerous drugs and controlled substances and to distribute them at wholesale in Nevada.

2. The Board has jurisdiction over the subject matter of this Accusation because it involves the storage, possession, distribution, and sale of dangerous drugs and controlled substances in Nevada.

FACTUAL ALLEGATIONS

3. At all times mentioned herein, Joseph Palumbo, D.O. ("Dr. Palumbo") was a practicing physician licensed by the Nevada State Board of Osteopathic Medicine.

4. From 2016 to the present, Respondent Empower has held Certificate of Registration No. WH02264, issued by the Board pursuant to NRS 639.233 and NAC 639.593. Respondent Empower is a "wholesaler" as that term is defined at NRS 639.016.

5. From 2022 to the present, Respondent Empower has held Certificate of Registration No. OU00033, issued by the Board pursuant to NRS 639.233 and NAC 639.6915. Respondent Empower is an "outsourcing facility" as that term is defined at NAC 639.6912.

6. In 2024, Dr. Palumbo served as the Chief Medical Officer of a company engaged in the business of providing mobile hydration services to patients in their homes and/or other non-clinical locations (the "Company").

7. In 2024, in furtherance of its mobile hydration business, the Company purchased and then redistributed sterile compounded drugs intended for parenteral administration.[1] Dr. Palumbo caused, directed, managed, and/or supervised the purchase and redistribution of these drugs (hereinafter the "drugs").[2]

8. The Company and/order. Palumbo purchased the drugs, in varying quantities and at varying intervals, from Respondent Empower.

9. To furnish the drugs to its patients and/or the patients of its contracted health care providers, the Company and/or Dr. Palumbo engaged several registered nurses who personally delivered and administered the drugs to patients in their homes or other non-clinical locations. These registered nurses included Joy Mitchell, RN ("RN Mitchell"), Elmer Karczewski, RN ("RN Karczewski"), Conchita Daban, RN ("RN Daban"), Tylar Barton, RN ("RN Barton"), Cecillia Nichols-Bell, RN ("RN Nichols-Bell"), Nicole Feliciano, RN ("RN Felciano") and Vanessa Lockard, RN ("RN Lockard").

10. At the direction of the Company and/or Dr. Palumbo, Respondent Empower shipped the drugs, in varying quantities and at varying intervals, directly to certain of the registered nurses identified above.

11. Between March 2024 and July 2024, the Company and/or Dr. Palumbo directed Respondent Empower to ship certain of the drugs to RN Barton, RN Daban, RN Felciano, RN

[1] As used herein, the term "parenteral" has the meaning ascribed to it in NRS 639.0105.
[2] All of the drugs were "dangerous drugs" as that term is defined at NRS 454.201.

Mitchell, and RN Nichols-Bell. Respondent Empower sent many of the shipments to residential addresses in Nevada.

12. Respondent Empower shipped the drugs to residential addresses at which there were no practitioners present to accept delivery of, and/or to secure the drugs pending their administration to patients.

13. The various registered nurses, as identified above, stored and/or possessed the drugs at their personal residences, in their vehicles, and/or at other locations where the drugs were not in the custody and control of a practitioner.

14. Based upon the available shipping and transactional records, Respondent Empower, knew or should have known that the drugs would be stored or possessed by persons not authorized to store or possess them.

APPLICABLE LAW

15. A registered nurse is not a "practitioner" as that term is defined at NRS 454.00958.

16. Except as provided in NRS 454.213(1)(c) and (d) regarding the supervised administration of dangerous drugs, a registered nurse may not store or possess dangerous drugs unless they are held for personal use pursuant to a lawful prescription. NRS 454.316.

17. Pursuant to NRS 639.595, a drug wholesaler and/or outsourcing facility may not sell a prescription drug unless the sale is a bona fide transaction. A sale is not a bona fide transaction if the drug is delivered by the seller to someone other than the licensed wholesaler or practitioner to whom the drug was putatively sold. NRS 639.595(5).

18. Pursuant to NRS 639.100, it is unlawful for a drug wholesaler and/or outsourcing facility to cause or permit an unsupervised non-practitioner, including a registered nurse, to store or possess dangerous drugs or controlled substances. *See also* NRS 454.213(1); NRS 454.316.

19. The Board may discipline a licensee or registrant for engaging in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4); NRS 639.255.

20. The Board may discipline a licensee or registrant for violating, attempting to violate, or assisting or abetting in the violation of any provision of law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

21. Unprofessional conduct includes performing one's duties as the holder of a license or registration issued by the Board in an incompetent, unskillful or negligent manner. NRS 639.210(4); NAC 639.945(1)(i).

COUNT ONE
Causing or Permitting the Unlicensed Storage/Possession of Drugs

22. As alleged above, Respondent Empower shipped dangerous drugs to persons without authority to store or possess those drugs, and they did so under circumstances where they knew or should have known that said persons had no authority to store or possess dangerous drugs.

23. By engaging in the conduct described above, Respondents violated NRS 639.100.

24. By engaging in the conduct described above, Respondents assisted or abetted in violations of NRS 454.316.

25. Respondents are subject to discipline for their violations of NRS Chapter 454 and/or NRS Chapter 639. NRS 639.210(12); NRS 639.255.

COUNT TWO
Unlawful Wholesale Transactions

26. As alleged above, Respondent Empower shipped dangerous drugs to persons without authority to store or possess those drugs.

27. By shipping the drugs in the manner described above, Respondent Empower engaged in "wholesale distribution" as that term is defined at NRS 639.0155.

28. The above shipments were not bona fide transactions as required by NRS 639.595.

29. Respondent Empower had a duty under NRS 639.595 to exercise reasonable care to prevent shipments to persons without authority to store or possess dangerous drugs.

30. Respondent Empower shipped dangerous drugs under circumstances where Respondent Empower knew or should have known that the intended recipients had no authority to store or possess dangerous drugs.

31. Respondent Empower performed its duties, as described above, in an incompetent, unskillful or negligent manner.

32. By engaging in the conduct described above, Respondent Empower violated NRS 639.595.

33. By engaging in the conduct described above, Respondent Empower was guilty of unprofessional conduct.

34. Respondent Empower is subject to discipline for its unprofessional conduct and/or violations of Nevada law as described above. *See* NRS 639.210(4); NRS 639.210(12); NAC 639.945(1)(h), (j) and (k).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to Respondent Empower's certificates of registration as identified above.

DATED this 7th day of APRIL 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **EMPOWER PHARMA,** **Certificate of Registration No. WH02264, and** **EMPOWER PHARMA,** **Certificate of Registration No. OU00033,** **Respondents.**	**Case Nos. 25-230-WH-A-S** **25-230-OU-A-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, June 3, 2026, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney, Gregory Zunino, at the email addresses below:

TeamBC@Pharmacy.nv.gov and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 7th day of March 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **EMPOWER PHARMA,** **Certificate of Registration No. WH02264, and** **EMPOWER PHARMA,** **Certificate of Registration No. OU00033,** **Respondents.**	**Case Nos. 25-230-WH-A-S** **25-230-OU-A-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2026.

_____

AUTHORIZED REPRESENTATIVE FOR EMPOWER PHARMA

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 7th day of April 2026, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Empower Pharma
5980 W Sam Houston Pkwy N, Ste. 300
Houston, TX 77041

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

5Q & 5R

FILED
APR 14 2026
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **EMPOWER PHARMACY,** **License No. PH03016, and** **EMPOWER PHARMA,** **License No. OU00033,** **Respondents.**	**CASE NOS. 25-292-PH-O** **25-292-OU-O** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has personal jurisdiction over Respondent Empower Pharmacy (Empower Pharmacy) because it holds a pharmacy license issued by the Board authorizing it to dispense dangerous drugs and controlled substances in Nevada.

2. The Board has jurisdiction over Respondent Empower Pharma (Empower Pharma) because it holds a license issued by the Board authorizing it to manufacture dangerous drugs and controlled substances and to distribute them at wholesale in Nevada.

3. The Board has jurisdiction to address the subject matter of this accusation because it involves the manufacture, distribution, and dispensing of prescription drugs in Nevada.

FACTUAL ALLEGATIONS

4. Empower Pharmacy and Empower Pharma are based in Houston, Texas.

5. Since 2013 or earlier, Empower Pharmacy has been licensed by the Board to dispense dangerous drugs and controlled substances in Nevada. Empower Pharmacy operates a "pharmacy" in Nevada as that term is defined at NRS 639.012.

6. Since 2022, Empower Pharma has been licensed by the Board to manufacture dangerous drugs and controlled substances and to distribute them at wholesale in Nevada. Empower Pharma operates an "outsourcing facility" as that term is defined at NAC 639.6912.

7. Empower Pharmacy and Empower Pharma produce sterile compounded drug products and dispense them to patients in Nevada. Empower Pharmacy is governed by NRS Chapters 453, 454, and 639, and by Section 503A of the federal Food, Drug and Cosmetic Act (FD&C Act). Empower Pharma is governed by NRS Chapters 453, 454, and 639, and by Section 503B of the FD&C Act.

8. Between April 22, 2025, and June 30, 2025, Empower Pharmacy compounded and dispensed copies of commercially available drug products manufactured under the brand names Mounjaro, Zepbound, Ozempic and/or Wegovy. These included sterile compounds identified by Rx Nos. 91382873, 97115997, 97499747, 98168938, and 98173714, all dispensed in Nevada.

9. Between April 22, 2025, and June 30, 2025, Empower Pharma compounded and dispensed copies of commercially available drug products manufactured under the brand names Mounjaro, Zepbound, Ozempic and/or Wegovy. These included sterile compounds identified by Rx Nos. 1017171002, 1017319703, and 1017497201, all dispensed in Nevada.

10. As to each of Rx Nos. 91382873, 97115997, 97499747, 98168938, and 98173714, Empower Pharmacy did not obtain a statement of significant difference from the prescribing practitioner attesting to a patient-specific need for a compounded variation of the commercially available drug product.

11. As to each of Rx Nos. 91382873, 97115997, 97499747, 98168938, and 98173714, Empower Pharmacy did not compound the prescription using a drug or an active pharmaceutical ingredient that appeared on the FDA's shortage list as of April 22, 2025.

12. As to each of Rx Nos. 1017171002, 1017319703, and 1017497201, Empower Pharma did not obtain a statement of significant difference from the prescribing practitioner attesting to a patient-specific need for a compounded variation of the commercially available drug product.

13. As to each of Rx Nos. 1017171002, 1017319703, and 1017497201, Empower Pharma did not compound the prescription using a drug or an active pharmaceutical ingredient that appeared on the FDA's shortage list as of April 22, 2025.

14. All of the above compounded drug products were distributed in interstate commerce.

APPLICABLE LAW

15. The Board may revoke or suspend the license or registration of any licensee or registrant who has engaged in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

16. It is unprofessional and/or contrary to the public interest for a pharmacy or an outsourcing facility to compound or dispense substandard drug products. NAC 639.945(1)(a).

17. It is unprofessional and/or contrary to the public interest for a pharmacy or an outsourcing facility to perform or in any way be a party to any fraudulent or deceitful practice or transaction. NAC 639.945(1)(h).

18. The Board may revoke the license or registration of any licensee or registrant who has violated any provision of the FD&C Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

19. Generally, if a compounding pharmacy or an outsourcing facility wishes to produce a drug in a manner that does not comply with section 503A or section 503B of the FD&C Act, respectively, it must submit a new drug application pursuant to section 505 of the FD&C Act. *See* 21 U.S.C. § 355.

20. To comply with section 503A of the FD&C Act, a compounding pharmacy may not "compound regularly or in inordinate amounts . . . any drug products that are essentially copies of a commercially available drug product." 21 U.S.C. § 353a(B)(1)(D).

21. To comply with section 503B of the FD&C Act, an outsourcing facility may produce a drug only if the drug is not essentially a copy of one or more approved drugs. 21 U.S.C. § 353b(A)(5).

22. Under section 502 of the FD&C Act, a drug is misbranded if it bears a false or misleading label or is packaged in a container suggesting that it is proprietary to the seller when it is, in fact, an imitation of some other manufacturer's patented drug product. 21 U.S.C. § 352(i).

23. Under section 301 of the FD&C Act, it is unlawful to distribute a misbranded drug in interstate commerce. *See* 21 U.S.C. § 335.

24. The FDA has published guidance concerning compounded drug products that are essentially copies of commercially available drugs. *See Compounded Drug Products That Are Essentially Copies of a Commercially Available Drug Product Under Section 503A of the Federal Food, Drug, and Cosmetic Act Guidance for Industry*, 83 Fed. Reg. 2790 (January 19, 2018); *Compounded Drug Products That Are Essentially Copies of a Commercially Available Drug Product Under Section 503B of the Federal Food, Drug, and Cosmetic Act Guidance for Industry*, 83 Fed. Reg. 2786 (January 18, 2018). This guidance sets forth the generally accepted standard of care that a compounding pharmacy or an outsourcing facility must adhere to when producing compounded drug products with pharmacological properties that mimic those of commercially available drugs.

COUNT ONE
Violations of Sections 502 and 505 of the FD&C Act

25. As alleged above, Empower Pharmacy and Empower Pharma produced and dispensed compounded drug products that were essentially copies of commercially available drug products manufactured under the brand names Mounjaro, Zepbound, Ozempic and/or Wegovy.

26. Empower Pharmacy and Empower Pharma failed to document a shortage of said commercially available drugs and/or failed to document a specific patient need for some compounded variation thereof.

27. Empower Pharmacy affixed patient-specific labels to product containers even though the formulations for the drugs were not developed pursuant to a statement of significant different issued by the prescribing practitioner.

28. The patient-specific labels were a subterfuge intended to avoid the requirement to file a new drug application pursuant to section 505 of the FD&C Act.

29. The patient-specific labels were a subterfuge intended to conceal the fact that their sterile compounds were essentially copies of commercially available drug products manufactured under the brand names Mounjaro, Zepbound, Ozempic and/or Wegovy.

30. By producing and dispensing the sterile compounds in the manner described above, Empower Pharmacy and Empower Pharma distributed "misbranded" drugs within the meaning of section 502 of the FD&C Act. *See* 21 U.S.C. § 352(i).

31. By distributing misbranded products in interstate commerce, Empower Pharmacy and Empower Pharma violated section 301 of the FD&C. *See* 21 U.S.C. § 331.

32. Empower Pharmacy and Empower Pharma produced copies of commercially available drugs in a manner requiring the submission of a new drug application pursuant to section 505 of the FD&C Act.

33. By failing to submit a new drug application to the FDA as required by section 505 of the FD&C, Empower Pharmacy and Empower Pharma violated section 505 of the FD&C Act.

34. Based on the foregoing, Empower Pharmacy and Empower Pharma may be disciplined by the Board pursuant to NRS 639.210(11) for violating the FD&C Act.

COUNT TWO
Unprofessional Conduct

35. As alleged above, Empower Pharmacy and Empower Pharma produced and dispensed sterile compounded drug products that were essentially copies of commercially available drug products manufactured under the brand names Mounjaro, Zepbound, Ozempic and/or Wegovy.

36. Empower Pharmacy and Empower Pharma failed to adhere to applicable FDA guidance when they produced drug products that were essentially copies of commercially available drug products. As a result, Empower Pharmacy and Empower Pharma compounded and dispensed substandard drug products.

37. Empower Pharmacy and Empower Pharma marketed and packaged their sterile compounds in a manner intended to conceal the fact that their compounds were essentially copies of commercially available drug products. In so doing, Empower Pharmacy and Empower Pharma engaged in deceitful practices.

38. Based on the foregoing, Empower Pharmacy and Empower Pharma may be disciplined by the Board for unprofessional conduct. NRS 639.210(4); NAC 639.945(1)(a) and (h).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the licenses of Empower Pharmacy and Empower Pharma.

DATED this 14th day of APRIL 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **EMPOWER PHARMACY,** **License No. PH03016, and** **EMPOWER PHARMA,** **License No. OU00033,** **Respondents.**	**Case Nos. 25-292-PH-O** **25-292-OU-O** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, June 3, 2026, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney, Gregory Zunino, at the email addresses below:

TeamBC@Pharmacy.nv.gov and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 14th day of April 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **EMPOWER PHARMACY,** **License No. PH03016,** **Respondent.**	**Case No. 25-292-PH-O** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2026.

_____

AUTHORIZED REPRESENTATIVE FOR EMPOWER PHARMACY

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14th day of April 2026, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Empower Pharmacy
7601 N Sam Houston Pkwy W, Ste. 100
Houston, TX 77064

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

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FILED
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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **EMPOWER PHARMACY,** **License No. PH03016, and** **EMPOWER PHARMA,** **License No. OU00033,** **Respondents.**	**CASE NOS. 25-292-PH-O** **25-292-OU-O** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has personal jurisdiction over Respondent Empower Pharmacy (Empower Pharmacy) because it holds a pharmacy license issued by the Board authorizing it to dispense dangerous drugs and controlled substances in Nevada.

2. The Board has jurisdiction over Respondent Empower Pharma (Empower Pharma) because it holds a license issued by the Board authorizing it to manufacture dangerous drugs and controlled substances and to distribute them at wholesale in Nevada.

3. The Board has jurisdiction to address the subject matter of this accusation because it involves the manufacture, distribution, and dispensing of prescription drugs in Nevada.

FACTUAL ALLEGATIONS

4. Empower Pharmacy and Empower Pharma are based in Houston, Texas.

5. Since 2013 or earlier, Empower Pharmacy has been licensed by the Board to dispense dangerous drugs and controlled substances in Nevada. Empower Pharmacy operates a "pharmacy" in Nevada as that term is defined at NRS 639.012.

6. Since 2022, Empower Pharma has been licensed by the Board to manufacture dangerous drugs and controlled substances and to distribute them at wholesale in Nevada. Empower Pharma operates an "outsourcing facility" as that term is defined at NAC 639.6912.

7. Empower Pharmacy and Empower Pharma produce sterile compounded drug products and dispense them to patients in Nevada. Empower Pharmacy is governed by NRS Chapters 453, 454, and 639, and by Section 503A of the federal Food, Drug and Cosmetic Act (FD&C Act). Empower Pharma is governed by NRS Chapters 453, 454, and 639, and by Section 503B of the FD&C Act.

8. Between April 22, 2025, and June 30, 2025, Empower Pharmacy compounded and dispensed copies of commercially available drug products manufactured under the brand names Mounjaro, Zepbound, Ozempic and/or Wegovy. These included sterile compounds identified by Rx Nos. 91382873, 97115997, 97499747, 98168938, and 98173714, all dispensed in Nevada.

9. Between April 22, 2025, and June 30, 2025, Empower Pharma compounded and dispensed copies of commercially available drug products manufactured under the brand names Mounjaro, Zepbound, Ozempic and/or Wegovy. These included sterile compounds identified by Rx Nos. 1017171002, 1017319703, and 1017497201, all dispensed in Nevada.

10. As to each of Rx Nos. 91382873, 97115997, 97499747, 98168938, and 98173714, Empower Pharmacy did not obtain a statement of significant difference from the prescribing practitioner attesting to a patient-specific need for a compounded variation of the commercially available drug product.

11. As to each of Rx Nos. 91382873, 97115997, 97499747, 98168938, and 98173714, Empower Pharmacy did not compound the prescription using a drug or an active pharmaceutical ingredient that appeared on the FDA's shortage list as of April 22, 2025.

12. As to each of Rx Nos. 1017171002, 1017319703, and 1017497201, Empower Pharma did not obtain a statement of significant difference from the prescribing practitioner attesting to a patient-specific need for a compounded variation of the commercially available drug product.

13. As to each of Rx Nos. 1017171002, 1017319703, and 1017497201, Empower Pharma did not compound the prescription using a drug or an active pharmaceutical ingredient that appeared on the FDA's shortage list as of April 22, 2025.

14. All of the above compounded drug products were distributed in interstate commerce.

APPLICABLE LAW

15. The Board may revoke or suspend the license or registration of any licensee or registrant who has engaged in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

16. It is unprofessional and/or contrary to the public interest for a pharmacy or an outsourcing facility to compound or dispense substandard drug products. NAC 639.945(1)(a).

17. It is unprofessional and/or contrary to the public interest for a pharmacy or an outsourcing facility to perform or in any way be a party to any fraudulent or deceitful practice or transaction. NAC 639.945(1)(h).

18. The Board may revoke the license or registration of any licensee or registrant who has violated any provision of the FD&C Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

19. Generally, if a compounding pharmacy or an outsourcing facility wishes to produce a drug in a manner that does not comply with section 503A or section 503B of the FD&C Act, respectively, it must submit a new drug application pursuant to section 505 of the FD&C Act. *See* 21 U.S.C. § 355.

20. To comply with section 503A of the FD&C Act, a compounding pharmacy may not "compound regularly or in inordinate amounts . . . any drug products that are essentially copies of a commercially available drug product." 21 U.S.C. § 353a(B)(1)(D).

21. To comply with section 503B of the FD&C Act, an outsourcing facility may produce a drug only if the drug is not essentially a copy of one or more approved drugs. 21 U.S.C. § 353b(A)(5).

22. Under section 502 of the FD&C Act, a drug is misbranded if it bears a false or misleading label or is packaged in a container suggesting that it is proprietary to the seller when it is, in fact, an imitation of some other manufacturer's patented drug product. 21 U.S.C. § 352(i).

23. Under section 301 of the FD&C Act, it is unlawful to distribute a misbranded drug in interstate commerce. *See* 21 U.S.C. § 335.

24. The FDA has published guidance concerning compounded drug products that are essentially copies of commercially available drugs. *See Compounded Drug Products That Are Essentially Copies of a Commercially Available Drug Product Under Section 503A of the Federal Food, Drug, and Cosmetic Act Guidance for Industry*, 83 Fed. Reg. 2790 (January 19, 2018); *Compounded Drug Products That Are Essentially Copies of a Commercially Available Drug Product Under Section 503B of the Federal Food, Drug, and Cosmetic Act Guidance for Industry*, 83 Fed. Reg. 2786 (January 18, 2018). This guidance sets forth the generally accepted standard of care that a compounding pharmacy or an outsourcing facility must adhere to when producing compounded drug products with pharmacological properties that mimic those of commercially available drugs.

COUNT ONE
Violations of Sections 502 and 505 of the FD&C Act

25. As alleged above, Empower Pharmacy and Empower Pharma produced and dispensed compounded drug products that were essentially copies of commercially available drug products manufactured under the brand names Mounjaro, Zepbound, Ozempic and/or Wegovy.

26. Empower Pharmacy and Empower Pharma failed to document a shortage of said commercially available drugs and/or failed to document a specific patient need for some compounded variation thereof.

27. Empower Pharmacy affixed patient-specific labels to product containers even though the formulations for the drugs were not developed pursuant to a statement of significant different issued by the prescribing practitioner.

28. The patient-specific labels were a subterfuge intended to avoid the requirement to file a new drug application pursuant to section 505 of the FD&C Act.

29. The patient-specific labels were a subterfuge intended to conceal the fact that their sterile compounds were essentially copies of commercially available drug products manufactured under the brand names Mounjaro, Zepbound, Ozempic and/or Wegovy.

30. By producing and dispensing the sterile compounds in the manner described above, Empower Pharmacy and Empower Pharma distributed "misbranded" drugs within the meaning of section 502 of the FD&C Act. *See* 21 U.S.C. § 352(i).

31. By distributing misbranded products in interstate commerce, Empower Pharmacy and Empower Pharma violated section 301 of the FD&C. *See* 21 U.S.C. § 331.

32. Empower Pharmacy and Empower Pharma produced copies of commercially available drugs in a manner requiring the submission of a new drug application pursuant to section 505 of the FD&C Act.

33. By failing to submit a new drug application to the FDA as required by section 505 of the FD&C, Empower Pharmacy and Empower Pharma violated section 505 of the FD&C Act.

34. Based on the foregoing, Empower Pharmacy and Empower Pharma may be disciplined by the Board pursuant to NRS 639.210(11) for violating the FD&C Act.

COUNT TWO
Unprofessional Conduct

35. As alleged above, Empower Pharmacy and Empower Pharma produced and dispensed sterile compounded drug products that were essentially copies of commercially available drug products manufactured under the brand names Mounjaro, Zepbound, Ozempic and/or Wegovy.

36. Empower Pharmacy and Empower Pharma failed to adhere to applicable FDA guidance when they produced drug products that were essentially copies of commercially available drug products. As a result, Empower Pharmacy and Empower Pharma compounded and dispensed substandard drug products.

37. Empower Pharmacy and Empower Pharma marketed and packaged their sterile compounds in a manner intended to conceal the fact that their compounds were essentially copies of commercially available drug products. In so doing, Empower Pharmacy and Empower Pharma engaged in deceitful practices.

38. Based on the foregoing, Empower Pharmacy and Empower Pharma may be disciplined by the Board for unprofessional conduct. NRS 639.210(4); NAC 639.945(1)(a) and (h).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the licenses of Empower Pharmacy and Empower Pharma.

DATED this 14th day of MAY 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway -- Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **EMPOWER PHARMACY,** **License No. PH03016, and** **EMPOWER PHARMA,** **License No. OU00033,** **Respondents.**	**Case Nos. 25-292-PH-O** **25-292-OU-O** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, June 3, 2026, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney, Gregory Zunino, at the email addresses below:

TeamBC@Pharmacy.nv.gov and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 14th day of APRIL 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **EMPOWER PHARMA,** **License No. OU00033,** **Respondent.**	**Case No. 25-292-OU-O** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2026.

_____

AUTHORIZED REPRESENTATIVE FOR EMPOWER PHARMA

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14th day of April 2026, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Empower Pharma
5980 W Sam Houston Pkwy N, Ste. 300
Houston, TX 77041

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

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FILED
OCT 16 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **BERNARD BROOKS, RPH,** **Certificate of Registration No. 20571,** **Respondent.**	**Case No. 25-031-RPH-N** **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER**

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, October 15, 2025. Brett Kandt, Esq., prosecuted the case before the Board. Respondent Bernard Brooks, RPh, Certificate of Registration No. 20571 was represented by counsel, Andrew Switlyk, Esq. The Board heard the case and, based on the evidence presented, the Board makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

The Board finds that probative evidence exists in the record to establish each of the following facts by a preponderance of the evidence:

1. The Nevada State Board of Pharmacy has jurisdiction over this matter and Respondent because at the time of the events herein, Respondent Bernard Brooks, RPh, Certificate of Registration No. 20571, was a pharmacist registered with the Board.

2. On or about May 22, 2024, pursuant to NRS 639.2895 the Board issued a citation to Respondent in Case No. 24-184-RPH-N and assessed an administrative fine of $500 for failing to complete required continuing education units in violation of NAC 639.330.

3. In 2012, Respondent was arrested on a charge of underage drinking and possession of alcohol in the state of Wisconsin.

4. Respondent failed to disclose this arrest to the Board on his 2020 application for registration as a pharmacist.

5. Respondent was employed as managing pharmacist at Walgreens Pharmacy #02474, Pharmacy License No. PH01939, located at 3000 Vista Blvd. in Sparks, Nevada, at the time of the events herein.

6. From 2022 through 2024, Walgreens employees routinely observed Respondent impaired from consuming alcohol while performing his duties as managing pharmacist at Walgreens Pharmacy #02474.

7. On multiple occasions Walgreens Pharmacy #02474 had to close early due to Respondent's impaired state and inability to perform his duties as managing pharmacist.

8. On or about April 15, 2025, Respondent was terminated from employment by Walgreens Pharmacy #02474 for cause.

9. Board staff incurred at least Six Thousand Six Hundred Fifty-Six Dollars and Six Cents ($6,656.06) in attorney's fees and recoverable costs investigating and prosecuting this administrative action. The attorney's fees are reasonable based upon legal counsel's professional qualities, the nature of this administrative enforcement action, the work performed, and the result as evidenced by this Order.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and Respondent because, at the time of the events herein, Respondent held a registration issued by the Board.

2. The applicable law in this matter is as follows:

A. Becoming intoxicated or under the influence of liquor will on duty in any establishment licensed by the Board is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(3).

B. Performing any duties as the holder of a pharmacist registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

C. It is a misdemeanor crime to sell, dispense or compound any prescription or sell any drug while under the influence of intoxicating liquor. NRS 639.283. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

D. The Board may suspend or revoke a registration if the holder has a substance use disorder. NRS 639.210(5).

3. Respondent is NOT GUILTY on Count One of the Accusation, violation of NRS 639.281(1), and is not subject to discipline pursuant to NRS 639.210(9) and/or NRS 639.210(12).

4. Respondent is NOT GUILTY on Count Two of the Accusation, and Respondent is not subject to discipline pursuant to NRS 639.210(10).

5. Respondent is GUILTY on Count Three of the Accusation: by performing his duties as managing pharmacist at Walgreens Pharmacy #02474 while impaired, Respondent is subject to discipline pursuant to NRS 639.210(3).

6. Respondent is GUILTY on Count Four of the Accusation: by performing his duties as managing pharmacist at Walgreens Pharmacy #02474 while impaired, Respondent has performed his duties as the holder of a pharmacist registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 639.210(4).

7. Respondent is GUILTY on Count Five of the Accusation: by performing his duties as managing pharmacist at Walgreens Pharmacy #02474 while impaired, Respondent violated,

attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.293 and is subject to discipline pursuant NRS 639.210(12).

8. Respondent is GUILTY on Count Six of the Accusation: by his history and diagnosis of severe alcohol use disorder, Respondent is subject to discipline pursuant to NRS 639.210(5).

ORDER

THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. The certificate of registration of Respondent Bernard Brooks, RPh, Certificate of Registration No. 20571, is revoked pursuant to NRS 639.255(1)(d). The suspension is stayed, and Respondent is placed on probation for a period of five (5) years subject to the following conditions:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of Five Thousand Dollars ($5,000.00) for the violations, by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by October 16, 2026.

B. Pursuant to NRS 622.400, Respondent shall pay Six Thousand Six Hundred Fifty-Six Dollars and Six Cents ($6,656.06) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by October 16, 2026.

C. Respondent shall remain in treatment for alcohol use disorder by a evaluator/practitioner and shall fully comply with all treatment/counseling recommended in the evaluation and shall continue with treatment/counseling for the full term of probation;

D. The evaluator/practitioner shall provide quarterly compliance reports to the Board for the full term of probation; and

E. Other than his current position as managing pharmacist at Option Care Health, Respondent shall not work as managing pharmacist of any pharmacy licensed by the Board while on probation without prior approval from the Board.

Upon successful completion of probation, Respondent's Certificate of Registration No. 20571 will be fully restored.

2. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may lift the stay of suspension and immediately suspend Respondent's Certificate of Registration No. 20571 and impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

3. This Order constitutes a final decision in a contested case and a public record pursuant to NRS 639.255(5), and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

4. This Order is effective immediately.

IT IS SO ORDERED.

Entered this 16th day of October, 2025.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 21st day of October 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Bernard Brooks
[redacted]
Sparks, NV [redacted]

Bernard Brooks c/o
Walgreens Pharmacy #02474
3000 Vista Blvd
Sparks, NV 89436

Bernard Brooks c/o
Andrew Switlyk, Esq.
50 W Liberty St, Suite 1100
Reno, NV 89501

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

FILED
JUL 2 4 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **BERNARD BROOKS, RPH,** **Certificate of Registration No. 20571,** **Respondent.**	**Case No. 25-031-RPH-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this Respondent because, at the time of the events alleged herein, Respondent Bernard Brooks, RPh, Certificate of Registration No. 20571, was a pharmacist registered with the Board.

FACTUAL ALLEGATIONS

2. On or about May 22, 2024, pursuant to NRS 639.2895 the Board issued a citation to Respondent in Case No. 24-184-RPH-N and assessed an administrative fine of $500 for failing to complete required continuing education units in violation of NAC 639.330.

3. In 2012, Respondent was convicted on a charge of underage drinking and possession of alcohol in the state of Wisconsin.

4. On or about August 15, 2013, Respondent was convicted on a misdemeanor charge of simple assault in the District of Columbia, Superior Court.

5. Respondent failed to disclose these convictions to the Board on his 2020 application for registration as a pharmacist.

6. Respondent was employed as managing pharmacist at Walgreens Pharmacy #02474, Pharmacy License No. PH01939, located at 3000 Vista Blvd. in Sparks, Nevada, at the time of the events alleged herein.

7. From 2022 through 2024, Walgreens employees routinely observed Respondent intoxicated while performing his duties as managing pharmacist at Walgreens Pharmacy #02474.

8. On multiple occasions Walgreens Pharmacy #02474 had to close early due to Respondent's impaired state and inability to perform his duties as managing pharmacist.

9. On or about April 15, 2025, Respondent was terminated from employment by Walgreens Pharmacy #02474 for cause.

COUNT ONE
Furnishing False Material Information to Board

10. It is unlawful for a person knowingly or intentionally to furnish false or fraudulent material information in, or omit any material information from, any application for registration under NRS Chapter 639. NRS 639.281(1).

11. By failing to disclose his convictions to the Board on his 2020 application for registration as a pharmacist as alleged in paragraphs 3-5 herein, Respondent violated NRS 639.281(1), and is subject to discipline pursuant to NRS 639.210(9) and/or NRS 639.210(12).

COUNT TWO
Obtaining Registration by False or Fraudulent Application

12. Obtaining any registration by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(10).

13. By failing to disclose his convictions to the Board on his 2020 application for registration as a pharmacist as alleged in paragraphs 3-5 herein, Respondent is subject to discipline pursuant to NRS 639.210(10).

COUNT THREE
Intoxicated While on Duty in Licensed Pharmacy

14. Becoming intoxicated or under the influence of liquor will on duty in any establishment licensed by the Board is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(3).

15. By performing his duties as managing pharmacist at Walgreens Pharmacy #02474 while intoxicated as alleged in paragraphs 6-9 herein, Respondent is subject to discipline pursuant to NRS 639.210(3).

COUNT FOUR
Unprofessional Conduct - Incompetent, Unskillful or Negligent Performance of Duties

16. Performing any duties as the holder of a pharmacist registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

17. By performing his duties as managing pharmacist at Walgreens Pharmacy #02474 while intoxicated as alleged in paragraphs 6-9 herein, Respondent has performed his duties as the holder of a pharmacist registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 639.210(4).

COUNT FIVE
Violation of State Law

18. It is a misdemeanor crime to sell, dispense or compound any prescription or sell any drug while under the influence of intoxicating liquor. NRS 639.283. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

19. By performing his duties as managing pharmacist at Walgreens Pharmacy #02474 while intoxicated as alleged in paragraphs 6-9 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.293 and is subject to discipline pursuant NRS 639.210(12).

COUNT SIX
Substance Abuse Disorder

20. The Board may suspend or revoke a registration if the holder has a substance use disorder. NRS 639.210(5).

21. By his history of alcohol use disorder as alleged herein, Respondent is subject to discipline pursuant to NRS 639.210(5).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 24 day of July 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **BERNARD BROOKS, RPH,** **Certificate of Registration No. 20571,** **Respondent.**	**Case No. 25-031-RPH-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, September 3, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 24th day of JULY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **BERNARD BROOKS, RPH,** **Certificate of Registration No. 20571,** **Respondent.**	**Case No. 25-031-RPH-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

Bernard Brooks, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of July 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Bernard Brooks, RPH
[redacted]
Sparks, NV [redacted]

Bernard Brooks, RPH c/o
Walgreens Pharmacy #02474
3000 Vista Blvd.
Sparks, NV 89436

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

F I L E D
Electronically
CV25-02752
2026-07-22 08:28:08 AM
Alicia L. Lerud
Clerk of the Court
Transaction # 12027708

IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF WASHOE

BERNARD BROOKS, RHP, Certificate of Registration No. 20571, Petitioner, vs. NEVADA STATE BOARD OF PHARMACY, Respondent.	CASE NO.: CV25-02752 DEPT. NO.: 3

ORDER GRANTING IN PART AND DENYING IN PART PETITION FOR JUDICIAL REVIEW

PROCEDURAL HISTORY

On July 24, 2025, the Nevada State Board of Pharmacy (hereinafter, Board) filed a six-count Notice of Intended Action and Accusation (hereinafter, NIAA) against Petitioner Bernard Brooks, RPH, a licensed Nevada pharmacist (hereinafter, Petitioner) pursuant to NRS 233B.127(3), NRS 622A.300(1), and NRS 639.241. Supplemental Record on Appeal (hereinafter, ROA) at 00003-00006. The Board charged Petitioner with:

Count One: Furnishing False Material Information to Board in violation of NRS 639.281(1);

Count Two: Obtaining Registration by False or Fraudulent Application in violation of NRS 639.210(10);

Count Three: Intoxicated While on Duty in Licensed Pharmacy in violation of NRS 639.210(3);

Count Four: Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties in violation of NAC 639.945(1)(i);

Count Five: Violation of State Law (criminal conduct) in violation of NRS 639.283; and

Count Six: Having a Substance Abuse Disorder in violation of NRS 639.210(5).

On October 15 and 16, 2025, the Board held an evidentiary hearing on the allegations in the NIAA, with several witnesses testifying and evidence presented on behalf of both the Board and Petitioner. After the hearing and deliberation by the Board members, the Board found Petitioner not guilty of Counts One and Two, but guilty of Counts Three, Four, Five, and Six. (Findings of Fact, Conclusions of Law, and Order, (hereinafter Order), ROA 00136-00137.) As a sanction pursuant to NRS 639.255(1)(d), the Board revoked Petitioner's Certificate of Registration, staying the revocation and placing Petitioner on probation for a period of five years with several conditions, including paying a $5,000.00 fine, $6,656.06 in attorney fees and investigation costs, and treatment for alcohol use disorder. (ROA at 00137-00138.)

On November 17, 2025, Petitioner timely filed his Petition for Judicial Review (hereinafter, Petition) challenging the four guilt findings in the Order, alleging prejudice of his substantial rights pursuant to NRS 233B.135(3). In sum, Petitioner alleges that all of the Board's findings of guilt are based on their base finding that Petitioner was "impaired" by alcohol while performing his duties as a licensed Nevada pharmacist at his place of employment, Walgreen's Store #2474 in Sparks, Nevada, and that the Board's finding of impairment was clearly erroneous in view of the entire record on appeal, requiring reversal pursuant to NRS 233B.135(3)(e). (Pet.at 1.)

The Court disagrees with Petitioner, in that the Court determines that substantial evidence on the whole record exists sufficient to establish that Petitioner

was actually "intoxicated while on duty" as a licensed Nevada pharmacist and did engage in behavior which resulted in his being found liable for the conduct alleged in the NIAA in Counts Three, Four, and Six. However, as discussed *infra*, the Court reverses the Board's finding on Count Five, in which the Board found Petitioner's license revokable based on his being guilty of misdemeanor criminal conduct pursuant to NRS 639.283.

SCOPE OF REVIEW

In reviewing the Board's final determination, this Court must evaluate whether their decision was characterized by "clear error or an arbitrary and capricious abuse of discretion." The agency's fact-based conclusions of law "are entitled to deference and will not be disturbed if they are supported by substantial evidence." *Law Offices of Barry Levinson, P.C. v. Milko*, 124 Nev. 355, 362, 184 P.3d 378, 384 (2008). Substantial evidence exists if a reasonable person could find the evidence adequate to support the [Board's] conclusion, and the reviewing court may not reweigh the evidence or revisit an [agency board's] credibility determination. *Id.* The Court's review is confined to the record before the agency, NRS 233B.135(1)(b); however, purely legal questions are reviewed de novo. *Milko* at 378, 384.

STANDARD OF REVIEW

The court may remand or affirm the final decision or set it aside in whole or in part if substantial rights of the petitioner have been prejudiced because the final decision of the agency is:

(a) In violation of constitutional or statutory provisions;

(b) In excess of the statutory authority of the agency;

(c) Made upon unlawful procedure;

(d) Affected by other error of law;

(e) Clearly erroneous in view of the reliable, probative and substantial evidence on the whole record; or

(f) Arbitrary or capricious or characterized by abuse of discretion.

NRS 233B.135(3). As discussed *supra*, Petitioner alleges that the findings of the Board are clearly erroneous pursuant to NRS 233B.135(3)(e).

THIS COURT'S ANALYSIS AND FINDINGS

Contrary to the assertions in the Petition, the Court finds that the ROA supports the Board's findings of fact and law regarding Counts Three, Four and Six.

Count Three: Intoxicated While on Duty in Licensed Pharmacy in violation of NRS 639.210(3)

NRS 639.210 specifies the grounds on which the Board may revoke or suspend a Nevada pharmacist's license. NRS 639.210(3) provides that the Board may revoke a Nevada pharmacist's license if her or she:

> [b]ecomes or is intoxicated or under the influence of liquor, any depressant drug or a controlled substance, unless taken pursuant to a lawfully issued prescription, while on duty in any establishment licensed by the Board.

As is observed by Petitioner, the Board's basis for finding that Petitioner was intoxicated while on duty relies largely on the testimony of pharmacy technicians and witnesses Wendy Berryman, Sarah West, and Mikayla Bergendahl.[1]

The Court finds that the testimony of Makayla Bergendahl specifically supports the Board's finding that Petitioner did in fact perform his duties as a pharmacist while intoxicated by alcohol. While under cross-examination, Bergendahl testified that on several occasions while working at Walgreen's in close proximity to Petitioner she noticed several signs and symptoms of alcohol intoxication upon him. Those symptoms included the smell of alcohol on his breath, an altered demeanor from his usual professional presentation, and glazed eyes, (Hrg. Tr. at 100:18-25), in addition to slurred speech. (Id. at 102:1.) Bergendahl's testimony constitutes sufficient evidence on the record to establish Petitioner's intoxication while working at Walgreens. (*See, Chadwick*

[1] Although several other witnesses testified during the two-day evidentiary hearing, some asserting facts contradicting those recalled by these three pharmacy technicians, NRS 233B.135(3) prohibits this Court from substituting its judgment for that of the Board in weighing the credibility of the witnesses.

v. State, 140 Nev. 104, 111, 546 P.3d 215, 224 (Nev. App. 2024), in which the Nevada Court of Appeals held that a lay witness' testimony based on personally observing signs and symptoms of alcohol upon the defendant was in and of itself sufficient to establish the fact of intoxication by clear and convincing evidence.) Accordingly, the Board's determination of guilt on Count Three is not clearly erroneous, and the Court AFFIRMS the Board's ruling as to Count Three.

Count Four: Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties in violation of NAC 639.945(1)(i)

NRS 639.210(4) provides that the Board may revoke the license of a pharmacist who is guilty of unprofessional conduct or conduct contrary to the public interest. NAC 639.945 defines the various conditions under which a pharmacy licensee may be found to have engaged in unprofessional conduct. In Count Four of its NIAA, the Board accused Petitioner of performing his duties as the holder of a pharmacy license in an incompetent, unskillful or negligent manner in violation of NAC 639.945(1)(i), constituting a violation of NRS 639.210(4).

In addition to the personal observations by Bergdahl of Petitioner's intoxication discussed *supra*, all three witnesses testified that on multiple occasions, and as frequently as once per month, (Hrg. Tr. at 36:4-5), Petitioner presented at Walgreens as hungover, including being physically ill and vomiting, which several times caused the closure of the pharmacy at the Walgreen's and the work of the pharmacy technicians to be delayed. (Id. at 36:20-25 – 37:13, 38:14-15; 63:9-21; 91:5-21, 93:17-18, 94:14-19.)

The Court finds that this testimony constitutes substantial evidence on the record that Petitioner acted in an incompetent, unskillful, or negligent manner in violation of NAC 639.945(1)(i), supporting the allegation in Count Four of unprofessional conduct. A reasonable inference can be drawn from the evidence in the record that Petitioner's proven conduct (being hungover often enough that the pharmacy had to be repeatedly closed) resulted in patients with prescriptions at his Walgreen's pharmacy experiencing delays in filling those prescriptions, which is

adverse to the public interest. Accordingly, the Board's determination as to Count Four is not clearly erroneous, and the Court AFFIRMS it.

Count Six: Having a Substance Abuse (sic) Disorder in violation of NRS 639.210(5)

NRS 639.210(5) permits Board action against a holder's pharmacy license if that person has a substance use disorder. The Court finds that substantial evidence is in the record (including the testimony of the pharmacy technicians that Petitioner arrived at his place of employment on several occasions either intoxicated or hungover as is discussed *supra*) supporting the Board's finding on Count Six that Petitioner has a substance use disorder, i.e., a history of alcohol use disorder, subjecting him to discipline pursuant to NRS 639.210(5). Accordingly, the Board's finding of guilt on Count Six is not clearly erroneous and is AFFIRMED.

Count Five: Violation of State Law (criminal conduct) in violation of NRS 639.283

NRS 639.283 provides that a person who dispenses any prescription while under the influence of intoxicating liquor is guilty of a misdemeanor. Such conduct is the stated grounds for the Board's action against Petitioner's pharmacy license pursuant to NRS 639.210(12) in Count Five.

While NRS 639.283 enables the Board to refer Petitioner for prosecution, the Board's determination that Petitioner is guilty of the conduct alleged in Count Five of the NIAA under the rules of administrative procedure does not constitute a misdemeanor conviction. Misdemeanors in Nevada may only be presented for prosecution in municipal and justice courts of competent jurisdiction, NRS 4.370, NRS 5.050, and a criminal defendant may only be convicted upon proof beyond a reasonable doubt. NRS 175.191.

There is no evidence in the ROA that Petitioner has been convicted of a misdemeanor based on the conduct alleged in Count Five of the NIAA. Accordingly, the Petition is GRANTED as to the Board's finding on Count Five, and the Board's determination of guilt on that count is REVERSED.

Finally, the Court finds the penalty assessed by the Board to be fair and appropriate under their findings of facts and law, even given this Court's reversal of the Board's determination on Count Five, and accordingly AFFIRMS it.

IT IS SO ORDERED.

DATED this 22nd day of July, 2026.



TAMMY M. RIGGS
District Judge

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I hereby certify that I am an employee of the Second Judicial District Court of the State of Nevada, County of Washoe; that on this 22nd day of July, 2026, I electronically filed the following with the Clerk of the Court by using the ECF system which will send a notice of electronic filing to the following:

LAURA TUCKER, ESQ.
ANDREW SWITLYK, ESQ.
BRETT KANDT, ESQ.

Judicial Assistant

7

7A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	■ Nevada	☐ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	■ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
■ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Anything Medical

MDEG Physical Address: 1811 W. Charleston Blvd. Ste 3

City: Las Vegas State: NV Zip: 89102

Mailing Address (if different from physical address): _____

City: _____ State: NV Zip: _____

Telephone: 702-966-2116 Website: anythingmedicallv.com

Email: melissa@anythingmedicallv.com

Name of MDEG Administrator (NAC 639.694): John Binder

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
■ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	■ Respiratory Equipment**
☐ Practitioners[a]	■ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	■ Parenteral and Enteral Equipment**
☐ Clinics[a]	■ Assistive Equipment
☐ Wholesalers[a]	■ Diabetic Supplies
☐ Other business entities (specify)[a]:	■ Orthotics and Prosthetics
	☐ Others:
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: Melissa Dietz
	Telephone: 702-283-6433

Check the Days the Business will be Opened and provide the Hours of Operation				
☐ Mon: 9 am - 6 pm	☐ Tue: 9 am - 6 pm	☐ Wed: 9 am - 6 pm	☐ Thurs: 9 am - 6 pm	☐ Fri: 9 am - 6 pm
☐ Sat: 9 am - 2 pm	☐ Sun: Closed	☐ Holidays: Closed Christmas and Thanksgiving		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
NA

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: NA Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): _____

Corporation/Organization Name: Anything Medical

Mailing Address: 1811 W Charleston Blvd Ste 3

City: Las Vegas State: NV Zip: 89102

Telephone: 702-966-2116 Email: melissa@anythingmedicallv.com

Contact Person Name: Melissa Dietz

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Melissa Dietz

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

06/18/2025

Date

Board Use Only	Date Received: 5/14/26	Amount: $500 CK 11010

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/19/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Progressive BOP Service Team	
INSURNET 6220 MCLEOD DRIVE STE 120, LAS VEGAS, NV 89120	PHONE (A/C, No, Ext): 1-888-426-7064	FAX (A/C, No):
	E-MAIL ADDRESS: BOPService@progressive.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United Financial Casualty Company	11770
INSURED ANYTHING MEDICAL LLC DBA: ANYTHING MEDICAL 1811 W CHARLESTON 3/4 LAS VEGAS, NV 89102	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 849075095621705517D051926T163130 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Businessowner Policy GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC. [ ] OTHER:	N	N	PGR973064702	04/08/2026	04/08/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$1,000,000 $100,000 $5,000 $1,000,000 $2,000,000 $2,000,000 $
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY [ ]						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ $ $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE $	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

ANYTHING MEDICAL LLC DBA: ANYTHING MEDICAL
1811 W CHARLESTON 3/4
LAS VEGAS, NV 89102

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Mark Pont

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SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **Anything Medical LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 10/12/2023, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 05/19/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202605196691614
You may verify this certificate online at https://www.nvsilverflume.gov/home

STATE OF NEVADA

FRANCISCO V. AGUILAR
Secretary of State

C. MURPHY HEBERT
Chief Deputy Secretary of State

DEANNA L. REYNOLDS
Deputy Secretary for Commercial Recordings

OFFICE OF THE
SECRETARY OF STATE

Melissa Dietz
1811 west Charleston Blvd #3
Las Vegas, NV 89102, USA

Work Order #: W2026051901272
May 19, 2026
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 734744

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Certificates	Fees	20265751198	5/19/2026 1:59:43 PM	Approved	1	$50.00	$50.00
Total							$50.00

Payments

Type	Description	Payment Status	Amount
Credit Card	[redacted]	Success	$50.00
Credit Card	Service Fee	Success	$1.25
Total			$51.25

Credit Balance: $0.00

Melissa Dietz
1811 west Charleston Blvd #3
Las Vegas, NV 89102, USA

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE Managing Member:

Name	Country
Melissa Dietz	USA

Address	City	State	Zip/Postal Code
[redacted]	Las Vegas	NV	[redacted]

CORPORATION, INDICATE THE Managing Member:

Name	Country
John Binder	USA

Address	City	State	Zip/Postal Code
[redacted]	Las vegas	NV	[redacted]

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X **Melissa Dietz**

Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Subscriber, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Title	Date
Managing Member	10/02/2025

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application

☑ ANNUAL ☐ AMENDED (check one)

List of Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

Anything Medical LLC
NAME OF ENTITY

NV20232925658
Entity or Nevada Business Identification Number (NVID)

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

☐ Corporation
☐ This corporation is publicly traded, the Central Index Key number is:

☐ Nonprofit Corporation (see nonprofit sections below)

☑ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership

☐ Business Trust

☐ Corporation Sole

Filed in the Office of	Business Number
FVAguilar	E35293792023-8
	Filing Number
	20255216243
Secretary of State	Filed On
State Of Nevada	10/02/2025 15:17:02 PM
	Number of Pages
	2

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

☐ 001 - Governmental Entity
☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C $ 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. $501(c)

For nonprofit entities formed under NRS Chapter 82 and 80:Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No - no additional form is required
☐ Yes - the "Charitable Solicitation Registration Statement" is required.
☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

4

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Anything Medical

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): _____

Physical Address: 1811 W. Charleston Blvd Ste 3

City: Las Vegas State: NV Zip: 89102

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)966-2116 Website: anythingmedicallv.com

Licensing Company Email: John@anythingmedicallv.com

Section 2: Personal Information

First: John Middle: James Last: Binder

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Las Vegas State: NV Zip: [redacted]

Telephone: [redacted] Email: John@anythingmedicallv.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Oak Grove High School		1988 - 1992	
Address	**City**	**State**	**Zip**
285 Blossom Hill Rd	San Jose	CA	
Diploma/Degree obtained, if any			
High school diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/17 - Current	[redacted]	Las Vegas	NV	[redacted]
From - To (MM/YY – MM/YY)		City	State	
03/13 - 07/17		North Las Vegas	NV	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Anything Medical			04/17/24 - Current
Business Address	**City**	**State**	**Zip**
1811 W. Charleston Blvd Ste 3	Las Vegas	NV	89102
Phone	**Title**		
702-966-2116	Owner/Partner		
Description of Duties			
Management and operations			

Business Name			From - To (MM/YY – MM/YY)
Everything Medical			12/09 - 09/23
Business Address	**City**	**State**	**Zip**
1811 W. Charleston Blvd Ste 3	Las Vegas	NV	89102
Phone	**Title**		
	General Manager		
Description of Duties			
Management and operations			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

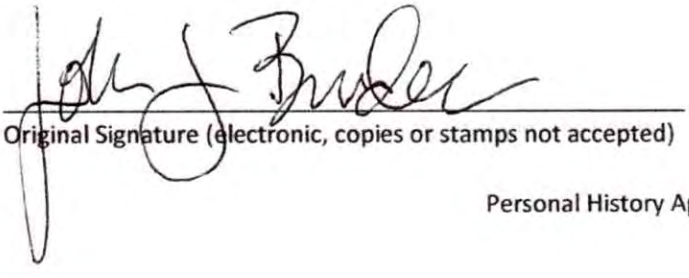
This is in response to Question # 1 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/18/2016	02/27/2017	NV	North Las Vegas	Clark
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
CR006962-16		City of North Las Vegas Municipal Court		
Reason/Charge				
Petit Larceny				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
John Binder				
Name of Business/Industry/Entity				

Provide explanation below:

I was convicted of misdemeanor petit larceny in North Las Vegas Municipal Court in 2017. At the time, my family was experiencing significant financial hardship after the loss of household income, and I made the poor decision to take groceries from a store while trying to provide dinner for my family.

I accepted responsibility for my actions and complied with all court requirements related to the matter. This was an isolated incident, and I have had no criminal issues before or since.



Original Signature (electronic, copies or stamps not accepted)

05/18/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Binder

Print Name (First, Last)

John J Binder — 5/8/26

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, John Binder, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

John J Binder — 5/8/26

Original Signature — Date

Subscribed and Sworn to before me this 08 day of May 2026 by John James Binder

Marcia Durso

Notary Public Signature

MARCIA DURSO
Notary Public, State of Nevada
Appointment No. 19-3725-01
My Appt. Expires Jan 22, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Anything Medical

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): _____

Physical Address: 1811 W. Charleston Blvd Ste 3

City: Las Vegas State: NV Zip: 89102

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-966-2116 Website: anythingmedicallv.com

Licensing Company Email: melissa@anythingmedicallv.com

Section 2: Personal Information

First: Melissa Middle: Lynn Last: Dietz

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Las Vegas State: NV Zip: [redacted]

Telephone: [redacted] Email: melissa@anythingmedicallv.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Green Valley HS		1993-1994	
Address	**City**	**State**	**Zip**
460 N Arroyo Grande Blvd	Henderson	NV	89014
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Burk Sunset Southwest High School		1994-1996	
Address	**City**	**State**	**Zip**
4560 W. Harmon Ave	Las Vegas	NV	89103
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/17 - Current	[redacted]	Las Vegas	NV	[redacted]
From - To (MM/YY – MM/YY)		City	State	
03/13 - 07/17		North Las Vegas	NV	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Anything Medical			04/17/24 - Current	
Business Address		**City**	**State**	**Zip**
1811 W. Charleston Blvd Ste 3		Las Vegas	NV	89102
Phone	**Title**			
702-966-2116	Owner/Partner			
Description of Duties				
I do the finances, marketing, and basically anything involving a computer				

Business Name			From - To (MM/YY – MM/YY)	
Serenity Wellness Center			09/2017 - Current	
Business Address		**City**	**State**	**Zip**
1800 W. Charleston Blvd. Ste 180		Las Vegas	NV	89102
Phone	**Title**			
702-420-2405	Accounting Manager			
Description of Duties				
Assorted accounting duties including cash flow and managing the accounting staff				

Business Name			From - To (MM/YY – MM/YY)	
Amazon Flex			09/16 - 09/17	
Business Address		**City**	**State**	**Zip**
202 Westlake Avenue N		Seattle	NV	98109
Phone	**Title**			
	Delivery Driver (Contractor)			
Description of Duties				
Delivering packages				

Business Name			From - To (MM/YY – MM/YY)	
Uber			09/16 - 12/16	
Business Address		**City**	**State**	**Zip**
4416 Paradise Rd		Las Vegas	NV	89169
Phone	**Title**			
702-734-7990	Cashier			
Description of Duties				
Cashier/Front desk				

Business Name			From - To (MM/YY – MM/YY)	
Lyft, Inc.			09/16 - 12/16	
Business Address		**City**	**State**	**Zip**
185 Berry Street, Suite 5000		San Francisco	CA	94107
Phone	**Title**			
844-250-2773	Rideshare Driver (Contractor)			
Description of Duties				
Driver				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Anthony's of Hollywood		03/16 - 09/16	
Business Address	**City**	**State**	**Zip**
3750 S Valley View Blvd	Las Vegas	NV	89103
Phone	**Title**		
	Cashier		
Description of Duties			
Cashier/Front desk			

Business Name		From - To (MM/YY – MM/YY)	
CVSM, LLC		01/15 - 03/16	
Business Address	**City**	**State**	**Zip**
4416 Paradise Rd	Las Vegas	NV	89169
Phone	**Title**		
702-734-7990	Cashier/ Front Door Supervisor		
Description of Duties			
Front desk cashier. Managing front desk employees.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

05/11/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Melissa L Dietz

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05/08/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, MELISSA DIETZ, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

05/08/2026

Date

Subscribed and Sworn to before me this 08 day of May 2026 by Melissa Lynn Dietz

Marcia Durso

Notary Public Signature

MARCIA DURSO
Notary Public, State of Nevada
Appointment No. 19-3725-01
My Appt. Expires Jan 22, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

4

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Anything Medical MDEG License # (if applicable) _____

Physical Address 1811 W. Charleston Blvd Ste 3

City Las Vegas State NV Zip 89102

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-966-2116 Website anythingmedicallv.com

Licensing Company Email melissa@anythingmedicallv.com

Section 2: Personal Information

First John Middle James Last Binder

Alias(es, nicknames, name changes, etc.) NA

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Las Vegas State NV Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Oak Grove High School		1988 - 1992	
Address	**City**	**State**	**Zip**
285 Blossom Hill Rd	San Jose	CA	95123
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/17 - Current	[redacted]	Las Vegas	NV	[redacted]
03/13 - 07/17		North Las Vegas	NV	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name		From - To (MM/YY – MM/YY)	
Everything Medical		12/09 - 09/23	
Business Address	**City**	**State**	**Zip**
1811 W. Charleston Blvd Ste 3	Las Vegas	NV	89102
Phone	**Title**	**Number of Employed Hours**	
	General Manager, Certified Technician	33,000	

Description of Duties

Managed medical equipment sales, repairs, inventory, purchasing, deliveries, equipment setup, patient instruction, and daily business operations.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✓	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/18/2016	02/27/2017	NV	Las Vegas	Clark
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
CR006962-16		City of North Las Vegas		
Reason/Charge				
Petit Larceny				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
John Binder				
Name of Business/Industry/Entity				

Provide explanation below:

I was convicted of misdemeanor petit larceny in North Las Vegas Municipal Court in 2017. At the time, my family was experiencing significant financial hardship after the loss of household income, and I made the poor decision to take groceries from a store while trying to provide dinner for my family.

I accepted responsibility for my actions and complied with all court requirements related to the matter. This was an isolated incident, and I have had no criminal issues before or since.

John J Binder

Original Signature (electronic, copies or stamps not accepted)

05/18/2026

Date

I, John Binder, **certify that as the MDEG Administrator for**

Anything Medical,

that I (initial that you have read and meet the following requirements):

1. JB **Have a high school diploma or its equivalent;**
2. JB **Have**
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JB **Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and**
4. JB **Will ensure that the operation of the business or facility complies with all applicable federal,** state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Binder

Print Name (First, Last)

John J Binder

Original Signature (electronic, copies or stamps not accepted)

05/18/2026

Date

Board Use Only	Date Received: 6/11/26

7B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located? ☒ Nevada ☐ Out-of-State

[a]Is the business also a wholesaler? (NRS 639.016) ☐ Yes ☒ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient.** The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☒ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Hudson Medical Co LLC

MDEG Physical Address: 220 E Horizon Dr. Ste G

City: Henderson State: NV Zip: 89015

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 7027691399 Website: _____

Email: Melissa@Hudsonmedco.com

Name of MDEG Administrator (NAC 639.694): _____

Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
☒ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☒ Assistive Equipment
☐ Wholesalers[a]	☒ Diabetic Supplies
☐ Other business entities (specify)[a]:	☒ Orthotics and Prosthetics
	☐ Others:
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: _____
	Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
☒ Mon:	☒ Tue:	☒ Wed:	☒ Thurs:	☒ Fri:
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company:	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))

N/A.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A. Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): _____

Corporation/Organization Name: Hudson Medical Co LLC

Mailing Address: 220 E. Horizon Dr. Ste G.

City: Henderson State: NV Zip: 89015

Telephone: 702 769 1399 Email: melissa@hudsonmedco.com

Contact Person Name: Melissa Hudson

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Melissa Hudson

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

7/8/2026

Date

Board Use Only	Date Received: 7/12/26	Amount: $500 cc

NEXT INSURANCE US COMPANY

(a stock insurance company)

251 Little Falls Drive
Wilmington, DE 19808
(855) 222-5919

Administered by:

Next First Insurance Agency, Inc.
PO Box 60787
Palo Alto, CA 94306
(855) 222-5919

COMMERCIAL GENERAL LIABILITY DECLARATIONS

CERTAIN COVERAGES IN THE POLICY MAY BE WRITTEN ON A CLAIMS-MADE BASIS. PLEASE READ YOUR POLICY CAREFULLY.

POLICY NUMBER: NXTLFDPXH4-00-GL

Named Insured and Mailing Address: Melissa Hudson
Hudson Medical Co LLC
220 E Horizon Dr Ste G
Henderson, NV 89015

Policy Period: From: 07/09/2026 To: 07/09/2027
at 12:01 a.m. standard time at the mailing address shown above

DESCRIPTION OF BUSINESS

Insured is:

_____ Individual / Sole Proprietor

_____ Partnership/Joint Venture

x _____ Limited Liability Company

_____ Trust

_____ Other - Corporation

Business of Insured:	Medical Supplies Store

LIMITS OF INSURANCE

Each Occurrence Limit	$ 1,000,000.00	
Damages to Premises Rented to You Limit	$ 100,000.00	Any one premises
Medical Expense Limit	$ 15,000.00	Any one person
Personal & Advertising Injury Limit	$ 1,000,000.00	Any one person or organization
General Aggregate Limit	$ 2,000,000.00	
Products/Completed Operations Aggregate Limit	$ 2,000,000.00	

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CLASSIFICATION AND PREMIUM

LOCATION NUMBER	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		ADVANCE PREMIUM	
				Prem/ Ops	Prod/Comp Ops	Prem/ Ops	Prod/Comp Ops
	18437		GROSS_SALES	$257.77	$62.23		

State Tax Or Other (if applicable) $ 0.00

TOTAL PREMIUM (SUBJECT TO AUDIT) $ 320.0

PREMIUM SHOWN IS PAYABLE:

At Inception $_____

At Each Anniversary $_____

(If policy period is more than one year and premium is paid in annual installments)

AUDIT PERIOD (IF APPLICABLE)

X_____Annually_____Semi-Annually_____Quarterly_____Monthly

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Declarations:
COMMON POLICY DECLARATIONS

Insurer: Next Insurance US Company 251 Little Falls Drive Wilmington, DE 19808 1-855-222-5919	**Agency / Broker:** Next First Insurance Agency, Inc. (NFIA) PO Box 60787 Palo Alto, CA 94306 Service Phone: (855) 222-5919 Fax: (650) 644-0101
Administered By: Next First Insurance Agency, Inc. (NFIA) PO Box 60787 Palo Alto, CA 94306 Service Phone: (855) 222-5919 Fax: (650) 644-0101	**Producer Code:** 18721225
Policy Number: NXTLFDPXH4-00-GL	**Previous Policy Number:** N/A
Policy Period: *From:* 07/09/2026 *To:* 07/09/2027 12:01 AM *standard time at the Named Insured's mailing address shown below or the time at which the policy of insurance is applied for, whichever is later.*	
Type of Business: Medical Supplies Store	
Named Insured and Mailing Address: Melissa Hudson Hudson Medical Co LLC 220 E Horizon Dr Ste G Henderson, NV 89015	**Organization Type:** Limited Liability Company **Audit Period:** Auditable - Annual

IN RETURN FOR THE PAYMENT OF PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.	
Coverage Parts:	**Premium:**
Commercial General Liability Coverage Part Privacy and Network Liability Coverage Part	$320.00 $45.00
Applicable State Taxes & Fees	**Surcharge Amount**
Amount Payable at Inception: $60.84	**Total:** $365.00

These Common Policy Declarations and the Coverage Part Declaration(s), together with the Common Policy Forms, the Coverage Part form(s), Policy Conditions and endorsement(s), complete the above numbered policy.

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Declarations:
COMMON POLICY DECLARATIONS

Schedule of Common Locations

In this policy, certain insurance coverages may be specifically designated to your business locations or premises. We've listed the locations below.

Premise Number	Premises Address

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Declarations:
COMMON POLICY DECLARATIONS

Schedule of Common Policy Forms

Your policy includes the Common Policy Forms listed below at time of issue. These forms apply to multiple or all Coverage Parts within your General Liability Policy.

Common Policy Form Schedule	
Form Number and Edition Date	Form Name
NXT-0001 IL 0818	Signature Page
NXT-IL-8007.2-0825	Summary - Transaction Fees
IL 00 17 11 98	Common Policy Conditions
IL 00 21 09 08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
IL 01 15 01 10	Nevada Changes - Domestic Partnership
IL 02 51 09 07	Nevada Changes - Cancellation and Nonrenewal
NXT-0005 IL 0225	Insured Requested Cancellation
NXT-0006 IL 0920	Calculation of Premium

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Declarations:
COMMON POLICY DECLARATIONS

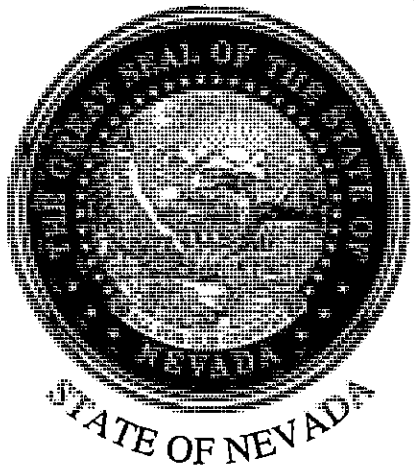
Summary: Other Charges

The price of your policy may include additional taxes, fees, surcharges, or other costs as required by federal or state laws and regulations. We've listed those charges in the table below:

Other Charges Schedule	
Description	Cost/Charge
Other Premiums and Fees	
Service Fee	$47.88
Surcharges and Taxes	

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SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational or qualification, as applicable, documents on file in this office for

Hudson Medical Co LLC

Organizational Documents on File	Filing Date
Articles of Organization	07/08/2026

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence Hudson Medical Co LLC, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, and by virtue of the laws of the State of Nevada since 07/08/2026, and is in good standing in this state.

SECRETARY OF STATE

STATE OF NEVADA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/09/2026.

F V Aguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202607096816277
You may verify this certificate online at
https://www.nvsilverflume.gov/home

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Filed in the Office of	Business Number
FVAguilar	E58846702026-1
	Filing Number 20265884669
Secretary of State	Filed On 07/08/2026 11:11:55 AM
State Of Nevada	Number of Pages 2

Formation - Limited-Liability Company

☑ NRS 86 - Articles of Organization Limited-Liability Company
☐ NRS 86.544 - Registration of Foreign Limited-Liability Company
☐ NRS 89 - Articles of Organization Professional Limited-Liability Company
☐ NRS 86.555 - Registration of Professional Foreign Limited-Liability Company

1. Name Being Registered in Nevada: (See instructions)
Hudson Medical Co LLC

2. Foreign Entity Name: (Name in home jurisdiction)

3. Jurisdiction of Formation: (Foreign Limited-Liability Companies)
3a) Jurisdiction of formation: 3b) Date formed:
3c) I declare this entity is in good standing in the jurisdiction of its formation. ☐

4. Registered Agent for Service of Process*: (check only one box)
☐ Commercial Registered Agent (name only below) ☑ Noncommercial Registered Agent (name and address below) ☐ Office or position with Entity (title and address below)

Melissa Hudson
Name of Registered Agent OR Title of Office or Position with Entity

[redacted] Henderson Nevada [redacted]
Street Address City Zip Code

Mailing Address (If different from street address) City Nevada Zip Code

4a. Certificate of Acceptance of Appointment of Registered Agent:
I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.

X Melissa Hudson 07/08/2026
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date

5. Management: (Domestic Limited-Liability Companies only)
Company shall be managed by: (check one box) ☑ Manager(s) OR ☐ Member(s)

6. Name and Address of each Manager(s) or Managing Member(s): (NRS 86 and NRS 86.544, see instructions)
Name and Address of the Original Manager(s) and Member(s): (NRS 89, see instructions)
IMPORTANT:
A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing.

1) Melissa Hudson
Name
[redacted] Henderson NV [redacted]
Address City State Zip Code

7. Dissolution Date: (Domestic only)
Latest date upon which the company is to dissolve (if existence is not perpetual):

This form must be accompanied by appropriate fees.

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Formation - Limited-Liability Company

Continued, Page 2

8. Purpose/ Profession to be Practiced: (NRS 89 only)

9. Series and/or Restricted Limited-Liability Company: (Optional)

Check box if a Series Limited-Liability Company ☐

Domestic Limited-Liability Company"s only: The Limited-Liability Company is a Restricted Limited-Liability Company ☐

10. Records Office: (Foreign Limited-Liability Companies)

Address | City | State | Zip code

Country

11. Street Address of Principal Office: (Foreign Limited-Liability Companies)

Address | City | State | Zip code

Country

12. Name, Address and Signature of the Organizer: (NRS 86. NRS 89 -Each Organizer must be a licensed professional.)

*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

Name and Signature of Manager or Member: (NRS 86.544 only)

See Instructions

MELISSA HUDSON — Name

United States — Country

[redacted] — Address

Henderson — City

NV — State

[redacted] — Zip/Postal Code

X MELISSA HUDSON

(attach additional page if necessary)

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:

(attach additional page(s) if necessary)

This form must be accompanied by appropriate fees.

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

Hudson Medical Co LLC

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

☐ Corporation

☐ This corporation is publicly traded, the Central Index Key number is:

☐ Nonprofit Corporation (see nonprofit sections below)

☑ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)

☐ Business Trust

Filed in the Office of	Business Number
FVAguilar	E58846702026-1
	Filing Number
	20265884671
Secretary of State	Filed On
State Of Nevada	07/08/2026 11:11:55 AM
	Number of Pages
	2

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

☐ 001 - Governmental Entity

☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming and exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.
Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C $ 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. $501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: **Charitable Solicitation Information - check applicable box**

Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No - no additional form is required

☐ Yes - the "Charitable Solicitation Registration Statement" is required.

☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

"Failure to include the required statement form will result in rejection of the filing and could result in late fees."

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE Manager:

Name	Country
Melissa Hudson	USA

Address	City	State	Zip/Postal Code
[redacted]	Henderson	NV	[redacted]

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the office of the Secretary of State.

X MELISSA HUDSON
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Manager
Title

07/08/2026
Date

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Hudson Medical Co LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 220 E Horizon Dr Ste G

City: Henderson State: NV Zip: 89015

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 7027691399 Website:

Licensing Company Email: admin@hudsonmedco.com

Section 2: Personal Information

First: Melissa Middle: Last: Hudson

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Henderson State: Zip: [redacted]

Telephone: [redacted] Email: melissa@hudsonmedco.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Phoenix		2026 2029	
Address	**City**	**State**	**Zip**
Online	Henderson	NV	89014
Diploma/Degree obtained, if any			
Master of Management			

School Name		From - To (MM/YY – MM/YY)	
CSN		2021 2026	
Address	**City**	**State**	**Zip**
College Dr	Henderson	NV	89002
Diploma/Degree obtained, if any			
Associate of Arts			

School Name		From - To (MM/YY – MM/YY)	
Basic High School		1996 2000	
Address	**City**	**State**	**Zip**
Palo Verde	Henderson	NV	89015
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2019 current	[redacted]	Henderson	NV	[redacted]
2013 2019		Henderson	NV	

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Conner Family & Associates LLC			04/2007 Present
Business Address	**City**	**State**	**Zip**
220 E Horizon Dr Ste H	Henderson	NV	89015
Phone	**Title**		
7023684112	Owner		
Description of Duties			
Allstate Insurance Agency Owner			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered à license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

07/09/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Melissa Hudson

Print Name (First, Last)

07/09/2026

Original Signature (electronic, copies or stamps not accepted) Date

---

Please have this section completed in the presence of a Notary Public.

State of NV, ss. County of Clark

I, Melissa Hudson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature **Date** 7/9/2026

Subscribed and Sworn to before me this 9 day of July 2026

Notary Public Signature

ANUKUL YEZZA
Notary Public - State of Nevada
County of Clark
Appt. No. 23-4198-01
My Appt. Expires: January 20, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Hudson Medical Co LLC MDEG License # (if applicable): _____

Physical Address: 220 E Horizon Dr Ste G

City: Hendeson State: NV Zip: 89015

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 7027691399 Website: www.hudsonmedicalco.com

Licensing Company Email: admin@hudsonmedco.com

Section 2: Personal Information

First: Suzanna Middle: Patricia Last: Hicks

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Henderson State: NV Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Basic High School		09/96-06/00	
Address	**City**	**State**	**Zip**
400 Palo Verde Dr	Henderson	NV	89015
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/24-07/26	[redacted]	Henderson	NV	[redacted]
From - To (MM/YY – MM/YY)		City	State	
05/19-05/24		Henderson	Nv	
From - To (MM/YY – MM/YY)		City	State	
05/16-05/19		Henderson	NV	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Desert Orthopaedic Center			01/23-11/24
Business Address	**City**	**State**	**Zip**
8205 W Warm Springs Rd Ste 250	Las Vegas	NV	89113
Phone	**Title**		**Number of Employed Hours**
702-697-7282	Transporter		1760

Description of Duties

? Escorted patients to the exam room and exported images and information in preparation for the doctor to see the patient.

? Imported X-rays from external facilities

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I, Suzanna Patricia Hicks **, certify that as the MDEG Administrator for**

_____,

that I (initial that you have read and meet the following requirements):

1. S.H Have a high school diploma or its equivalent;
2. S.H Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. S.H Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. S.H Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Suzanna Hicks
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/08/2026
Date

Board Use Only	Date Received: 7/13/26

Kristy Langston

From: Melissa Hudson <melissa@hudsonmedco.com>
Sent: Wednesday, July 15, 2026 8:55 PM
To: Kristy Langston
Subject: Re: Nevada Board of Pharmacy MDEG Application

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Kristy,

I guess two more things! Suzanna would have to remove and replace bandages/braces, knee braces, back braces, boots, scoliosis back braces and more, directly on injured patients. She would handle wheel chairs including adjusting them, helping patients in them, out of them and using them. She would help adjust crutches. She would assist in adjusting walkers and helping patients use the walkers. She helped patients with motorized wheel chairs, assisting them around the office and in and out of the devices. She would handle and help with medical gowns, medical shorts, cups, syringes, gauze, tapes, gloves, etc. As a transporter, she did not just walk patients around, she assisted the patient from the main waiting area to their exam room and then into the xray rooms and back into the exam room and back to the waiting area or check out area. She spent time in the rooms with the doctors, prepping them before the visit, during the visit for assistance and after the visit to see the patient out. At times Suzanna would have to adjust medical tables and medical tables and chairs to suite the patient or xray technicians needs. Desert Orthopedic is well known in Las Vegas for orthopedic surgery, imaging, physical therapy and more. She worked there for almost two years handling patients in this manner and assisting the doctors and nurses with durable medical equipment on a daily basis as part of her position there.

Melissa Hudson

I hope this helps with more details of her hands on experience with some of the medical devices I would be selling.

On Wed, Jul 15, 2026 at 7:57 PM Melissa Hudson <melissa@hudsonmedco.com> wrote:
Kristy,

Sorry, one more thing, a transporter at Desert Orthopedic is not a person who drives people around. Instead it's a person who handles patients directly from the waiting room area to the point where they see the doctor.

Thank you,
Melissa Hudson

On Wed, Jul 15, 2026 at 7:50 PM Melissa Hudson <melissa@hudsonmedco.com> wrote:
Hi Kristy,

Thanks for letting us know about the deficiencies in Suzana's MDEG Administrator application.

Suzanna worked for Desert Orthopedic and Spine for her 1,500 hours of verifiable work experience as required by NAC 639.694. She was a transporter who helped patients to rooms, helped service with wheelchairs, medical devices, crutches, medical supplies, and other medical devices. I believe we put this on the application.

Hudson Medical Co will be selling durable medical equipment to the public, including wheelchairs, crutches, etc. These items are those in which Suzanna has had direct experience in handling patients, physically on the job, with more than 1500 hours of experience.

If this doesn't suffice, can you please elaborate on what is needed so I can better understand whether Suzanna fits the criteria or not, and if not, I would seek another individual who would fit the criteria for the licensing.

Thank you for your time.

Best,
Melissa

On Wed, Jul 15, 2026 at 3:03 PM Kristy Langston <klangston@pharmacy.nv.gov> wrote:

> Hi Melissa,
>
> Thank you for submitting a Medical Devices, Equipment and Gases (MDEG) application to the Nevada State Board of Pharmacy. Deficiencies have been identified. Please provide the following:
>
> Per NAC 639.694 the appointed MDEG Administrator must have 1,500 hours of verifiable work experience relating to the products provided by Hudson Medical Co LLC. The information provided in section 7 of Suzana's MDEG Administrator application does not meet this requirement. Please provide additional information as to how she meets this requirement.
>
> Thank you,
>
> **Kristy Langston**
>
> **Licensing Supervisor**
>
> **Nevada State Board of Pharmacy**
>
> **(775) 850-1440 xt 131**
>
> klangston@pharmacy.nv.gov

7C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	■ Nevada	☐ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	■ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient.** The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
■ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	■ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: MEDICAL WIG SUPPLY

MDEG Physical Address: 9220 ALBUS HILLS AVE.

City: LAS VEGAS State: NV Zip: 89143

Mailing Address (if different from physical address): 7181 N. HUALAPAI WAY, SUITE 130-933

City: LAS VEGAS State: NV Zip: 89166

Telephone: 702-904-2640 Website: WWW.MEDICALWIGSUPPLY.COM

Email: INFO@MEDICALWIGSUPPLY.COM

Name of MDEG Administrator (NAC 639.694): NIKKI RACHAL

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
■ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	☐ Diabetic Supplies
☐ Other business entities (specify)[a]:	■ Orthotics and Prosthetics
	☐ Others:
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: NIKKI RACHAL Telephone: 702-445-9079

Check the Days the Business will be Opened and provide the Hours of Operation				
▣ Mon: 10-3PM	▣ Tue: 10-3PM	▣ Wed: 10-3PM	▣ Thurs: 10-3PM	▣ Fri: 10-3PM
▣ Sat: 10-3PM	☐ Sun: CLOSED	☐ Holidays: CLOSED		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
IN PROCESS

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A	Credentials: N/A	%: N/A
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: NIKKI RACHAL

Business Name: CANDY HAIR LLC DBA MEDICAL WIG SUPPLY

Business Address: [redacted]

City: LAS VEGAS State: NV Zip: [redacted]

Telephone: 702-445-9079 Email: INFO@MEDICALWIGSUPPLY.COM

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

NIKKI RACHAL

Print Name of Authorized Person Submitting Application

DocuSigned by:
Nikki Rachal
130A410F2D0041E...

Original signature of Authorized Person (copies or stamps not accepted)

5/14/26

Date

Board Use Only	Date Received: 5/18/26	Amount: $500.00

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/29/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Next First Insurance Agency, Inc.
PO Box 60787
Palo Alto, CA 94306

CONTACT NAME:
PHONE (A/C, No, Ext): (855) 222-5919 **FAX (A/C, No):**
E-MAIL ADDRESS: support@nextinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Next Insurance US Company	16285
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Candy Hair LLC DBA Medical Wig Supply
[redacted]
Las Vegas, NV [redacted]

COVERAGES **CERTIFICATE NUMBER:** 252108416 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			NXTD9TY3XQ-00-GL	05/01/2026	05/01/2027	EACH OCCURRENCE	$1,000,000.00
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000.00
							MED EXP (Any one person)	$10,000.00
							PERSONAL & ADV INJURY	$1,000,000.00
							GENERAL AGGREGATE	$1,000,000.00
							PRODUCTS - COMP/OP AGG	$1,000,000.00
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A						[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Proof of Insurance.

CERTIFICATE HOLDER
Candy Hair LLC DBA Medical Wig Supply
[redacted]
Las Vegas, NV [redacted]

LIVE CERTIFICATE
Click or scan to view

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **Candy Hair LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 07/20/2020, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 06/26/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202606266785856
You may verify this certificate online at https://www.nvsilverflume.gov/home

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE Manager:

Name	Country
Nikki Rachal	USA

Address	City	State	Zip/Postal Code
[redacted]	Las Vegas	NV	[redacted]

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X NIKKI ANNETTE RACHAL
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Subscriber, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Title	Date
Manager	11/09/2025

AUTHORIZED SIGNER AFFIDAVIT

STATE OF Oklahoma)
) ss.
COUNTY OF Major)

I, **Nikki Annette Rachal**, being first duly sworn, depose and state as follows:

1. I am an authorized representative, member, and/or managing authority of **Candy Hair LLC**, including any related assumed names, fictitious firm names, trade names, DBAs, divisions, or business operations associated with the company, including but not limited to **Medical Wig Supply**.
2. I hereby authorize my sister, **Joscelyn Christina Zvulun, also known as Joscelyn Christina Rachal**, to act as my authorized agent and signer for business, administrative, legal, financial, federal, state, and local governmental, operational, compliance, licensing, credentialing, banking, filing, and related matters concerning Candy Hair LLC and its associated business activities.
3. This authorization includes, but is not limited to, the authority to:
   - sign and submit fictitious firm name filings;
   - execute business documents and applications;
   - communicate with state, county, municipal, banking, licensing, insurance, healthcare, contracting, tax, compliance, and regulatory entities;
   - receive and submit documentation;
   - sign administrative forms and supporting documents;
   - act on behalf of Candy Hair LLC regarding business operations and filings.
4. This affidavit is intended to confirm that the above-named authorized agent has signing authority for matters relating to Candy Hair LLC and its associated operations.
5. This authorization shall remain in effect until revoked in writing by the undersigned.
6. I declare under penalty of perjury under the laws of the applicable jurisdiction that the foregoing is true and correct.

DATED this 08 day of May, 20 26.

NIKKI ANNETTE RACHAL

Nikki Annette Rachal, Declarant

SUBSCRIBED AND SWORN before me this 8th day of May, 20 26.

P Jones

NOTARY PUBLIC

My Commission Expires: 07/01/2028

Notary Public in and for the State of: Oklahoma

P Jones
Notary Public, State of Oklahoma
Commission Expires 07-01-2028
Notary ID 20007911

Notarized Online with NotaryLive.com

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG CANDY HAIR LLC DBA MEDICAL WIG SUPPLY MDEG License # (if applicable) _____

Physical Address [redacted]

City LAS VEGAS State NV Zip [redacted]

Mailing Address (if different from physical address) [redacted]

City LAS VEGAS State NV Zip [redacted]

Telephone 702-904-2640 Website HTTPS://MEDICALWIGSUPPLY.COM

Licensing Company Email INFO@MEDICALWIGSUPPLY.COM

Section 2: Personal Information

First NIKKI Middle A Last RACHAL

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City LAS VEGAS State NV Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
FULL SAIL UNIVERSITY		10/2012 - 4/2015	
Address	**City**	**State**	**Zip**
3300 UNIVERSITY BLVD.	WINTER PARK	FL	32792
Diploma/Degree obtained, if any			
ENTERTAINMENT BUSINESS MASTERS OF SCIENCE			

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF NEVADA LAS VEGAS		01/2009 - 05/2012	
Address	**City**	**State**	**Zip**
4505 S. MARYLAND PARKWAY	LAS VEGAS	NV	89154
Diploma/Degree obtained, if any			
HUMAN SERVICES COUNSELING BACHELORS OF SCIENCE, MINOR IN MARRIAGE AND FAMILY THERAPY			

School Name		From - To (MM/YY – MM/YY)	
COLLEGE OF SOUTHERN NEVADA		08/2007 - 8/2008	
Address	**City**	**State**	**Zip**
6375 W. CHARLESTON BLVD.	LAS VEGAS	NV	89146
Diploma/Degree obtained, if any			
ASSOCIATES OF ARTS, GENERAL STUDIES			

School Name		From - To (MM/YY – MM/YY)	
CMR INSTITUTE		05/2015 - 11/2016	
Address	**City**	**State**	**Zip**
1370 AVENUE OF THE AMERICAS, SUITE 100	NEW YORK	NY	10019
Diploma/Degree obtained, if any			
PHARMACEUTICAL SALES CERTIFICATION			

School Name		From - To (MM/YY – MM/YY	
PEPPERDINE/GRAZIADIO BUSINESS SCHOOL		12/2023	
Address	**City**	**State**	**Zip**
24255 PACIFIC COAST HIGHWAY	MALIBU	CA	90263
Diploma/Degree obtained, if any			
HEALTHCARE MARKETING			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2/2024-CURRENT	[redacted]	LAS VEGAS	NV	[redacted]
3/2020-2/2024		NORTH LAS VEGAS	NV	
12/2014-3/2020		LOS ANGELES	CA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
SYNEOS HEALTH INC			07/24-08/25
Business Address	**City**	**State**	**Zip**
1030 SYNC STREET	MORRISVILLE	NC	27560
Phone	**Title**	**Number of Employed Hours**	
916-876-9330	TERRITORY ACCOUNT MANAGER 4	2280	

Description of Duties
Served as primary liaison between healthcare providers and internal teams for specialty pharmaceutical product access. Managed specialty pharmaceutical accounts and collaborated with healthcare providers r

Business Name			From - To (MM/YY – MM/YY)
PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS			07/23-07/24
Business Address	**City**	**State**	**Zip**
3300 W. Sahara Ave.	NORTH LAS VEGAS	NV	89102
Phone	**Title**	**Number of Employed Hours**	
800-230-7526	PREVENTION PROGRAM SPECIALIST	2080	

Description of Duties
Acted as primary point of contact for patients, community partners, and healthcare providers regarding access to medical services and healthcare programs. Assessed patient eligibility and facilitated referrals to appr

Business Name			From - To (MM/YY – MM/YY)
AHF PHARMACY			07/17-05/20
Business Address	**City**	**State**	**Zip**
6255 Sunset Blvd., 21st Floor	LOS ANGELES	CA	90028
Phone	**Title**	**Number of Employed Hours**	
323-860-5200	SPECIALTY PHARMACY SALES REPRESENTATIVE	6080	

Description of Duties
Served a dual role as Pharmacy Sales Representative and Managed Care Enroller, contributing to the development and marketing of AHF Pharmacy services on a local and state-wide basis. Represented AHF's mission

Business Name			From - To (MM/YY – MM/YY)
AHF PHARMACY			07/15-06/17
Business Address	**City**	**State**	**Zip**
6255 Sunset Blvd., 21st Floor	LOS ANGELES	CA	90028
Phone	**Title**	**Number of Employed Hours**	
323-860-5200	LINKAGE TO CARE SPECIALIST	1560	

Description of Duties
Provided treatment education to patients regarding antiretroviral medications and HIV pharmacotherapy. Facilitated behavioral modification interventions for 107 study participants, resulting in increased medic

Business Name			From - To (MM/YY – MM/YY)
AIDS PROJECT LOS ANGELES			07/12-06/15
Business Address	**City**	**State**	**Zip**
611 S. KINGSLEY DRIVE	LOS ANGELES	CA	90005
Phone	**Title**	**Number of Employed Hours**	
213-201-1600	TREATMENT EDUCATION SPECIALIST	6240	

Description of Duties
Provided treatment education to patients regarding antiretroviral medications and HIV pharmacotherapy. Facilitated behavioral modification interventions for 107 study participants, resulting in increased medic

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

DocuSigned by:
130A410F2D0041E...

Original Signature (electronic, copies or stamps not accepted)

5/14/26

Date

I, NIKKI RACHAL, **certify that as the MDEG Administrator for**

CANDY HAIR LLC DBA MEDICAL WIG SUPPLY,

that I (initial that you have read and meet the following requirements):

1. NR Have a high school diploma or its equivalent;
2. NR Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. NR Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. NR Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

NIKKI RACHAL

Print Name (First, Last)

DocuSigned by:
Nikki Rachal
130A410F2D0041E...

Original Signature (electronic, copies or stamps not accepted)

5/14/26

Date

Board Use Only	Date Received: 5/18/26

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site MEDICAL WIG SUPPLY

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address [redacted]

City LAS VEGAS State NV Zip [redacted]

Mailing Address (if different from physical address) [redacted]

City LAS VEGAS State NV Zip [redacted]

Telephone 702-904-2640 Website HTTPS://MEDICALWIGSUPPLY.COM

Licensing Company Email INFO@MEDICALWIGSUPPLY.COM

Section 2: Personal Information

First NIKKI Middle ANNETTE Last RACHAL

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City LAS VEGAS State NV Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
FULL SAIL UNIVERSITY		10/2012 - 04/2015	
Address	City	State	Zip
3300 UNIVERSITY BLVD.	WINTER PARK	FL	32792
Diploma/Degree obtained, if any			
ENTERTAINMENT BUSINESS, MASTERS OF SCIENCE			
School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF NEVADA LAS VEGAS		01/2009 - 05/2012	
Address	City	State	Zip
4505 S. MARYLAND PARKWAY	LAS VEGAS	NV	89154
Diploma/Degree obtained, if any			
HUMAN SERVICES COUNSELING, BACHELORS OF SCIENCE, MINOR IN MARRIAGE AND FAMILY THERAPY			
School Name		From - To (MM/YY – MM/YY)	
COLLEGE OF SOUTHERN NEVADA		08/2007 - 08/2008	
Address	City	State	Zip
6375 W. CHARLESTON BLVD.	LAS VEGAS	NV	89146
Diploma/Degree obtained, if any			
ASSOCIATE OF ARTS, GENERAL STUDIES			
School Name		From - To (MM/YY – MM/YY)	
CMR INSTITUTE		05/2015 - 11/2016	
Address	City	State	Zip
1370 AVENUE OF THE AMERICAS, SUITE 100	NEW YORK	NY	10019
Diploma/Degree obtained, if any			
PHARMACEUTICAL SALES CERTIFICATION			
School Name		From - To (MM/YY – MM/YY	
PEPPERDINE/GRAZIADIO BUSINESS SCHOOL		10/2023 - 12/2023	
Address	City	State	Zip
24255 PACIFIC COAST HIGHWAY	MALIBU	CA	90263
Diploma/Degree obtained, if any			
HEALTHCARE MARKETING			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/2024-CURRENT	[redacted]	LAS VEGAS	NV	[redacted]
03/2020-02/2024		NORTH LAS VEGAS	NV	
12/2014-03/2020		LOS ANGELES	CA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
SYNEOS HEALTH INC			07/24 - 08/25
Business Address	**City**	**State**	**Zip**
1030 SYNC STREET	MORRISVILLE	NC	27560
Phone	**Title**		
916-876-9330	TERRITORY ACCOUNT MANAGER 4		

Description of Duties

Managed specialty pharmaceutical accounts, developed provider relationships, educated healthcare professionals, and collaborated with internal teams to improve patient access.

Business Name			From - To (MM/YY – MM/YY)
PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS			07/23 - 07/24
Business Address	**City**	**State**	**Zip**
3300 W. SAHARA AVE.	NORTH LAS VEGAS	NV	89102
Phone	**Title**		
800-230-7526	PREVENTION PROGRAM SPECIALIST		

Description of Duties

Acted as primary point of contact for patients, community partners, and healthcare providers regarding access to medical services and healthcare programs. Assessed patient eligibility and facilitated referrals.

Business Name			From - To (MM/YY – MM/YY)
AHF PHARMACY			07/17 - 05/20
Business Address	**City**	**State**	**Zip**
6255 SUNSET BLVD., 21ST FLOOR	LOS ANGELES	CA	90028
Phone	**Title**		
323-860-5200	SPECIALTY PHARMACY SALES REPRESENTATIVE		

Description of Duties

Served a dual role as Pharmacy Sales Representative and Managed Care Enroller, contributing to the development and marketing of AHF Pharmacy services on a local and state-wide basis. Represented AHF's mission.

Business Name			From - To (MM/YY – MM/YY)
AHF PHARMACY			07/15 - 06/17
Business Address	**City**	**State**	**Zip**
6255 SUNSET BLVD., 21ST FLOOR	LOS ANGELES	CA	90028
Phone	**Title**		
323-860-5200	LINKAGE TO CARE SPECIALIST		

Description of Duties

Connected patients to HIV medical care, coordinated referrals to providers and specialty pharmacy services, assessed barriers to treatment, supported continuity of care, and maintained confidential patient records.

Business Name			From - To (MM/YY – MM/YY)
AIDS PROJECT LOS ANGELES			07/12 - 06/15
Business Address	**City**	**State**	**Zip**
611 S. KINGSLEY DRIVE	LOS ANGELES	CA	90005
Phone	**Title**		
213-201-1600	TREATMENT EDUCATION SPECIALIST		

Description of Duties

Provided HIV treatment education, medication counseling, facilitated behavioral intervention programs, promoted medication adherence, and maintained patient documentation.

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # n/a **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

n/a

Signed by:
DFD78AD827D54EE...

Original Signature (electronic, copies or stamps not accepted)

06/30/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

NIKKI RACHAL

Print Name (First, Last)

Signed by: Nikki Rachal DFD78AD827D54EE...

Original Signature (electronic, copies or stamps not accepted)

06/30/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Indiana, ss. County of Spencer

I, NIKKI ANNETTE RACHAL, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

NIKKI ANNETTE RACHAL

Original Signature

06/30/2026

Date

Subscribed and Sworn to before me this 30 day of June 2026.

Chase Glenn

Notary Public Signature

CHASE GLENN
Notary Public
State of Indiana
Commission Number NP0768681
My Commission Expires Feb. 15, 2034

(Seal)

Notarized Online with NotaryLive.com

docusign

Certificate Of Completion

Envelope Id: E4BF01CE-171A-8EBE-8350-A21C06B8F4B0
Status: Completed
Subject: Here is your signed document: Personal_History_Application_6.30.26.pdf
Source Envelope:
Document Pages: 7
Signatures: 2
Certificate Pages: 1
Initials: 0
AutoNav: Disabled
EnvelopeId Stamping: Disabled
Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Envelope Originator:
Nikki Rachal
[redacted]
IP Address: 2806:10be:d:daf

Record Tracking

Status: Original
6/30/2026 11:53:05 AM
Holder: Nikki Rachal
[redacted]
Location: DocuSign

Signer Events	Signature	Timestamp
Nikki Rachal rachal.[redacted] Security Level: Email, Account Authentication (None)	Signed by: DFD78AD827D54EE...	Sent: 6/30/2026 11:53:20 AM Viewed: 6/30/2026 11:53:25 AM Signed: 6/30/2026 11:54:52 AM Freeform Signing
	Signature Adoption: Uploaded Signature Image Using IP Address: [redacted]	

Electronic Record and Signature Disclosure:
Not Offered via Docusign

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Nikki Rachal [redacted] Security Level: Email, Account Authentication (None)	COPIED	Sent: 6/30/2026 11:54:53 AM

Electronic Record and Signature Disclosure:
Not Offered via Docusign

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/30/2026 11:53:20 AM
Certified Delivered	Security Checked	6/30/2026 11:53:25 AM
Signing Complete	Security Checked	6/30/2026 11:54:52 AM
Completed	Security Checked	6/30/2026 11:54:53 AM

Payment Events	Status	Timestamps

7D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	■ Nevada	☐ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	■ Yes	☐ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient.** The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
■ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	■ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Vitality Medical Supplies LLC

MDEG Physical Address: 6765 W. Charleston Blvd. Ste 150

City: Las Vegas State: NV Zip: 89146

Mailing Address (if different from physical address): [redacted]

City: Hurricane State: UT Zip: [redacted]

Telephone: (702)518-5774 Website: _____

Email: credentialing@msebilling.com

Name of MDEG Administrator (NAC 639.694): Ryan Yardley

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
■ Patients by prescriptions	■ Medical Gases**
■ Pharmacies[a]	■ Respiratory Equipment**
■ Practitioners[a]	■ Life-sustaining equipment**
■ Hospitals/Clinics[a]	■ Parenteral and Enteral Equipment**
■ Clinics[a]	■ Assistive Equipment
■ Wholesalers[a]	■ Diabetic Supplies
■ Other business entities (specify)[a]:	■ Orthotics and Prosthetics
Liens & Workers Compensation	☐ Others:
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: Ryan Yardley
	Telephone: 702.518.5774

Check the Days the Business will be Opened and provide the Hours of Operation				
☐ Mon: 9am-5pm	☐ Tue: 9am-5pm	☐ Wed: 9am-5pm	☐ Thurs: 9am-5pm	☐ Fri: 9am-5pm
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:

   a) A practicing health professional; or

   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.

2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: Ryan Yardley

Business Name: Vitality Medical Supplies LLC

Business Address: 6765 W. Charleston Blvd Ste 150

City: Las Vegas State: NV Zip: 89146

Telephone: (702) 518-5774 Email: credentialing@msebilling.com

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ryan Yardley

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

7.23.26

Date

Board Use Only	Date Received: 8/5/26	Amount:

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/30/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Valley Insurance Brokers 525 W State Street, Suite 5 Hurricane, UT 84737	CONTACT NAME: Micah Gubler PHONE (A/C, No, Ext): (435)635-9811 FAX (A/C, No): (435)635-9120 E-MAIL ADDRESS: Micah@Valleyinsbrokers.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Landmark American Insurance Company	33138
INSURED Vitality Medical Supplies LLC 6765 W Charleston Blvd Las Vegas, NV 89146	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: 00024800-251202092212 REVISION NUMBER: 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. *LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. *Not Applicable in WY

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			LHC866889	05/07/2026	05/07/2027	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Micah Gubler

(MIC)

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SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational or qualification, as applicable, documents on file in this office for

Vitality Medical Supplies, LLC

Organizational Documents on File	Filing Date
Articles of Organization	04/10/2026

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence Vitality Medical Supplies, LLC, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, and by virtue of the laws of the State of Nevada since 04/10/2026, and is in good standing in this state.

SECRETARY OF STATE

STATE OF NEVADA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/30/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202604306654866
You may verify this certificate online at
https://www.nvsilverflume.gov/home

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Vitality Medical Supplies LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 6756 W Charleston BLVD STE 150

City: Las Vegas State: NV Zip: 89146

Mailing Address (if different from physical address): 988 S 990 W

City: Hurricane State: UT Zip: 84737

Telephone: (702) 518-5774 Website:

Licensing Company Email: credentialing@msebilling.com

Section 2: Personal Information

First: Ryan Middle: Last: Yardley

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Hurricane State: UT Zip: [redacted]

Telephone: (702) 518-5774 Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Denver Technical College		08/1996-04/2000	
Address	**City**	**State**	**Zip**
925 S. Niagra St	Denver	CO	80224
Diploma/Degree obtained, if any			
Physical Therapist Assistant			

School Name		From - To (MM/YY – MM/YY)	
Southern Utah University		08/1994-08/1996	
Address	**City**	**State**	**Zip**
351 W. University Blvd	Cedar City	UT	84720
Diploma/Degree obtained, if any			
BS			

School Name		From - To (MM/YY – MM/YY)	
Weber State University		09/1988-05/1994	
Address	**City**	**State**	**Zip**
3848 Harrison Blvd	Ogden	UT	84403
Diploma/Degree obtained, if any			
AA			

School Name		From - To (MM/YY – MM/YY)	
Beaver High School		08/1985-05/1988	
Address	**City**	**State**	**Zip**
195 E. Center St.	Beaver	UT	84713
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2020-Present	[redacted]	Hurricane	UT	[redacted]
07/2008-07/2020		Hurricane	UT	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
OrthoSport Medical Services Corp.			03/2013- Present
Business Address [redacted]	**City** Hurricane	**State** UT	**Zip** [redacted]
Phone 435-922-1295	**Title** Owner		

Description of Duties

Orthopedic sales rep. & distributor for Breg, Aspen, Bioskin Orthopedic products.

Business Name			From - To (MM/YY – MM/YY)
Mountain Ridge Holdings Inc			11/2019-08/2025
Business Address 67 Shadow Breeze Rd	**City** Kaysville	**State** UT	**Zip** 84037
Phone 435-922-1295	**Title** Co-Owner		

Description of Duties

Started company to purchase and run a Franchise Handel's Homemade Ice Cream stores.

Business Name			From - To (MM/YY – MM/YY)
Yardley Management Inc			04/2025-Present
[redacted]	**City** Hurricane	**State** UT	**Zip** [redacted]
Phone 435-922-1295	**Title** Owner		

Description of Duties

Owns Mt. Ridge St. George- Handel's Homemade Ice Cream franchise in St. George UT

Business Name			From - To (MM/YY – MM/YY)
Peak Orthopedic Solutions			01/2026-Present
Business Address [redacted]	**City** Hurricane	**State** UT	**Zip** [redacted]
Phone 435-922-1295	**Title** Owner		

Description of Duties

Aspen medical Products distributor for Utah & Nevada - DME equipment

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

RJ Awelley

Original Signature (electronic, copies or stamps not accepted)

8-04-26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ryan Yardley

Print Name (First, Last)

Ryan Yardley

Original Signature (electronic, copies or stamps not accepted)

8-04-26

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, RYAN YARDLEY, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Ryan Yardley

Original Signature

8-04-26

Date

Subscribed and Sworn to before me this 4 day of August.

Notary Public Signature

DIAMOND KENNEDY
Notary Public, State of Nevada
Appointment No. 25-9781-01
My Appt. Expires Aug 10, 2029

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Vitality Medical Supplies LLC MDEG License # (if applicable) _____

Physical Address 6765 W. Charleston BLVD Ste 150

City Las Vegas State NV Zip 89146

Mailing Address (if different from physical address) [redacted]

City Hurricane State UT Zip [redacted]

Telephone (702) 518-5774 Website _____

Licensing Company Email credentialing@msebilling.com

Section 2: Personal Information

First Ryan Middle _____ Last Yardley

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Hurricane State UT Zip [redacted]

Telephone (702) 518-5774 Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Denver Technical College		08/1996-04/2000	
Address	**City**	**State**	**Zip**
925 S. Niagra St	Denver	CO	80224
Diploma/Degree obtained, if any			
Physical Therapist Assistant			
School Name		**From - To (MM/YY – MM/YY)**	
Southern Utah University		08/1994-08/1996	
Address	**City**	**State**	**Zip**
351 W. University Blvd	Cedar City	UT	84720
Diploma/Degree obtained, if any			
BS			
School Name		**From - To (MM/YY – MM/YY)**	
Weber State University		09/1988-05/1994	
Address	**City**	**State**	**Zip**
3848 Harrison Blvd	Ogden	UT	84713
Diploma/Degree obtained, if any			
AA			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2020-Present	[redacted]	Hurricane	UT	[redacted]
07/2008-07/2020	[redacted]	Hurricane	UT	[redacted]

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
OrthoSport Medical Services Corp.			03/2013- Present
Business Address	**City**	**State**	**Zip**
[redacted]	Hurricane	UT	[redacted]
Phone	**Title**		**Number of Employed Hours**
435-922-1295	Owner		26,000
Description of Duties			
Orthopedic sales rep. & distributor for Breg, Aspen, Bioskin Orthopedic products.			

Business Name			From - To (MM/YY – MM/YY)
Mountain Ridge Holdings Inc			11/2019-08/2025
Business Address	**City**	**State**	**Zip**
67 Shadow Breeze Rd	Kaysville	UT	84737
Phone	**Title**		**Number of Employed Hours**
435-922-1295	Co-Owner		14,000
Description of Duties			
Started company to purchase and run a Franchise Handel's Homemade Ice Cream stores.			

Business Name			From - To (MM/YY – MM/YY)
Yardley Management Inc			04/2025-Present
Business Address	**City**	**State**	**Zip**
[redacted]	Hurricane	UT	[redacted]
Phone	**Title**		**Number of Employed Hours**
435-922-1295	Owner		2000
Description of Duties			
Owns Mt. Ridge St. George- Handel's Homemade Ice Cream franchise in St. George UT			

Business Name			From - To (MM/YY – MM/YY)
Peak Orthopedic Solutions			01/2026-Present
Business Address	**City**	**State**	**Zip**
[redacted]	Hurricane	UT	[redacted]
Phone	**Title**		**Number of Employed Hours**
435-922-1295	Owner		480
Description of Duties			
Aspen medical Products distributor for Utah & Nevada - DME equipment			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # _____. Provide all the following *<u>where applicable</u>*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I, Ryan Yardley, **certify that as the MDEG Administrator for**

Vitality Medical Supplies LLC,

that I (initial that you have read and meet the following requirements):

1. RY Have a high school diploma or its equivalent;
2. RY Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. RY Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. RY Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ryan Yardley
Print Name (First, Last)

Ryan P Yardley
Original Signature (electronic, copies or stamps not accepted)

7.23.26
Date

Board Use Only	Date Received:

FUTURE PARTICIPATION AGREEMENT

This Future Participation Agreement (this "Agreement") is made and entered into as of 08/04/2026 (the "Effective Date"), by and among:

Ryan Yardley, an individual ("Yardley");

Dr. Brandon Snead, an individual ("Dr. Snead"); and

Vitality Medical Supplies, LLC, a Nevada limited liability company (the "Company").

Yardley, Dr. Snead, and the Company are each referred to in this Agreement as a "Party" and collectively as the "Parties."

BACKGROUND

A. The Company was organized as a Nevada limited liability company on April 10, 2026, and its members adopted the Company's Operating Agreement effective as of August 4, 2026 (as it may be amended from time to time, the "Operating Agreement").

B. The Company was formed to operate as a supplier of durable medical equipment ("DME") and related devices, and has been in the process of applying for and expects to be imminently approved for a license for that purpose by the Nevada State Board of Pharmacy.

C. The members of the Company are OrthoSport Medical Services Corp., holding a ninety-nine percent (99%) membership interest, and Yardley, holding a one percent (1%) membership interest. Ryan Yardley is also designated as the Manager of the Company. Although the Parties had originally contemplated a structure in which Dr. Snead would be a member of the Company, it was determined that Dr. Snead could not become a member at the time of the Company's organization for regulatory reasons, and it is confirmed that Dr. Snead holds no membership interest in, and has no ownership or operational role in, the Company as of the Effective Date.

D. The Company's licensure and operation require that a qualified administrator be responsible for the Company's compliance with applicable requirements of the Nevada State Board of Pharmacy. Yardley serves as the primary administrator of the Company's Nevada operation, and his service in that role is a necessary condition to the Company's licensure and continued authority to operate.

E. Dr. Snead is the owner of the building at 6765 W Charleston Blvd., Suite 150, Las Vegas, Nevada, 89146, at which the Company conducts its operations (the "Premises"), and Dr. Snead leases space to the Company at the Premises under a separate written commercial lease agreement (the "Lease"). Except in his capacity as landlord under the Lease, Dr. Snead is not involved in, and is to remain unentangled from, the business and operations of the Company as of the Effective Date. The Company has leased that space at least partly to address the special additional need for a DME supplier in that part of the community.

F. The Parties desire to set forth their respective commitments regarding the operation of the Company, the covenants of Dr. Snead during the period prior to any future participation, and the conditions and process by which Dr. Snead may, in the future, become a member of and administrator for the Company, all on the terms and subject to the conditions set forth in this Agreement.

NOW, THEREFORE, in consideration of the mutual covenants and agreements set forth in this Agreement, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

AGREEMENT

1. **Operational Covenants.**

a. **Yardley's Operational Commitments.** Yardley shall serve as the primary administrator of the Company's Nevada operation and shall be responsible for the Company's compliance with the applicable requirements of the Nevada State Board of Pharmacy necessary to maintain the Company's license in good standing. Yardley shall hire, train, and maintain at least one qualified individual to serve as a backup administrator so that the Company can be operated on a continuous and ongoing basis and can continue to satisfy its licensure and administrator requirements. Yardley shall use commercially reasonable efforts to operate the Company and work toward achieving the performance target described in Section 2.

b. **Dr. Snead's Limited Role.** Except in his capacity as landlord under the Lease, Dr. Snead shall have no ownership, management, or operational role in the Company unless and until the participation process described in this Agreement is completed. Dr. Snead shall remain hands-off and unentangled from the business and operations of the Company, and shall not hold himself out as an owner, member, manager, administrator, agent, or representative of the Company.

c. **Dr. Snead's Compliance Covenants.** During the term of this Agreement and prior to the completion of the participation process described in Sections 4 and 5, Dr. Snead shall not: (i) order, prescribe, or dispense DME through the Company; (ii) refer, or direct the referral of, any DME business or patients to the Company; or (iii) treat patients out of, or from, the Company's premises or operation.

d. **Purpose of Covenants.** The Parties acknowledge and agree that the covenants set forth in this Section 1 are intended to maintain the Company's compliance with applicable law and the requirements of the Nevada State Board of Pharmacy, to preserve the separation between Dr. Snead's role as landlord and the business of the Company, and to make Dr. Snead's future participation in the Company possible on a compliant basis.

2. **Performance Reporting and Participation Trigger.**

a. **Annual Performance Reporting.** During the term of this Agreement, the Company shall provide Dr. Snead with a written report of the financial performance of the Company's Nevada operation not less than annually. Each report shall include a reasonable summary of the operation's revenue, expenses, and net profit for the applicable period, in sufficient detail to reasonably apprise Dr. Snead of the operation's progress toward the Profit Target described in Section 2(c).

b. **Enhanced Reporting.** Beginning with the first fiscal year in which the Nevada operation achieves net profit after expenses of at least Five Hundred Thousand Dollars ($500,000), the Company shall provide the reports described in Section 2(a) on at least a quarterly basis thereafter until the earlier of the achievement of the Profit Target or the termination of the reporting obligation under Section 3.

c. **Profit Target.** For purposes of this Agreement, the "Profit Target" shall be deemed achieved when: (i) the Company's Nevada operation generates net profit after expenses of at least Five

Hundred Thousand Dollars ($500,000) in a single fiscal year; and (ii) following the close of that fiscal year, the Nevada operation continues to generate net profit after expenses of at least Five Hundred Thousand Dollars ($500,000), measured on a trailing-twelve-month basis, for a continuous period of not less than six (6) months. For purposes of this Section 2, "net profit after expenses" shall be determined from the books and records of the Company, maintained in accordance with the accounting methods used by the Company in preparing its federal income tax returns, consistently applied.

d. **Trigger Notice.** Promptly following the achievement of the Profit Target, the Company shall so notify Dr. Snead in writing and shall provide reasonable financial information confirming that the Profit Target has been met (the "Trigger Notice"). Delivery of the Trigger Notice entitles Dr. Snead to initiate the participation process described in Sections 4 and S.

3. **Term and Termination.**

a. **Term.** This Agreement shall commence on the Effective Date and shall continue in effect until terminated in accordance with this Section 3.

b. **Reporting Term.** The Company's reporting obligations under Section 2 shall continue for an initial term of five (5) years from the Effective Date and shall automatically renew for successive one (1) year terms thereafter until the participation process has been completed as provided for in Sections 4 and S of this Agreement, or until this Agreement is terminated as provided in this Section 3.

c. **Termination by Dr. Snead.** Dr. Snead may terminate this Agreement at any time upon written notice to the other Parties. The Parties acknowledge and agree that: (i) if Dr. Snead delivers such notice before the Company has delivered a Trigger Notice under Section 2(d), such termination shall constitute Dr. Snead's election not to pursue participation in the Company, and upon such termination all rights of Dr. Snead to initiate or complete the participation process described in Sections 4 and 5 shall immediately and permanently terminate; and (ii) if Dr. Snead delivers such notice after the Company has delivered a Trigger Notice but before the participation process has been completed, such termination shall likewise constitute a waiver of his participation rights, unless the Parties agree otherwise in writing.

d. **Termination by Mutual Agreement.** Except as provided in Section 3(c), this Agreement may be terminated only by the mutual written agreement of the Parties.

e. **Effect of Termination.** Upon termination of this Agreement, the Parties shall have no further obligations under this Agreement, except that: (i) the covenants set forth in Section 1(c) shall survive for so long as Dr. Snead is the landlord under the Lease or otherwise as necessary to preserve the Company's regulatory compliance; and (ii) any provision that by its nature is intended to survive termination shall so survive.

4. **Participation Preparation.**

a. **Participation Election Notice.** At any time following delivery of the Trigger Notice, Dr. Snead may elect to initiate the participation process by delivering written notice of such election to the other Parties (the "Participation Election Notice"). Delivery of the Participation Election Notice commences the preparation process described in this Section 4, which must be completed before Dr. Snead may be admitted as a member of, or serve as an administrator for, the Company under Section 5.

b. **Cessation of Clinical Practice; Inactive License Status.** As a condition to his participation, Dr. Snead shall cease treating patients and shall apply to the Nevada State Board of Medical Examiners to place his Nevada medical license on inactive status. Dr. Snead may maintain his medical license on inactive status but shall not, while serving in any role with the Company, practice medicine or prescribe in the State of Nevada. Dr. Snead shall provide the Company with reasonable evidence of the change of his license to inactive status.

c. **Administrator Qualification and Board Approval.** Dr. Snead shall satisfy the requirements of the Nevada State Board of Pharmacy applicable to service as an administrator of the Company's Nevada operation, and the Parties shall cause to be prepared and filed with the Board all applications, notices, and supporting materials necessary for the Board to approve Dr. Snead as an administrator of the Company. The Company and Yardley shall reasonably cooperate with, and provide information reasonably necessary to, Dr. Snead's qualification and approval under this Section 4(c).

d. **Continuity of Operation.** Until Dr. Snead has been approved by the Nevada State Board of Pharmacy and has assumed an administrator role, Yardley shall continue to serve as the primary administrator of the Company's Nevada operation, and the Company shall at all times maintain at least one qualified administrator so that its license remains in good standing and its operation continues without interruption.

e. **Sequencing.** The Parties acknowledge and agree that Dr. Snead's cessation of clinical practice, the placement of his medical license on inactive status, and his approval as an administrator by the Nevada State Board of Pharmacy are conditions precedent to the formalization of his membership interest under Section 5, and that the transactions contemplated by Sections 4 and 5 are intended to occur in a coordinated sequence that preserves the Company's licensure and regulatory compliance at all times.

5. **Formalizing Participation.**

a. **Admission as a Member.** Upon satisfaction of the conditions set forth in Section 4, Dr. Snead shall be admitted as a member of the Company holding a fifty percent (50%) membership interest, in accordance with the admission procedures of Article IV of the Operating Agreement. Such admission shall be effected by, among other things, Dr. Snead's execution and delivery of the New Member Acknowledgment and Joinder required under the Operating Agreement, approval of the admission by the members as required under Section 4.01 of the Operating Agreement, and the Manager's update of the Company's capitalization records to reflect the issuance. The Parties acknowledge and agree that Dr. Snead's admission to a fifty percent (50%) membership interest will proportionately dilute the existing membership interests of OrthoSport Medical Services Corp. and Yardley to a combined fifty percent (50%) interest, and that under this Agreement Dr. Snead shall acquire no interest in OrthoSport Medical Services Corp. or any of its assets or operations.

b. **Assumption of Administrator Role.** Concurrently with or promptly following his admission as a member, and subject to his approval by the Nevada State Board of Pharmacy under Section 4(c), Dr. Snead shall assume the role of primary administrator of the Company's Nevada operation.

c. **Valuation.** For purposes of determining Dr. Snead's buy-in, the fair market value of the Company shall be determined in accordance with the valuation provisions of Section 5.03(a) of the Operating Agreement. The value of Dr. Snead's contributions to the Company other than cash—including the business-development value attributable to his enabling the Company to operate at the Premises and

in its market area—shall be determined in accordance with the valuation of non-cash contributions provisions of Section 3.03(c) of the Operating Agreement.

d. **Buy-In Consideration.** The consideration payable by Dr. Snead for his fifty percent (50%) membership interest shall equal fifty percent (50%) of the fair market value of the Company determined under Section 5(c), less a credit for the value of Dr. Snead's non-cash contributions determined under Section 5(c). The remaining balance, if any, shall be (i) paid in cash, (ii) through the Company's withholding of a portion of the distributions or profits otherwise payable to Dr. Snead over a reasonable period, or (iii) through a combination of the foregoing, in each case as the Parties shall agree in a separate writing at the time the participation process is initiated.

e. **Cooperation and Further Assurances.** The Parties shall cooperate in good faith and execute and deliver such resolutions, joinders, amendments to the Operating Agreement and its exhibits, and other documents and instruments as are reasonably necessary to effect Dr. Snead's admission as a member and assumption of the administrator role in accordance with this Section 5.

6. **Insurance.**

a. **Coverage Following Admission.** From and after Dr. Snead's admission as a member under Section 5, each of Yardley and Dr. Snead shall obtain and maintain in force a life insurance or key-person insurance policy insuring his life in a total amount of not less than One Million Dollars ($1,000,000), for so long as each remains a member of the Company.

b. **Allocation of Proceeds.** Each policy required under Section 6(a) shall be arranged so that, of the total One Million Dollars ($1,000,000) in coverage: (i) Five Hundred Thousand Dollars ($500,000) is payable to the insured member's spouse or family, as the insured member may designate; and (ii) Five Hundred Thousand Dollars ($500,000) is payable to the Company. Should the policies be written for more than One Million Dollars, then the proceeds shall be payable in the same proportion as provided for in subsections (i) and (ii) of this Section 6(b).

c. **Evidence of Coverage.** Each of Yardley and Dr. Snead shall, upon reasonable request, provide the Company and the other with reasonable evidence that the coverage required under this Section 6 is in force.

7. **Succession.**

a. **Automatic Succession to Membership Interests.** Notwithstanding anything to the contrary in the Operating Agreement, following the admission of Dr. Snead as a member of the Company, upon the death of Yardley or Dr. Snead, the deceased member's individual membership interest in the Company shall pass automatically and immediately to his surviving spouse.

b. **Immediate Full Membership; No Formalities.** The surviving spouse shall succeed to the deceased member's individual membership interest automatically upon death, without any requirement of approval, consent, admission, joinder, spousal acknowledgment, purchase, redemption, valuation, or other action or formality of any kind. Effective immediately upon the death of the deceased member, the surviving spouse shall be admitted as, and shall have all of the rights, powers, and privileges of, a full member of the Company with respect to such membership interest, including all economic, voting, governance, and management rights, and shall step directly into the shoes of the deceased member with respect to that interest, in each case free of any transfer restriction, right of first refusal, buy-out, call or

put right, substitute-member admission requirement, spousal limitation, or other restriction or procedure that would otherwise apply under the Operating Agreement.

c. **Coordination with Operating Agreement; Consent.** The Parties acknowledge and agree that the automatic succession provided in this Section 7 is contrary to, and is intended to override and operate as an exception to, the provisions of the Operating Agreement that would otherwise apply upon the death of a member, including without limitation the death and incapacitation provisions of Section 5.02(a) (under which the Company would otherwise purchase or redeem the deceased member's Membership Units), the transfer and substitute-member provisions of Article V, and the spousal acknowledgment and admission provisions of Sections 4.01 and 4.02. Each of the members of the Company, and the Company, by executing this Agreement and the corporate resolution described in Section 7(d), consents to this Section 7 and agrees that it shall control over any contrary provision of the Operating Agreement.

d. **Implementing Resolution.** Concurrently with the formalization of Dr. Snead's participation under Section 5, the Company shall adopt a corporate resolution, in substantially the form attached to this Agreement as **Exhibit A**, executed by all members whose consent is required (including any unanimous consent required under Section 13.07(b) of the Operating Agreement), that adopts this Agreement and specifically approves the departures from the Operating Agreement set forth in this Section 7. Such resolution shall, at a minimum, expressly: (i) approve the automatic and immediate succession of each deceased member's individual membership interest to his surviving spouse, with full membership rights and without any approval, admission, joinder, spousal acknowledgment, purchase, redemption, valuation, or other formality; (ii) waive and disapply, as to the interests described in this Section 7, the death and incapacitation provisions of Section 5.02(a), the transfer and substitute-member provisions of Article V, and the spousal acknowledgment and admission provisions of Sections 4.01 and 4.02 of the Operating Agreement; (iii) approve and consent, on behalf of the Company and each member, to the agreement to arbitrate disputes under Section 8(d) of this Agreement; and (iv) approve and consent to the waiver of trial by jury under Section 8(d)(v) of this Agreement, including as such provisions apply to each surviving spouse succeeding to a membership interest under this Section 7. The Parties shall further execute such consents and amendments to the Operating Agreement as are necessary to give full effect to this Section 7.

8. **Miscellaneous Provisions.**

a. **Notices.** All notices, requests, consents, elections, and other communications required or permitted under this Agreement (each, a "Notice") shall be in writing and shall be deemed duly given: (i) when delivered personally; (ii) when sent by email to the email address specified below (or to such other email address as a Party may designate by Notice given in accordance with this Section), provided that no automated "undeliverable" or similar rejection message is received by the sender; (iii) one (1) business day after deposit with a nationally recognized overnight courier, with charges prepaid; or (iv) three (3) business days after being mailed by certified or registered mail, return receipt requested, postage prepaid. A Notice sent by email after 5:00 p.m. in the recipient's local time zone, or on a day that is not a business day, shall be deemed given on the next business day. The Parties expressly agree that email is an acceptable and sufficient means of delivering any Notice under this Agreement, including the Trigger Notice under Section 2(d) and the Participation Election Notice under Section 4(a).

i. To Yardley: [redacted] Hurricane UT [redacted]
Email: [redacted]

ii. To Dr. Snead: 6765 W. Charleston Blvd Ste #150 Las Vegas NV 89146
Email: bsnead@nevadasportsandspine.com

iii. To the Company: 6765 W. Charleston Blvd Ste #150 Las Vegas NV 89146
Email: credentialing@msebilling.com

b. **Relationship of the Parties.** Nothing in this Agreement shall be construed to create a partnership, joint venture, agency, or employment relationship among the Parties. Except as expressly provided in this Agreement and, upon his admission, in the Operating Agreement, no Party shall have any authority to act for or to bind any other Party.

c. **Governing Law.** This Agreement shall be governed by, and construed in accordance with, the laws of the State of Nevada, without giving effect to any choice-of-law or conflict-of-law provision or rule that would cause the application of the laws of any jurisdiction other than the State of Nevada.

d. **Dispute Resolution.**

i. **Negotiation and Mediation.** In the event of any dispute, claim, or controversy arising out of or relating to this Agreement, the Parties shall first attempt in good faith to resolve the matter through negotiation and, if not so resolved, through non-binding mediation, for a period of not less than thirty (30) days and not more than sixty (60) days from the date any Party gives written notice of the dispute. The Parties may, by mutual written agreement, elect to shorten, extend, or opt out of the negotiation and mediation process set forth in this Section 8(d)(i).

ii. **Binding Arbitration.** Any dispute, claim, or controversy not resolved pursuant to Section 8(d)(i) shall be finally resolved by binding arbitration administered by a nationally recognized arbitration provider, such as the American Arbitration Association (AAA) or JAMS, in accordance with its commercial arbitration rules in effect at the time the arbitration is commenced. The arbitration shall be seated in Clark County, Nevada, and judgment on the award rendered by the arbitrator may be entered in any court of competent jurisdiction.

iii. **Costs and Fees.** Except as otherwise provided in this Section, each Party shall bear its own costs and expenses of the arbitration, including its own attorneys' fees, and the Parties shall share equally the fees and expenses of the arbitrator and the arbitration provider. Notwithstanding the foregoing, upon motion by any Party, the arbitrator shall have the discretion to award, shift, or reallocate the costs and expenses of the arbitration, including arbitrator and administrative fees and reasonable attorneys' fees, among the Parties as the arbitrator deems appropriate.

iv. **Provisional and Injunctive Relief.** Notwithstanding Sections 8(d)(i) and 8(d)(ii), any Party may apply to a court of competent jurisdiction located in Clark County, Nevada for a temporary restraining order, preliminary injunction, or other provisional or equitable relief necessary to preserve the status quo or prevent irreparable harm pending the outcome of negotiation, mediation, or arbitration, without first exhausting the procedures in Section 8(d)(i) and without waiving the agreement to arbitrate. Each Party acknowledges that a breach or threatened breach of the covenants in Section 1 or Section 7 may cause irreparable harm for which monetary damages would be an inadequate remedy, and that the non-breaching Party or the Company shall be entitled to seek such relief without the necessity of posting a bond or proving actual damages.

v. **Waiver of Jury Trial.** TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, EACH PARTY IRREVOCABLY WAIVES ANY RIGHT TO A TRIAL BY JURY IN ANY ACTION, PROCEEDING, OR COUNTERCLAIM, WHETHER BASED IN CONTRACT, TORT, OR OTHERWISE, ARISING OUT OF OR RELATING TO THIS AGREEMENT. THIS WAIVER APPLIES TO ANY JUDICIAL PROCEEDING PERMITTED UNDER SECTION 8(D)(IV) OR OTHERWISE NOT SUBJECT TO ARBITRATION.

e. **Entire Agreement.** This Agreement, together with the Operating Agreement and the Lease as they relate to the subject matter addressed in each, constitutes the entire agreement among the Parties with respect to its subject matter and supersedes all prior and contemporaneous agreements, understandings, negotiations, and discussions, whether written or oral, relating to that subject matter. In the event of a conflict between this Agreement and the Operating Agreement with respect to the matters expressly addressed in this Agreement, this Agreement shall control as among the Parties.

f. **Amendment.** This Agreement may be amended, modified, or supplemented only by a written instrument signed by each of the Parties.

g. **Waiver.** No waiver of any provision of this Agreement shall be effective unless made in writing and signed by the Party against whom the waiver is to be enforced. No failure or delay by any Party in exercising any right under this Agreement shall operate as a waiver of that right, and no single or partial exercise of any right shall preclude any further exercise of that or any other right.

h. **Assignment.** No Party may assign this Agreement or any of its rights or obligations under this Agreement without the prior written consent of the other Parties, except that this Agreement shall be binding upon and inure to the benefit of the Parties and their respective heirs, successors, permitted assigns, and, as provided in Section 7, surviving spouses.

i. **Severability.** If any provision of this Agreement is held to be invalid, illegal, or unenforceable, the remaining provisions shall continue in full force and effect, and the Parties shall negotiate in good faith to modify this Agreement so as to effect their original intent as closely as possible in an acceptable manner.

j. **Further Assurances.** Each Party shall execute and deliver such further documents and instruments, and take such further actions, as may be reasonably necessary or appropriate to carry out the purposes and intent of this Agreement.

k. **Counterparts; Electronic Signatures.** This Agreement may be executed in counterparts, each of which shall be deemed an original and all of which together shall constitute one and the same instrument. Delivery of an executed counterpart by email or other electronic transmission, and execution by electronic signature, shall be effective as delivery of an original executed counterpart.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the Members have executed this Future Participation Agreement as of the date first above written.

Vitality Medical Supplies, LLC.
A Nevada limited liability company

By: Ryan Yardley, Manager

Dated: 08/04/2026

Ryan Yardley, An Individual

By: Ryan Yardley

Dated: 08/04/2026

Dr. Brandon Snead, an Individual

By: Dr. Brandon Snead

Dated: 08/04/2026

EXHIBIT A – FORM OF CORPORATE RESOLUTION OF VITALITY MEDICAL SUPPLIES, LLC

UNANIMOUS WRITTEN CONSENT AND RESOLUTION OF THE MEMBERS AND MANAGER OF VITALITY MEDICAL SUPPLIES, LLC

The undersigned, being all of the members (the "Members") and the Manager of Vitality Medical Supplies, LLC, a Nevada limited liability company (the "Company"), acting by unanimous written consent in lieu of a meeting pursuant to the Company's Operating Agreement (as amended, the "Operating Agreement") and the Nevada Revised Statutes, hereby adopt the following resolutions and consent to the actions set forth below, effective as of 08/04/2026.

RECITALS

WHEREAS, the Company, Ryan Yardley ("Yardley"), and Dr. Brandon Snead ("Dr. Snead") are parties to that certain Future Participation Agreement dated 08/04/2026 (the "Participation Agreement"), pursuant to which, among other things, Dr. Snead has been admitted as a member of the Company holding a fifty percent (50%) membership interest;

WHEREAS, Section 7 of the Participation Agreement provides for the automatic and immediate succession of each of Yardley's and Dr. Snead's individual membership interest in the Company to his surviving spouse upon his death, with full membership rights and without any formality, notwithstanding certain provisions of the Operating Agreement to the contrary;

WHEREAS, Section 7(d) of the Participation Agreement requires the Company to adopt a resolution, executed by all Members whose consent is required (including any unanimous consent required under Section 13.07(b) of the Operating Agreement), that adopts the Participation Agreement and specifically approves the departures from the Operating Agreement set forth in Section 7 of the Participation Agreement; and

WHEREAS, the Members and the Manager have determined that it is in the best interests of the Company to adopt the Participation Agreement and to approve and consent to the matters set forth below.

RESOLUTIONS

NOW, THEREFORE, BE IT RESOLVED, that the Participation Agreement, and each of the transactions and terms contemplated thereby, be, and hereby are, adopted, ratified, approved, and confirmed in all respects as the act of the Company and the Members;

RESOLVED, that the Members and the Company hereby approve the automatic and immediate succession, upon the death of Yardley or Dr. Snead, of the deceased member's individual membership interest in the Company to his surviving spouse, who shall thereupon be admitted as, and shall have all of the rights, powers, and privileges of, a full member of the Company with respect to such interest, including all economic, voting, governance, and management rights, and without any requirement of approval, consent, admission, joinder, spousal acknowledgment, purchase, redemption, valuation, or other action or formality of any kind;

RESOLVED, that, as to the membership interests described in Section 7 of the Participation Agreement, the Members and the Company hereby waive and disapply (i) the death and incapacitation provisions of Section 5.02(a) of the Operating Agreement, under which the Company would otherwise purchase or

redeem a deceased member's Membership Units; (ii) the transfer and substitute-member provisions of Article V of the Operating Agreement; and (iii) the spousal acknowledgment and admission provisions of Sections 4.01 and 4.02 of the Operating Agreement;

RESOLVED, that the Members and the Company hereby approve and consent to the agreement to arbitrate disputes set forth in Section 8(d) of the Participation Agreement, and agree that such agreement to arbitrate shall be binding upon the Company, each Member, and each surviving spouse succeeding to a membership interest under Section 7 of the Participation Agreement;

RESOLVED, that the Members and the Company hereby approve and consent to the waiver of trial by jury set forth in Section 8(d)(v) of the Participation Agreement, and agree that such waiver shall be binding upon the Company, each Member, and each surviving spouse succeeding to a membership interest under Section 7 of the Participation Agreement;

RESOLVED, that to the extent the foregoing resolutions are contrary to any provision of the Operating Agreement, the Members hereby consent to and approve such departures and agree that the Participation Agreement and these resolutions shall control, and the Members and the Manager are authorized and directed to execute such further consents and amendments to the Operating Agreement as are necessary to give full effect to Section 7 of the Participation Agreement; and

RESOLVED, that the Manager and the officers of the Company be, and each of them hereby is, authorized, empowered, and directed to take all such further actions and to execute and deliver all such further documents and instruments as any of them may deem necessary or appropriate to carry out the purpose and intent of the foregoing resolutions.

This Consent may be executed in counterparts, each of which shall be deemed an original and all of which together shall constitute one and the same instrument, and delivery by electronic transmission shall be effective as delivery of an original.

IN WITNESS WHEREOF, the undersigned have executed this Unanimous Written Consent and Resolution as of the date first written above.

MEMBERS:
OrthoSport Medical Services Corp.

By: Ryan Yardley, President — Dated: 08/04/2026

Ryan Yardley, An Individual

By: Ryan Yardley — Dated: 08/04/2026

Dr. Brandon Snead, An Individual

By: Dr. Brandon Snead — Dated: 08/04/2026

COMMERCIAL LEASE AGREEMENT

State of Nevada — Gross Lease

This Commercial Lease Agreement ("Agreement") is made and entered into this **16th day of July, 2026**, by and between:

Landlord: Dr. Brandon Snead, on behalf of Nevada Sports and Spine

Landlord Email: bsnead@NevadaSportsandSpine.com

Tenant: Ryan Yardley

1. PREMISES

Landlord leases to Tenant, and Tenant leases from Landlord, a portion of the office space located at:

6765 W. Charleston Blvd, Unit 150, Las Vegas, NV 89146

(the "Premises"), consisting of approximately **900 square feet** of office space within the above suite, to be used for the Permitted Use described in Section 3 below.

2. TERM

The term of this Agreement shall begin on **July 16, 2026** and shall continue for a fixed period of twelve (12) months, ending on **July 15, 2027** ("Term"), unless earlier terminated or renewed in writing by both parties.

3.PERMITTED USE

Tenant shall use the Premises solely for **general office use** and for no other purpose without Landlord's prior written consent. Tenant shall comply with all applicable federal, state, and local laws, ordinances, and regulations, including any Clark County business licensing and zoning requirements applicable to the Premises and Tenant's use thereof.

4. RENT

Tenant agrees to pay Landlord a fixed monthly rent of **$2,000.00**, due on the 1st day of each month during the Term, payable to Landlord at an address or method designated by Landlord. This is a Gross Lease: the monthly rent is inclusive of real property taxes, building insurance, and common area maintenance (CAM) charges attributable to the Premises, except as otherwise expressly stated in this Agreement.

A late fee may apply if rent is not received within any grace period specified by Landlord in writing. Late fees shall be reasonable and shall not constitute a penalty under Nevada law.

5.UTILITIES AND SERVICES

Except as otherwise provided in this Gross Lease, Landlord shall be responsible for standard building utilities and services (including electricity, water, sewer, and common area services) attributable to the Premises. Tenant shall be responsible for any utilities or services separately metered to or exclusively used by Tenant, including telephone, internet, and any specialized equipment power needs, unless otherwise agreed in writing.

6. MAINTENANCE AND REPAIRS

Landlord shall maintain the structural elements, common areas, and building systems serving the Premises in good repair. Tenant shall maintain the interior of the Premises in a clean and sanitary condition, and shall be responsible for repair of any damage caused by Tenant's negligence, misuse, or that of its employees, agents, patients, or invitees. Tenant shall not make structural alterations to the Premises without Landlord's prior written consent.

7. INSURANCE AND INDEMNIFICATION

Tenant shall maintain, at itsown expense, commercial general liability insurance covering its use of the Premises, and, if applicable, professional liability insurance appropriate to Tenant's business, with Landlord named as an additional insured where applicable. Tenant shall indemnify and hold Landlord harmless from claims, damages, or liabilities arising fromTenant's useofthe Premises, except to the extent caused by Landlord's negligence or willful misconduct.

8. SIGNAGE

Tenantshallnot install exterior or common-area signage without Landlord's prior written consent and compliance with anyapplicable landlord, property, orClarkCountysignage regulations.

9. ASSIGNMENT AND SUBLETTING

TenantshallnotassignthisAgreementorsubletall orany part of the Premises without the prior written consent of Landlord,which consentshallnotbe unreasonably withheld.

10. RIGHT OF ENTRY

Landlord, orLandlord'sagents, may enter the Premises at reasonable times, with reasonable advance notice to Tenant (except in cases of emergency), to inspect the Premises, perform necessary repairs, or show the space to prospective tenants or purchasers.

11. DEFAULT AND REMEDIES

If Tenant fails to pay rentwhen due, or otherwise defaults under a material term of this Agreement, and such default is not cured within the applicable notice period required under Nevada law, Landlord may pursue all remedies available underNevada law, includingtermination of this Agreement and recovery of unpaid rent and damages.

12. QUIET ENJOYMENT

Solong asTenantis not in defaultunder this Agreement, Tenant shall be entitled to quiet enjoyment of the Premises without interference from Landlord, subject to Landlord's rights of entry and the terms of this Agreement.

13. HOLDOVER

IfTenant remains inpossession of the Premises after expiration of the Term without Landlord's written consent, such holdover shall be treated as a month-to-month tenancy at a rent to be reasonably determined by Landlord, subject to all othertermsof this Agreement, until eitherparty terminates the holdovertenancy uponnotice as provided by Nevada law.

14. AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE

Landlordand Tenant shalleach be responsible forADAcompliancewithin theirrespective scopesof control as required by applicable law, with Tenant responsible for ADA compliance related to Tenant's specific business operations and any tenantimprovements installed by Tenant.

15. GOVERNING LAW

ThisAgreementshallbegovernedbyand construed in accordance with the laws of the State of Nevada.

16. ENTIRE AGREEMENT

ThisAgreement constitutesthe entireunderstanding between the parties and supersedes all prior negotiations, representations, or agreements, whether written or oral. Any modification must be made in writing and signed by both parties.

SIGNATURES

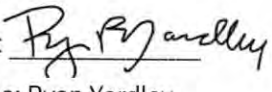
LANDLORD

Signature: 

Print Name: Dr. Brandon Snead, Nevada Sports and Spine

Date: 07/16/2026, 09:08:49 PM CDT

TENANT

Signature: 

Print Name: Ryan Yardley

Date: 07/16/2026, 08:11:03 PM MDT

Outlook

Administrator residence

From Ryan Yardley <[redacted]>
Date Thu 8/6/2026 4:01 PM
To MSE Credentialing <credentialing@msebilling.com>

To whom it may concern

As the administrator in the Nevada location for Vitality Medical Supplies, I understand that I need to be in the area for working hours Monday through Friday from 9 to 5.
I have a lease agreement and have rented a location at
[redacted] North Las Vegas NV[redacted]

I will be staying there during the week and going home on weekends.
This will be a temporary residence while I continue to look for a qualified administrator that lives in Las Vegas. I hope to find a qualified individual in the next 90 days. Please let me know if you have any questions or Feel free to give me a call.

Thank you.

Ryan Yardley

OrthoSport Medical Services
435-922-1295

RESIDENTIAL LEASE AGREEMENT

State of Nevada

This Residential Lease Agreement ("Agreement") is made and entered into this **16th day of July, 2026**, by and between:

Landlord: Diamond Kennedy

Landlord Email: [redacted]

Tenant: Ryan Yardley

1. PROPERTY

Landlord agrees to rent to Tenant, and Tenant agrees to rent from Landlord, the residential property located at:

[redacted]North Las Vegas, NV[redacted]

(the "Premises"), together with all appliances and fixtures currently installed, for use as a private residential dwelling only.

2. TERM

This Agreement shall begin on **July 16, 2026** and shall continue as a fixed term of twelve (12) months, ending on **July 15, 2027**, unless earlier terminated or renewed in writing by both parties in accordance with Nevada law (NRS 118A).

3. RENT

Tenant agrees to pay Landlord monthly rent of **$500.00**, due on the 1st day of each month, payable to Landlord at an address or method designated by Landlord.

A late fee may apply if rent is not received within the grace period specified by Landlord, consistent with Nevada law. No portion of any late fee assessed may exceed amounts permitted under NRS 118A.200.

4.SECURITY DEPOSIT

No security deposit is required under this Agreement **($0.00)**. Tenant remains responsible for any damages beyond normal wear and tear and any unpaid rent or other obligations owed under this Agreement, which Landlord may pursue by other lawful means.

5. UTILITIES

Tenant is responsible for all utilities and services associated with the Premises unless otherwise agreed in writing, including but not limited to electricity, gas, water, sewer, trash, and internet/cable.

6.USEOFPREMISES

The Premises shall be used solely as a private residence for Tenant and any authorized occupants listed in this Agreement. No illegal activity, subletting, or use inconsistent with residential zoning is permitted without Landlord's prior written consent.

7. MAINTENANCE AND REPAIRS

Landlord shall maintain the Premises in habitable condition as required by NRS 118A.290. Tenant shall promptly notify Landlord of any needed repairs and shall not make alterations to the Premises without Landlord's prior written consent. Tenant is responsible for damage caused by Tenant's negligence or misuse.

8. RIGHT OF ENTRY

Landlord may enter the Premises to inspect, make repairs, or show the property to prospective tenants or buyers, upon at least24 hours' notice to Tenant, exceptincasesof emergency, consistent with NRS 118A.330.

9. LEAD-BASED PAINT DISCLOSURE

IfthePremises was constructedpriorto 1978,Landlord shall provide Tenant with the required federal Lead-Based Paint disclosureform and EPApamphletprior tosigningthis Agreement, as required by federal law.

10. DEFAULT AND TERMINATION

Failuretopay rent whendue,orviolation of any material term of this Agreement, may result in termination proceedings inaccordance with Nevadalandlord-tenant law (NRS Chapter 118A), including applicable notice periods.

11. GOVERNING LAW

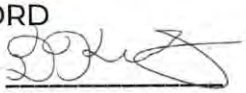
ThisAgreementshallbegovernedbyand construed in accordance with the laws of the State of Nevada.

12. ENTIRE AGREEMENT

ThisAgreement constitutesthe entireunderstanding between the parties and supersedes all prior negotiations, representations, or agreements, whether written or oral. Any modification must be made in writing and signed by both parties.

SIGNATURES

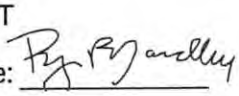
LANDLORD

Signature: 

Print Name: Diamond Kennedy

Date: 07/16/2024, 06:04:37 PM PDT

TENANT

Signature: 

Print Name: Ryan Yardley

Date: 07/16/2026, 06:52:43 PM MDT

8

8A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada	☑ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☐ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☑ Dangerous drugs
	☐ Location Change *	☐ Internet	☑ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #:		☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: APRX

Physical Address: 3960 E. PATRICK LANE #102

City: LAS VEGAS State: NV Zip: 89120

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: _____ Contact Email: APRX4641@GMAIL.COM

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): WAYNE VEIOCK

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 17129

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Paulina Ngo	NV Pharmacist Registration #: 18970
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): _____

Corporation/Organization Name: APRX LLC

Mailing Address: 1309 Coffeen Ave suite 1200

City: Sheridan State: WY Zip: 82801

Telephone: 702.376.5544 Email: APRX46411@gmail.com

Contact Person Name: Sylvia Durante

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the OWNER (title) for APRX LLC. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

SYLVIA H. DURANTE
Print Name of Authorized Person

Sylvia Durante
Original signature of Authorized Person (copies or stamps not accepted)

10/3/2025
Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, SYLVIA H. DURANTE hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the OWNER (title) for APRX LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Sylvia Durante
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 03 day of October, 2025

Notary Public

JOSHUA JORDAN
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 08-20-28
Certificate No: 25-6020-01

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Wayne Veicck Pharmacist Registration #: 17129

Pharmacy Name: APRX LLC

Initial each statement below to indicate you have read and agree with the following:

WV I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

WV I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

WV I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

WV I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

WV I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Wayne Veick
Original signature of Managing Pharmacist (copies or stamps not accepted)

7/16/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SYLVIA H. DURANTE

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Sylvia Durante — Original signature of Authorized Person (copies or stamps not accepted)

10/3/2025 — Date

Board Use Only	Date Received: _____	Amount: mo/500.00

To whom it may concern;

I, Sylvia Durante, the sole member of APRX LLC, hereby authorize and give permission to the designated representative of APRX LLC, Paulina Gno, to appear on behalf of APRX LLC.

Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Sylvia Durante 10/17/25

Sylvia Durante

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **APRX LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 04/18/2025, and in good standing in this State.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation or qualification document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 04/18/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202504185638121
You may verify this certificate online at https://www.nvsilverflume.gov/home

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application
Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler APRX LLC
Pharmacy/Wholesaler License # (if applicable) _____
Physical Address 3960 E Patrick Lane #102
City Las Vegas State NV Zip 89120
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone _____ Website _____
Licensing Company Email aprx4641@gmail.com

Section 2: Personal Information

First Wayne Middle _____ Last Veiock
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X
Mailing Address [redacted]
City Las Vegas State NV Zip [redacted]
Telephone [redacted] Email [redacted]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Roseman University			09/2004 - 06/2007	
Address		City	State	Zip
11 Sunset Way		Henderson	NV	89014
Diploma/Degree obtained, if any				
PharmD				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)		City	State	
8/2018 to present	[redacted]	Las Vegas	NV	[redacted]
From - To (MM/YY – MM/YY)		City	State	
4/2017 to 8/2018		Pasco	WA	
From - To (MM/YY – MM/YY)		City	State	
6/2016 to 4/2017		Kennewick	WA	
From - To (MM/YY – MM/YY)		City	State	
7/2000 to 6/2016		Las Vegas	NV	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
CVS Health			12/2020 to 3/2021
Business Address	**City**	**State**	**Zip**
2550 S Rainbow Blvd	Las Vegas	NV	89103
Phone	**Title**	**Number of Employed Hours**	
702-252-4600	Immunizing Pharmacist	640	
Description of Duties			
Immunizing Pharmacist visiting nursing homes, etc.			

Business Name			From - To (MM/YY – MM/YY)
CVS Health			9/2021 to 6/2022
Business Address	**City**	**State**	**Zip**
2011 E Lake Mead Blvd	North Las Vegas	NV	89030
Phone	**Title**	**Number of Employed Hours**	
702-649-1991	Pharmacist	1440	
Description of Duties			
Retail pharmacist/immunizing pharmacit			

Business Name			From - To (MM/YY – MM/YY)
AHS PharmStat/Humana			1/2013 to 4/2013
Business Address	**City**	**State**	**Zip**
3009 Astoria Ct.	Edmond	OK	73034
Phone	**Title**	**Number of Employed Hours**	
(877) 309-3546	call center pharmacist	480	
Description of Duties			
call center pharmacist in Glendale, AZ			

Business Name			From - To (MM/YY – MM/YY)
Health South			6/2008 to 7/2008
Business Address	**City**	**State**	**Zip**
1250 South Valley View Boulevard	Las Vegas	NV	89102
Phone	**Title**	**Number of Employed Hours**	
702-877-8898	pharmacist	160	
Description of Duties			
pharmacist in rehab hospital			

Business Name			From - To (MM/YY – MM/YY)
Rite Aid Pharmacy			1/2009 to 2/2011
Business Address	**City**	**State**	**Zip**
1329 US Highway 395 North #1	Gardnerville	NV	89410
Phone	**Title**	**Number of Employed Hours**	
775-782-7042	Pharmacy Manager	4200	
Description of Duties			
Pharmacy Manager			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Wayne Velock, **certify that as the designated representative for**

APRx LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ___WV___ I am at least 21 years of age;
3. ___WV___ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ___WV___ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ___WV___ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ___WV___ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ___WV___ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Wayne Velock

Print Name (First, Last)

Wayne Velock

Original Signature (electronic, copies or stamps not accepted)

7/16/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Wayne Veiock

Print Name (First, Last)

Wayne Veiock

Original Signature (electronic, copies or stamps not accepted)

7/16/2026

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, Wayne Veiock, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Wayne Veiock

Original Signature

7/16/2026

Date

Subscribed and Sworn to before me this 16 day of JULY 2026.

Royann LiBerti

Notary Public Signature

Notary Public - State of Nevada
COUNTY OF CLARK
ROYANN LIBERTI
My Appointment Expires
APRIL 17, 2027
No. 23-4883-01

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site APRX LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 4641 Blue Diamond Rd #120B

City Las Vegas State NV Zip 89139

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email APRX4641@gmail.com

Section 2: Personal Information

First SYLVIA Middle H. Last DURANTE

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City LAS VEGAS State NV Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)		
ESDAI			
Address: Col. Augusto Radia 498 Mixcoac	City: MEXICO CITY	State: CDMX	Zip: 0822
Diploma/Degree obtained, if any			

School Name	From - To (MM/YY – MM/YY)		
COLEGIO COLOMBIA HIDALGO			
Address: BOULEVARD #198 LIBRA ORIENTE	City: MEXICO CITY	State: CDMX	Zip: 01120
Diploma/Degree obtained, if any: PREPARATORIA			

School Name	From - To (MM/YY – MM/YY)		
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name	From - To (MM/YY – MM/YY)		
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name	From - To (MM/YY – MM/YY		
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2008 CURRENT	[redacted]	LAS VEGAS	NV	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
ALOHA BEEHIVE USA			02/2010/CURRENT
Business Address	**City**	**State**	**Zip**
5000 LINCOLN AVE	LOS ANGELES	CA	90026
Phone	**Title**		
415 656 7170	TOUR DIRECTOR / GUIDE		
Description of Duties			
DIRECTING & MANAGING GROUPS			

Business Name			From - To (MM/YY – MM/YY)
LAS VEGAS VIP SERVICES LLC			1/2014/CURRENT
Business Address	**City**	**State**	**Zip**
2564 LA CARA AVE	LAS VEGAS	NV	89121
Phone	**Title**		
702 359 7699	TOUR GUIDE		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
TRAVEL DESTINATION GUIDES INC.			2/2016/CURRENT
Business Address	**City**	**State**	**Zip**
4045 S BUFFALO DR. SUITE A 101	LAS VEGAS	NV	8147
Phone	**Title**		
702 493 1158	TOUR GUIDE		
Description of Duties			
DIRECTING & STAFF WORK			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SYLVIA H. DURANTE
Print Name (First, Last)

Sylvia Durante — 10/3/2025
Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, SYLVIA H. DURANTE, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Sylvia Durante — 10/3/2025
Original Signature — **Date**

Subscribed and Sworn to before me this 03 day of October.

Notary Public Signature

JOSHUA JORDAN
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 08-20-28
Certificate No: 25-6020-01

(Seal)

8B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH02771	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other:	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☒ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Shree Guru Krupa LLC. dba Patient Care Pharmacy

Physical Address: 4101 Wagon Trail Ave

City: Las Vegas State: NV Zip: 89118

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-576-9545 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 702-946-0353 Contact Email: [redacted]

Website: _____

Nevada Business License # (if applicable) NV20263541830

Supervising/Managing Pharmacist Name (NRS 639.220): Vy Burns

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 19369

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Vy Burns	NV Pharmacist Registration #: 19369
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Neveda

Parent Company (if any): _____

Corporation/Organization Name: Shree Guru Krupa LLC dba Patient Care Pharmacy

Mailing Address: 4101 Wagon Trail Ave

City: Las Vegas State: NV Zip: 89118

Telephone: 702-576-9545 Email: [redacted]

Contact Person Name: Manish Patel

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

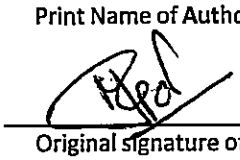
Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Managing Member (title) for Shree Guru Krupa LLC dba Patient Care (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Manish Patel

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

4/2/26

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Manish R Patel hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Managing Member (title) for Shree Guru Krupa LLC dba Patient Care Pharma (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 2nd day of April, 2026

Notary Public

LORI M. BROWN
Notary Public, Commonwealth of Massachusetts
My Commission Expires September 28, 2029

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Vy Burns Pharmacist Registration #: 19369

Pharmacy Name: Patient Care Pharmacy

Initial each statement below to indicate you have read and agree with the following:

VB I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

VB I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

VB I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

VB I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

VB I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

4/10/26
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Manish Patel

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

4/2/2026

Date

Board Use Only	Date Received: 4/20/26	Amount: $500-cc ✓

List of ALL officers and Directors of Shree Guru Krupa LLC. dba Patient Care Pharmacy

4101 Wagon Trail Ave, Las Vegas, NV 89118

1) Manish Patel – Managing Member
2) Sharan Patel – Managing Member
3) Chandresh Patel – Managing Member

List of TOP FOUR stockholders and their percent ownership of Shree Guru Krupa LLC. dba Patient Care Pharmacy

4101 Wagon Trail Ave, Las Vegas, NV 89118

1) Manish Patel – Managing Member – 20%
2) Sharan Patel – Managing Member – 60%
3) Chandresh Patel – Managing Member – 20%

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **Shree Guru Krupa LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 03/10/2026, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 03/18/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202603186563587
You may verify this certificate
online at https://www.nvsilverflume.gov/home

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Shree Guru Krupa LLC

Nevada Business Identification # NV20263541830
Expiration Date: 03/31/2027

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/10/2026.

Certificate Number: B202603106544838
You may verify this certificate online at https://www.nvsilverflume.gov/home

FRANCISCO V. AGUILAR
Secretary of State

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Patient Care Pharmacy

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 4101 Wagon Trail Ave

City Las Vegas State NV Zip 89118

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-576-9545 Website _____

Licensing Company Email _____

Section 2: Personal Information

First Vy Middle _____ Last Burns

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted]

City [redacted] State NV Zip [redacted]

Telephon[redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Roseman University			9/2013 to 05/2016	
Address		City	State	Zip
11 Sunset Way		Henderson	NV	89014
Diploma/Degree obtained, if any				
Pharm.D				
School Name			From - To (MM/YY – MM/YY)	
College of Southern Nevada			9/2008 to 5/2013	
Address		City	State	Zip
6375 W Charleston Blvd		Las Vegas	NV	89146
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Nguyen Chi Thanh			09/2004 to 05/2007	
Address		City	State	Zip
Vietnam				
Diploma/Degree obtained, if any				
High Schools Diploma				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2017 to Now	[redacted]	[redacted]	NV	[redacted]
7/2012 to 08/2017			NV	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Patient Care Pharmacy			04/2019 to Now	
Business Address		**City**	**State**	**Zip**
4101 Wagon Trail Ave		Las Vegas	NV	89118
Phone	**Title**		**Number of Employed Hours**	
702-576-9545	Pharmacy Manager		40 hours weekly	
Description of Duties				
Overseas pharmacy operations.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Vy Burns, **certify that as the designated representative for**

Patient Care Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Vy Burns
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/10/26
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

VY BURNS

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/10/26

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, VY ANH BURNS, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/10/26

Date

Subscribed and Sworn to before me this 10th day of APRIL 2026

Notary Public Signature

KENNETH ALBERT RIZO HERNANDEZ
Notary Public-State of Nevada
APPT. NO. 23-6634-01
My Appt. Expires 10-08-2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Shree Guru Krupa LLC. dba Patient Care Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 4101 Wagon Trail Ave

City: Las Vegas State: NV Zip: 89118

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-576-9545 Website:

Licensing Company Email: machenish112@hotmail.com

Section 2: Personal Information

First: Manish Middle: Ranchhodbhai Last: Patel

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: MA Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Massachusetts College of Pharmacy and Health Sciences			09/01-05/05	
Address		City	State	Zip
179 Longwood Ave		Boston	MA	02115
Diploma/Degree obtained, if any				
Doctor of Pharmacy				
School Name			From - To (MM/YY – MM/YY)	
Lukhdhirji Engineering College			09/91-05/95	
Address		City	State	Zip
		Morbi	Gujarat	363642
Diploma/Degree obtained, if any				
Bachelor of Engineering Mechanical				
School Name			From - To (MM/YY – MM/YY)	
Experimental High School			09/86-03/91	
Address		City	State	Zip
Rajmahel Road		Patan	Gujarat	384265
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/11- Current	[redacted]	[redacted]	MA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Shree Sainath LLC. dba Patient Care Pharmacy			06/17 - Current	
Business Address		**City**	**State**	**Zip**
4101 Wagon Trail Ave		Las Vegas	NV	89118
Phone	**Title**			
702-576-9545	Managing Member			
Description of Duties				
Assisting in overall management of the pharmacy				

Business Name			From - To (MM/YY – MM/YY)	
Massachusetts General Hospital			07/03- Current	
Business Address		**City**	**State**	**Zip**
55 Fruit St		Boston	MA	02114
Phone	**Title**			
617-726-2508	Compounding Pharmacist			
Description of Duties				
Oversight on patient specific sterile and non-sterile compounding area.				

Business Name			From - To (MM/YY – MM/YY)	
Habitat Realty LLP			08/2019-Currenet	
Business Address		**City**	**State**	**Zip**
113 Dale St		Boston	MA	02119
Phone	**Title**			
617-755-7801	Managing Member			
Description of Duties				
Helping manage rental property				

Business Name			From - To (MM/YY – MM/YY)	
CVS in Target Pharmacy			07/2005 - 12/2020	
Business Address		**City**	**State**	**Zip**
36 Furlong Dr		Revere	MA	02151
Phone	**Title**			
781-922-6031	Pharmacy Manager			
Description of Duties				
Overall management of retail pharmacy				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Manish Patel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/02/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Massachusetts, ss. County of Essex

I, MANISH PATEL, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/2/2026

Date

Subscribed and Sworn to before me this 2nd day of April 2026

Notary Public Signature

LORI M. BROWN
Notary Public, Commonwealth of Massachusetts
My Commission Expires September 28, 2029

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Patient Care Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 4101 Wagon trail Ave

City: Las Vegas State: NV Zip: 89118

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-576-9545 Website:

Licensing Company Email:

Section 2: Personal Information

First: Sharan Middle: Indravadan Last: Patel

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: NV Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNLV		08/15-05/18	
Address	**City**	**State**	**Zip**
4505 S MARYLAND PKWY	Las Vegas	NV	89154
Diploma/Degree obtained, if any			
BACHELROS IN MECHANICAL ENGINEERING			
School Name		**From - To (MM/YY – MM/YY)**	
College of Southern Nevada		07/13-07/15	
Address	**City**	**State**	**Zip**
6375 W CHARLESTON BLVD	LAS VEGAS	NV	89102
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
NIRMA UNIVERSITY		05/10-05/13	
Address	**City**	**State**	**Zip**
	INDIA		
Diploma/Degree obtained, if any			
DIPLOMA IN MECHANICAL ENGINEERING			
School Name		**From - To (MM/YY – MM/YY)**	
ST KABIR SCHOOL		04/00-05/10	
Address	**City**	**State**	**Zip**
	INDIA		
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/22-CURRENT	[redacted]	[redacted]	NV	[redacted]
04/19-01/22			NV	
05/16-03/19			NV	
07/13-04/16			NV	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
PATIENTCARE PHARMACY			07/2017-CURRENT
Business Address	**City**	**State**	**Zip**
4101 Wagon trail Ave	Las Vegas	NV	89118
Phone	**Title**		
702-576-9545	Pharmacy Technician		
Description of Duties			
PERFORMED PHARMACY TECHNICIAN DUTIES			

Business Name			From - To (MM/YY – MM/YY)
PREFERRED PHARMACY			05/2019-07/25
Business Address	**City**	**State**	**Zip**
2202 W CHARLESTON BLVD STE 13	LAS VEGAS	NV	89102
Phone	**Title**		
7023843784	Pharmacy Technician		
Description of Duties			
PERMORNED PHARMACY TECHNICIAN DUTIES			

Business Name			From - To (MM/YY – MM/YY)
SMOKE SHOP			01/2015-06/2017
Business Address	**City**	**State**	**Zip**
7460 W LAKE MEAD BLVD STE 5	LAS VEGAS	NV	89128
Phone	**Title**		
702-985-7081	OWNER/SELF EMPLOYED		
Description of Duties			
MANAGE STORE AND INVENTORY			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SHARAN PATEL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/11/2026

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, SHARAN INDRAVADAN PATEL, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/11/26

Date

Subscribed and Sworn to before me this 11th day of April 2026

Notary Public Signature

KARA BERMUDES
Notary Public-State of Nevada
Appointment No. 25-0003-01
My Appointment Expires May 12, 2029

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Patient Care Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 4101 Wagon trail Ave

City Las Vegas State NV Zip 89118

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-576-9545 Website _____

Licensing Company Email _____

Section 2: Personal Information

First Chandresh Middle Kanjibhai Last Patel

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State NV Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed:)

School Name		From - To (MM/YY – MM/YY)	
Sahjanand Arts & Commerce College		7/1985 to 7/1988	
Address	**City**	**State**	**Zip**
120 Feet Ring Rd, AEC Char Rasta	Ahmedabad	Gujarat	380015
Diploma/Degree obtained, if any			
Bachelor of Commerce			

School Name		From - To (MM/YY – MM/YY)	
Mangal Vidhyalaya		6/1983 to 6/1985	
Address	**City**	**State**	**Zip**
2HH8+X88, Maharashtra Society Club Ground	Ahmedabad	Gujarat	380006
Diploma/Degree obtained, if any			
High Schools Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed:)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
4/22 TO CURRENT	[redacted]	[redacted]	NV	[redacted]
From - To (MM/YY – MM/YY) 6/19 to 4/22			State NV	
From - To (MM/YY – MM/YY) 8/12 to 6/19			State NV	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Patient Care Pharmacy			7/2017-CURRENT
Business Address	**City**	**State**	**Zip**
4101 Wagon trail Ave	Las Vegas	NV	89118
Phone	**Title**		
702-576-9545	Pharmacy Technician		
Description of Duties			
Performed pharmacy technician duties			

Business Name			From - To (MM/YY – MM/YY)
Blue Star LLC			7/2015 to 6/2017
Business Address	**City**	**State**	**Zip**
1314 Wake Forest Ave	Walnut	CA	91789
Phone	**Title**		
714-519-9075	Marketing		
Description of Duties			
Sales and Marketing			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Chandresh Patel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/11/2026

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK.

I, Chandresh Patel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/11/2026

Date

Subscribed and Sworn to before me this 11th day of April 2026

Notary Public Signature

KARA BERMUDES
Notary Public-State of Nevada
Appointment No. 25-0003-01
My Appointment Expires May 12, 2029

(Seal)

8C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) * Current license #: PH 04446	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: SAHARA PHARMACY

Physical Address: 2585 S Nellis Blvd Ste 3,

City: Las Vegas, State: NV Zip: 89121

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 7029120080 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 7022093365 Contact Email: saharapharmacynv@gmail.com

Website: _____

Nevada Business License # (if applicable) NV20263578964

Supervising/Managing Pharmacist Name (NRS 639.220): Khanh Dinh

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24360

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: An Huynh	NV Pharmacist Registration #: 24058
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NV

Parent Company (if any): _____

Corporation/Organization Name: Sahara Specialty Pharmacy

Mailing Address: 2585 S Nellis Blvd Ste 3

City: Las Vegas State: NV Zip: 89121

Telephone: 7029120080 Email: saharapharmacynv@gmail.com

Contact Person Name: Bilal Mahmood

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: Bilal Mahmood

Business Name: Sahara Specialty Pharmacy

Business Address: 2585 S Nellis Blvd

City: Las Vegas State: NV Zip: 89121

Telephone: 7029120080 Email: saharapharmacynv@gmail.com

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for Sahara Specialty Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Bilal Mahmood

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

7/13/26

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Bilal Mahmood hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President (title) for Sahara Specialty Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

B Lal:M

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 13th day of July, 20 26

Linda Lai-Kwan Or

Notary Public

LINDA LAI OR
NOTARY PUBLIC, STATE OF NEW YORK
NO. 01OR6409328
QUALIFIED IN SUFFOLK COUNTY
MY COMMISSION EXPIRES SEPTEMBER 28, 2028

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Change in Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist Application

Non-Refundable $50.00 Fee

Rev (05/17/2023)

Section 1: Pharmacy Information

Pharmacy Name: Sahara Pharmacy License #: PH04446

Physical Address: 2585 S Nellis Blvd Ste 3,

City: Las Vegas State: NV Zip: 89121

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702) 912-0080 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: (702) 209-3365 Contact Email: info.saharapharmacy@gmail.com

Section 2: Previous Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist Information

Pharmacist Name: An Huynh NV Pharmacist Registration #: 24058

State and End Date of the Managing Pharmacist/PIC/Supervising Pharmacist: August 9th 2026

Section 3: New Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist Information

Pharmacist Name: Khanh Nhu Dinh NV Pharmacist Registration #: 24360 ✓

State Date as the Managing Pharmacist/PIC/Supervising Pharmacist: August 10th 2026

Personal and Professional History for the New Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		✓
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

Section 4: New Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist Acknowledgement

Managing Pharmacist Name: Khanh Nhu Dinh Pharmacist Registration #: 24360

Pharmacy Name: Sahara Pharmacy Pharmacy License #: PH04446

Initial each statement below to indicate you have read and agree with the following:

KD — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

KD — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

KD — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

KD — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

KD — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Khanh Nhu Dinh

Print Name of New Managing Pharmacist

Original signature of New Managing Pharmacist (copies or stamps not accepted)

07/31/2026

Date

Board Use Only	Date Received: 8/4/26	Amount: $500 CC

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bilal Mahmood

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

07/13/2026

Date

Board Use Only	Date Received: 7/15/26	Amount: $500 - CK 6371904821

LIST OF OFFICERS AND DIRECTORS

Bilal Mahmood is the sole member of Sahara Specialty Pharmacy, and he is the President/Authorized official of Sahara Specialty Pharmacy.

Contact info: Bilal Mahmood

Address: [redacted]

Bellerose, NY-[redacted]

Phone: [redacted]

Email: saharapharmacynv@gmail.com

SECRETARY OF STATE

STATE OF NEVADA

DOMESTIC CORPORATION (78) CHARTER

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that **SAHARA SPECIALTY PHARMACY** did, on 05/15/2026, file in this office the original Articles of Incorporation-For-Profit that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/15/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate
Number: B202605156685198
You may verify this certificate
online at https://www.nvsilverflume.gov/home

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

SAHARA SPECIALTY PHARMACY

Nevada Business Identification # NV20263578964

Expiration Date: 05/31/2027

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/15/2026.

Certificate Number: B202605156685199
You may verify this certificate online at https://www.nvsilverflume.gov/home

FRANCISCO V. AGUILAR
Secretary of State

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Sahara Pharmacy

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 2585 S Nellis Blvd Ste 3

City: Las Vegas State: NV Zip: 89121

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 7029190080 Website:

Licensing Company Email: saharapharmacynv@gmail.com

Section 2: Personal Information

First: Aamir Middle: Last: Iqbal

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Las Vegas State: NV Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☐ Yes ☒ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
NABP			2020	
Address		City	State	Zip
1600 Feehanville Drive		Mount Prospect	IL	60056
Diploma/Degree obtained, if any				
Foreign Pharmacy Graduate Equivalency Certificate (FPGEC)				
School Name			From - To (MM/YY – MM/YY)	
University College of Pharmacy, University of Punjab			2007 to 2012	
Address		City	State	Zip
Mall Road Lahore		Lahore	Pakistan	54000
Diploma/Degree obtained, if any				
Pharm D (Doctor of Pharmacy)				
School Name			From - To (MM/YY – MM/YY)	
G.C.U			2004 to 2006	
Address		City	State	Zip
Mall Road Lahore		Lahore	Pakistan	54000
Diploma/Degree obtained, if any				
Bachelor of Science (BSc.)				
School Name			From - To (MM/YY – MM/YY)	
BISE MULTAN			2001 to 2003	
Address		City	State	Zip
Gol Bagh Park, Gulgasht Colony, Bosan Road, Multan, Pakistan			Pakistan	60750
Diploma/Degree obtained, if any				
High School Diploma				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]	City	State	[redacted]
09/2023 to Present		Williston Park	NY	
From - To (MM/YY – MM/YY)		City	State	
10/2020 to 08/2023		Jamaica	NY	
From - To (MM/YY – MM/YY)		City	State	
01/2019 09/2020		Shelton	CT	
From - To (MM/YY – MM/YY)		City	State	
06-1997 to 01/2021		Punjab Pakistan	Pakistan	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Bright Care Pharmacy			11/2023 to Present
Business Address	**City**	**State**	**Zip**
430 E 149th St	Bronx	NY	10455
Phone	**Title**	**Number of Employed Hours**	
718-401-2820	President	5480	

Description of Duties
Oversee the daily operations of the pharmacy. Supervising and training staff, verifying and dispensing prescriptions, managing inventory and budgets, and ensuring strict compliance with state and federal healthcare regulations.

Business Name			From - To (MM/YY – MM/YY)
Victoria Specialty Pharmacy			03/2022 to 11/2023
Business Address	**City**	**State**	**Zip**
355 Broadway	Amityville	NY	11701
Phone	**Title**	**Number of Employed Hours**	
631-608-2457	President	3466	

Description of Duties
Oversee the daily operations of the pharmacy. Supervising and training staff, verifying and dispensing prescriptions, managing inventory and budgets, and ensuring strict compliance with state and federal healthcare regulations.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Aamir Iqbal, **certify that as the designated representative for**

_____,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AI I am at least 21 years of age;
3. AI I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. AI I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AI I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AI I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. AI I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Aamir Iqbal

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/13/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Aamir Iqbal

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/13/2026

Date

Please have this section completed in the presence of a Notary Public.

State of NY, ss. County of Queens

I, Aamir Iqbal, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

07/13/2026.

Date

Subscribed and Sworn to before me this 13th day of July 2026

Notary Public Signature

LINDA LAI OR
NOTARY PUBLIC, STATE OF NEW YORK
NO. 01OR6409328
QUALIFIED IN SUFFOLK COUNTY
MY COMMISSION EXPIRES SEPTEMBER 28, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Sahara Pharmacy

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 2585 S Nellis Blvd Ste 3

City: Las Vegas State: NV Zip: 89121

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 7029190080 Website:

Licensing Company Email: saharapharmacynv@gmail.com

Section 2: Personal Information

First: Aamir Middle: Last: Iqbal

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: 2585 S Nellis Blvd Ste 3

City: Las Vegas State: NV Zip: 89121

Telephone: 7029190080 Email: saharapharmacynv@gmail.com

Are you a citizen of the United States? ☐ Yes ☒ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
NABP		2020	
Address	**City**	**State**	**Zip**
1600 Feehanville Drive	Mount Prospect	IL	60056
Diploma/Degree obtained, if any			
Foreign Pharmacy Graduate Equivalency Certificate (FPGEC)			

School Name		From - To (MM/YY – MM/YY)	
University College of Pharmacy University of the Punjab		2007 to 2012	
Address	**City**	**State**	**Zip**
Mall Road	Lahore	Pakistan	54000
Diploma/Degree obtained, if any			
Doctor of Pharmacy (PharmD)			

School Name		From - To (MM/YY – MM/YY)	
G.C.U		2004 to 2006	
Address	**City**	**State**	**Zip**
Mall Road Lahore	Lahore	Pakistan	54000
Diploma/Degree obtained, if any			
Bachelor of Science (BSc.)			

School Name		From - To (MM/YY – MM/YY)	
BISE MULTAN		2001 to 2003	
Address	**City**	**State**	**Zip**
Gol Bagh Park, Gulgasht Colony, Bosan Road, Multan, Pakistan	Multan	Pakistan	60750
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/2023 to Present	[redacted]	Williston Park	NY	[redacted]
10/2020 to 10/2023		Jamaica	NY	
01/2019 to 09/2020		Shelton	CT	
06/1997 to 03/2019		Arifwala Punjab	Pakistan	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Bright Care Pharmacy			11/2023 to Present
Business Address	**City**	**State**	**Zip**
430 E 149th St	Bronx	NY	10455
Phone	**Title**		
718-401-2820	Pharmacy Manager/President		

Description of Duties

Oversee the daily operations of the pharmacy. Supervising and training staff, verifying and dispensing prescriptions, managing inventory and budgets, and ensuring strict compliance with state and federal healthcare regulations.

Business Name			From - To (MM/YY – MM/YY)
Victoria Specialty Pharmacy			03/2022 to 10/2023
Business Address	**City**	**State**	**Zip**
355 Broadway	Amityville	NY	11701
Phone	**Title**		
631-608-2457	Pharmacy Manager		

Description of Duties

Oversee the daily operations of the pharmacy. Supervising and training staff, verifying and dispensing prescriptions, managing inventory and budgets, and ensuring strict compliance with state and federal healthcare regulations.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Aamir Iqbal

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/13/2026

Date

Please have this section completed in the presence of a Notary Public.

State of NY, ss. County of Queens

I, Aamir Iqbal., being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

07/13/2026

Date

Subscribed and Sworn to before me this 13th day of July 2026.

Notary Public Signature

LINDA LAI OR
NOTARY PUBLIC, STATE OF NEW YORK
NO. 01OR6409328
QUALIFIED IN SUFFOLK COUNTY
MY COMMISSION EXPIRES SEPTEMBER 28, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Sahara Pharmacy

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 2585 S Nellis Blvd Ste 3

City: Las Vegas State: NV Zip: 89121

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 7029190080 Website:

Licensing Company Email: saharapharmacynv@gmail.com

Section 2: Personal Information

First: Bilal Middle: Last: Mahmood

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 2585 S Nellis Blvd Ste 3

City: Las Vegas State: NV Zip: [redacted]

Telephone: 7029190080 Email: saharapharmacynv@gmail.com

Are you a citizen of the United States? ☐ Yes ■ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University Of The Punjab			2005-2007	
Address		City	State	Zip
234-A Khayaban-e-Jamia Punjab, Quaid-i-Azam Campus		Lahore	Pakistan	54590
Diploma/Degree obtained, if any				
Bachelor Of Arts				
School Name			From - To (MM/YY – MM/YY)	
BISE Lahore			2001-2003	
Address		City	State	Zip
Mall Road Lahore		Lahore	Pakistan	54590
Diploma/Degree obtained, if any				
High School Diploma				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	
03/25-present	[redacted]	Bellerose	NY	[redacted]
01/20-01/2025		Riyadh	KSA	
12/15-12/19		Khober	KSA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Zeshan pharmacy			08/25 to present	
Business Address		**City**	**State**	**Zip**
4435 kissena blvd		Flushing	NY	11355
Phone	**Title**			
7187990950	Managing Director			
Description of Duties				
Mangaing pharmacy operations, Phamraceutical ordering, and Compliance management along with business development.				

Business Name			From - To (MM/YY – MM/YY)	
Ebttikar Technology			01/24-01/25	
Business Address		**City**	**State**	**Zip**
8132 prince sultan bin abdulaziz st as sulymania		Riyadh	KSA	11564
Phone	**Title**			
	Technical Specialist			
Description of Duties				
Monitoring and addressing technical issues pertaining to airport operations				

Business Name			From - To (MM/YY – MM/YY)	
wipro arabia ltd			12/15-12/23	
Business Address		**City**	**State**	**Zip**
Prince nora university		Riyadh	KSA	11564
Phone	**Title**			
	Safety consultant			
Description of Duties				
Monitoring health and safety issues of different contractors including ARAMCO and ministry of Finance.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bilal Mahmood

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/13/2026

Date

Please have this section completed in the presence of a Notary Public.

State of NY, ss. County of Queens

I, Bilal Mahmood, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

07/13/2026

Date

Subscribed and Sworn to before me this 13TH day of July 2026

Linda Lai-Kwan Or

Notary Public Signature

LINDA LAI OR
NOTARY PUBLIC, STATE OF NEW YORK
NO. 01OR6409328
QUALIFIED IN SUFFOLK COUNTY
MY COMMISSION EXPIRES SEPTEMBER 28, 2028

(Seal)

9

9A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada	☐ New Pharmacy	■ Retail/Community	☐ Retail/Community
☐ Out-of-Nevada	■ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	■ Non-sterile Compounding
			■ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH 02986		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Quality Compounding Rx of America

Physical Address: 801 S. Rancho Drive STE E7

City: Las Vegas State: NV Zip: 89106

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702.984.6640 Toll Free # (NAC 639.708, NRS 639.23286): 833.467.8575

Fax: 877-909-7750 Contact Email: licensing@qcrxusa.com

Website: https://www.qcrxusa.com

Nevada Business License # (if applicable) NV20253447879, NV20232669489

Supervising/Managing Pharmacist Name (NRS 639.220): Jubdatul Arefin

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18911

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Jubdatul Arefin	NV Pharmacist Registration #: 18911
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): _____

Corporation/Organization Name: Trinity Crest Holdings LLC

Mailing Address: 801 S. Rancho Drive STE E7

City: Las Vegas State: NV Zip: 89106

Telephone: 702.984.6640 Email: licensing@qcrxusa.com

Contact Person Name: Ruben Sukiasyan

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Manging Pharmacist (title) for Quality Compounding Rx of America (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Jubdatul Arefin

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

6/25/26

Date

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Jubdatul Arefin Pharmacist Registration #: 18911

Pharmacy Name: Quality Compounding Rx of America

Initial each statement below to indicate you have read and agree with the following:

JA I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

JA I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

JA I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

JA I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

JA I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✔

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board/Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted) Date: 6/25/26

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ruben Sukiasyan

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

06/25/2026

Date

Board Use Only	Date Received: 7/2/26	Amount: $500 CK 109 ✓

Quality Compounding Rx of America LLC (QCRX)

Officers & Directors

George Nordanyan – Principal & Founder

Sky Countryman – Co-Founder & CEO

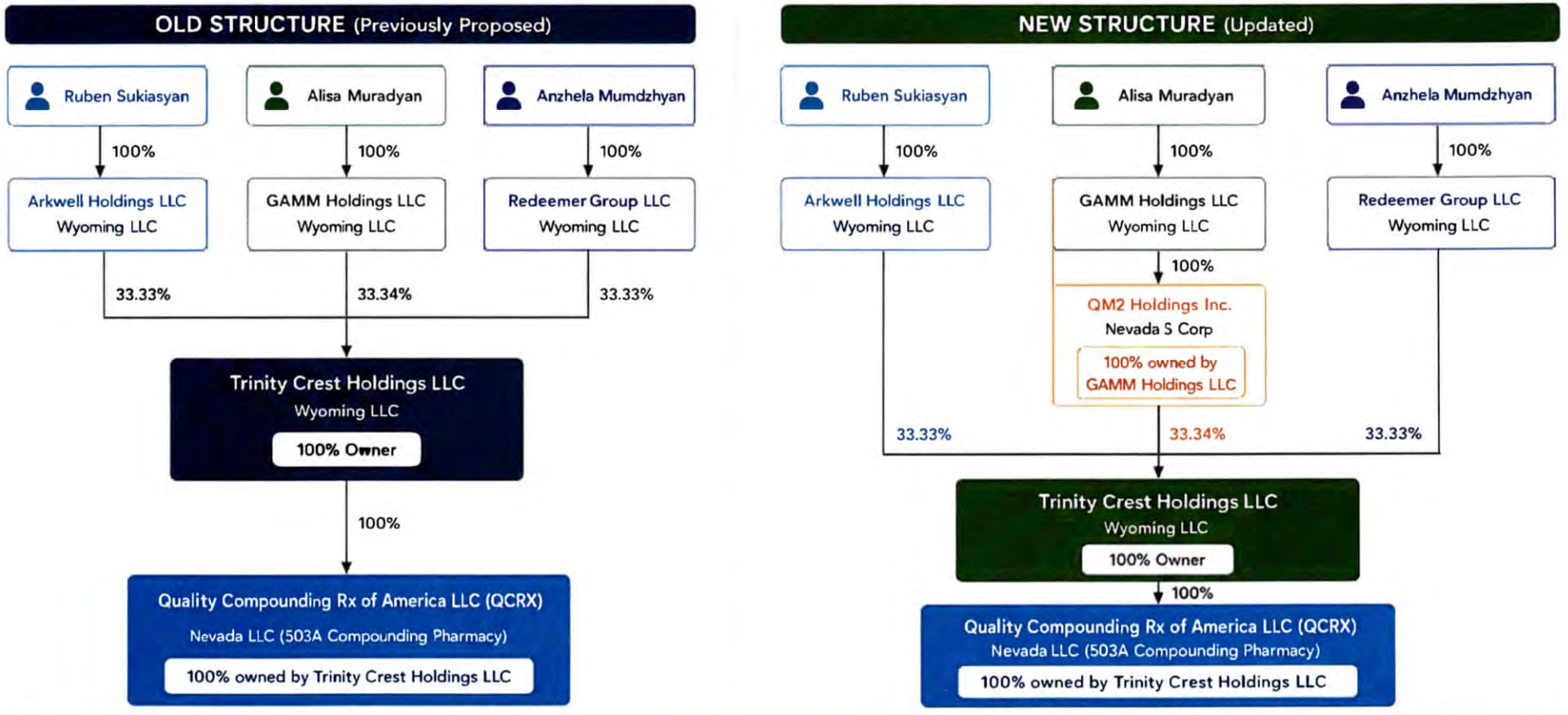
Tim Johnston – National Director of Business Development

QCRX Ownership Structure



QCRX RESTRUCTURE: OLD STRUCTURE vs. NEW STRUCTURE

KEY DIFFERENCE: Addition of QM2 Holdings Inc. (Nevada S Corp) – 100% owned by GAMM Holdings LLC – which holds 33.34% of Trinity Crest Holdings LLC.



SUMMARY

- In both structures, Trinity Crest Holdings LLC (Wyoming LLC) owns 100% of Quality Compounding Rx of America LLC (QCRX) (Nevada LLC).
- The only change in the new structure is the addition of QM2 Holdings Inc. (Nevada S Corp), which is 100% owned by GAMM Holdings LLC and holds a 33.34% ownership interest in Trinity Crest Holdings LLC.

OWNERSHIP OF TRINITY CREST HOLDINGS LLC (NEW STRUCTURE)

Arkwell Holdings LLC (Wyoming LLC)	QM2 Holdings Inc. (Nevada S Corp)	Redeemer Group LLC (Wyoming LLC)
33.33%	33.34%	33.33%

LEGEND: Operating Company · Parent / Holding Company · Intermediate Entity (New) · Arkwell Ownership · GAMM Ownership · Redeemer Ownership

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **Quality Compounding Rx of America Holding, LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 10/01/2025, and in good standing in this State.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation or qualification document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 06/16/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202606166753739

You may verify this certificate online at https://www.nvsilverflume.gov/home

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Quality Compounding Rx of America

Pharmacy/Wholesaler License # (if applicable): PH02986

Physical Address: 801 S. Rancho Drive STE E7

City: Las Vegas State: NV Zip: 89106

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702.984.6640 Website: https://www.qcrxusa.com

Licensing Company Email: licensing@qcrxusa.cm

Section 2: Personal Information

First: Jubdatul Middle: Last: Arefin

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Las Vegas State: NV Zip: [redacted]

Telephone: [redacted] Email: jub@qcrxusa.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Massachusett's College of Pharmacy and Health Sciences			09/2007- 05-2013	
Address		City	State	Zip
179 Longwood Ave		Boston	MA	02115
Diploma/Degree obtained, if any				
PharmD				
School Name			From - To (MM/YY – MM/YY)	
Benjamin N Cardozo High School			09/2003-06/2007	
Address		City	State	Zip
57-00 223rd St		Bayside	NY	11364
Diploma/Degree obtained, if any				
High School Diploma				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2019- Current	[redacted]	Las Vegas	NV	[redacted]
01/2015-08/2015	[redacted]	Las Vegsa	NV	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Quality Compounding Rx of America LLC			03/2026- Current	
Business Address	**City**		**State**	**Zip**
801 S Rancho Drive Suite E7	Las Vegas		NV	89106
Phone	**Title**		**Number of Employed Hours**	
702-984-6640	Pharmacist in Charge		480	
Description of Duties				
Pharmacist in Charge managing a Sterile and Non-sterile compounding Pharmacy				

Business Name			From - To (MM/YY – MM/YY)	
Summerlin Hospital			03/2025-11/2025	
Business Address	**City**		**State**	**Zip**
657 N Town Center Dr	Las vegas		NV	89144
Phone	**Title**		**Number of Employed Hours**	
7022337000	Assistant Director of Pharmacy		1,280	
Description of Duties				
Pharmacy P&T committee member, Formulary Management, over see daily pharmacy operations, Over see daily sterile operations				

Business Name			From - To (MM/YY – MM/YY)	
Quality Compounding Rx of America LLC			06/2023- 03/2025	
Business Address	**City**		**State**	**Zip**
801 S Rancho Dr suite E7	Las Vegas		NV	89106
Phone	**Title**		**Number of Employed Hours**	
7029846640	Pharmacist in Charge		3,760	
Description of Duties				
Pharmacist in Charge managing a Sterile and Non-sterile compounding Pharmacy				

Business Name			From - To (MM/YY – MM/YY)	
Walmart Pharmacy #5258			04/2019- 06/2023	
Business Address	**City**		**State**	**Zip**
5850 W Craig Rd	Las vegas		NV	89130
Phone	**Title**		**Number of Employed Hours**	
7023951240	Pharmacist in Charge		8,320	
Description of Duties				
Pharmacist in Charge for Retail Chain Pharmacy				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

6/25/26
Date

I, Jubdatul Arefin, **certify that as the designated representative for**

Quality Compounding Rx of America,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JA I am at least 21 years of age;
3. JA I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JA I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JA I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JA I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JA I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jubdatul Arefin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/25/26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jubdatul Arefin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/25/26

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark County

I, Jubdatul Arefin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/25/26

Date

State of Nevada
Clark County
Subscribed and Sworn to before me this 25 day of June, 2026 By Jubdatul Arefin

Notary Public Signature

K. BAYARD
Notary Public, State of Nevada
Appointment No. 16-2097-1
My Appt. Expires Apr 15, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Quality Compounding Rx of America

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 801 S. Rancho Drive STE E7

City: Las Vegas State: NV Zip: 89106

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702.984.6640 Toll Free # (NAC 639.708, NRS 639.23286): 833.467.8575

Fax: 877-909-7750 Contact Email: licensing@qcrxusa.com

Website: https://www.qcrxusa.com/

Nevada Business License # (if applicable) NV20253447879, NV20232669489

Supervising/Managing Pharmacist Name (NRS 639.220): Jubdatul Arefin

Supervising/Managing Pharmacist NV Pharmacist Registration #: 18911

Name of Designated Person(s) as defined by revised USP-797 guidelines: Nicole Sy

Email of Designated Person(s): nicolesy@qcrxusa.com

Telephone of Designated Person(s): 702.984.6640

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

■ Category 1 ■ Category 2 ☐ Category 3

If you marked "**Category 3**", you must also complete **section 4.**

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ■ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ■ Aseptic ■ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? 05/27/2026

6. What is the frequency of the recertification for the ISO classified areas? Every 6 months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Once a week

10. Will you be performing sterile hazardous drug compounding? ■ Yes No

If you marked "**Yes**", you must also complete **section 3.**

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Glutathione
Bremelanotide
Methionine/Inositol/Choline
Methionine/Inositol/Choline/Methylcobalamin
Methionine/Inositol/Choline/Dexpanthenol/L-Carnitine/Thiamine
Ascorbic Acid
Methylcobalamin
Myers
NAD+
Semaglutide/Glycine
Semaglutide/Methylcobalamin
Semaglutide/NAD+
Testosterone Cypionate
Testosterone Enanthate
Tirzepatide/Glycine
Tirzepatide/Methylcobalamin
Tirzepatide/NAD+
VitaminB Complex

12. What laboratory performs your sterility or endotoxin testing?

Name: ARL Bio Pharma

Address: 840 Research Parkway, Suite 546

City: Oklahoma City State: OK Zip: 73104

Telephone: 800.393.1595

13. What is your procedure for visual inspection of compounded sterile products?

All sterile finished products are visually inspected for Container Closure (leakage, cracks, improper seals), particles, foreign matter, and other visible defects prior to labeling

14. How often do you perform glove fingertip and medial fill testing?

Every Six (6) months

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

Initial and ongoing
Critical Point
Competencies- Equipment, Aseptic Technique, Garbing, Cleaning and Disinfection, Achieving and/or maintaining sterility, Documentation, PECs (HEPA), Transferring items into controlled environment, Movement, Hand hygiene

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

PECs- Cleaned with Peridox followed by sIPA 70%
SEC - Cleans floors and high touch point area with TB1-3300 Daily, Walls, Ceilings, Floor - monthly with Sporicidal (peridoxRTU), Floors also with Periodox with high traffic
sIPA 70%
TB1-3300
Peridox

17. Who performs the sterile compounding process at your facility?

Arjay Fernando, Russ Fernando, Josh Fernando, Adrian Samson (Pharmacy Technicians)

18. Who is responsible and accountable for the sterile compounding process at your facility?

Arjay Fernando
Nicole Sy

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

Products are shipped with insulated packaging and refrigerant packs to maintain the required temperature range of 2–8° throughout transit

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? NuAire BSC Type II		
2. Are you complying with all USP 800 guidelines?	■ Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	■ Yes	No
4. Is your BSC or CACI vented 100% to the outside?	■ Yes	No
5. Do you have a negative pressure buffer room at your facility?	■ Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	■ No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	■ Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	■ No
9. If yes, list the name of the device: N/A		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

Patients receive guidance in a Patient Information Sheet that covers four key areas:

1. Safe Handling – Instructions on PPE use (gloves, hand washing), restrictions on who may handle the medication, and what to do in the event of accidental skin contact.

2. Storage – Direction to follow label instructions, store in original packaging, and keep medications away from children and pets.

3. Disposal – Step-by-step instructions for disposing of sharps, empty vials/containers with residue, and contaminated materials (gloves, gauze, wipes) as hazardous waste.

4. Disposal Resources & Emergency Contacts – Patients are directed to drug take-back programs, DEA take-back events, mail-back programs, and local hazardous waste collection sites, as well as Poison Control (1-800-222-1222) and 911 for emergencies.

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Initial and ongoing
Critical Point - hazardous drugs
Competencies- Equipment, Aseptic Technique, Garbing, Cleaning and Disinfection, Achieving and/or maintaining sterility, Documentation, BSCs (HEPA), Transferring items into controlled environment, Movement, Hand hygiene
Review and Overview of Hazardous Drugs to be Compounded
PPE
Spill Management
Disposal
Communication and response to potential or known exposure

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

N/A

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

N/A

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? N/A Yes No

4. What is the frequency for completing volumetric active air sampling?

N/A

5. What is the frequency for completing surface sampling? N/A			
6. What is the frequency for using sporicidal agents? N/A			
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	N/A	Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	N/A	Yes	No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicole Sy

Name of Person who Completed the Form

Designated Person

Title

Signature (copies or stamps not accepted)

06/29/26

Date

Board Use Only	Date Received: 7/2/26 Date Approved: _____ Approved By: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Quality Compounding Rx of America, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 801 S. Rancho Dr Suite E7

City Las Vegas State Nv Zip 89106

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-984-6640 Website www.qcrxusa.com

Licensing Company Email _____

Section 2: Personal Information

First Alisa Middle _____ Last Muradyan

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City Burbank State CA Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Harvard Medical School, Harvard University		6/2018 – 06/2018	
Address	City	State	Zip
25 Shattuck St	Boston	MA	02115
Diploma/Degree obtained, if any			
Post-Doctorial CE on Bleckburn Obesity Courses. Certificate Obtained			

School Name		From - To (MM/YY – MM/YY)	
University of Southern California, School of Pharmacy		08/2002 – 05/2006	
Address	City	State	Zip
1985 Zonal Ave.	Los Angeles	CA	90033
Diploma/Degree obtained, if any			
Doctor of Pharmacy PharmD.			

School Name		From - To (MM/YY – MM/YY)	
California State University, Northridge		8/1996 – 5/2001	
Address	City	State	Zip
18111 Nordhoff st	Northridge	CA	91330
Diploma/Degree obtained, if any			
Bachelors of Arts in Biology - BA.			

School Name		From - To (MM/YY – MM/YY)	
Glendale Community College		8/1995 – 5/2001	
Address	City	State	Zip
1500 N. Verdugo Road	Glendale	CA	91208
Diploma/Degree obtained, if any			
classes. over summer brakes., GE. classes.			

School Name		From - To (MM/YY – MM/YY)	
Glendale High School		9/1993 – 6/1996	
Address	City	State	Zip
1440 E. Broadway st.	Glendale	CA	91207
Diploma/Degree obtained, if any			
High School Diploma.			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2/2011 – Current	[redacted]	Burbank	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Well Care Pharmacy			From - To (MM/YY – MM/YY): 02/2024 – Current	
Business Address: 1108½ W. Glenoaks Blvd	City: Glendale		State: CA	Zip: 91201
Phone: (818) 551-0102	Title: Pharmacist in Charge.			
Description of Duties: Duties of a pharmacist in Charge.				

Business Name: Cure Rx Compounding Pharmacy.			From - To (MM/YY – MM/YY): 2/2011 – 7/2014	
Business Address: Sunset Ave.	City: Los Angeles.		State: CA	Zip: 90021
Phone: (323) 667-1111	Title: Pharmacist in Charge / Clinical Pharmacist			
Description of Duties: all the duties that are in the job description of a Pharmacist in Charge and overseeing the clinical and compounding operations				

Business Name: Priority Care Pharmacy.			From - To (MM/YY – MM/YY): 8/2013 – 8/2016	
Business Address: 5652 Vineland Ave	City: North Hollywood		State: CA	Zip: 91601
Phone: (818) 508-8665	Title: Owner / Pharmacist in Charge			
Description of Duties: Lead the pharmacy team to operate efficient and safe drug dispensed at optimal patient care.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Alesia Mizeolyan

Original Signature (electronic, copies or stamps not accepted)

6/22/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alisa, Muradyan

Print Name (First, Last)

Alisa Muradyan

Original Signature (electronic, copies or stamps not accepted)

6/22/2026

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

_____ _____

Original Signature **Date**

See Attached Notary Public Certificate

Subscribed and Sworn to before me this _____ day of _____.

See Attached Notary Public Certificate

_____

Notary Public Signature

See Attached Notary Public Certificate

(Seal)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles }

On June 22, 2026, before me, Lusine Babakhanyan, Notary Public,
personally appeared Alisa Muradyan

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of State of California that the foregoing paragraph is true and correct.

LUSINE BABAKHANYAN
COMM. #2533257
Notary Public - California
Los Angeles County
My Comm. Expires Oct. 21, 2029

WITNESS my hand and official seal.

SIGNATURE

PLACE NOTARY SEAL ABOVE

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of attached document

Title or type of document: Nevada state Board of Pharmacy

Document Date: 06/22/2026 Number of Pages: 7

Signer(s) Other than Named Above:

LUSINE BABAKHANYAN
COMM. #2333257
Notary Public - California
Los Angeles County
My Comm. Expires Oct 21, 2029

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Quality Compounding Rx of America, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 801 S. Rancho Dr. Suite E7

City Las Vegas State NV Zip 89106

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-984-6640 Website https://www.qcrxusa.com

Licensing Company Email _____

Section 2: Personal Information

First Ruben Middle _____ Last Sukiasyan

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Valley Village State CA Zip [redacted]

Telephone [redacted] Email ruben@qcrxusa.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Platt College			
Address	**City**	**State**	**Zip**
1000 S Fremont Ave Ste A9W	Alhambra	CA	91803
Diploma/Degree obtained, if any			
Associate Degree			

School Name			From - To (MM/YY – MM/YY)
John Marshall HS			
Address	**City**	**State**	**Zip**
3939 Tracey St	Los Angeles	CA	90027
Diploma/Degree obtained, if any			
GED			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/18 to present	[redacted]	Studio City	CA	[redacted]
From - To (MM/YY – MM/YY)		City	State	
02/16 to 04/18		Glendale	CA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Quality Compounding Rx of America			03/26 to present
Business Address	**City**	**State**	**Zip**
801 S. Rancho Dr. Suite E7	Las Vegas	NV	89106
Phone	**Title**		
702*984-6640	Director		

Description of Duties

Overseeing operations, strategic planning, performance metrics, and compliance. Collaborated with leadership to improve processes, achieve objectives, and support sustainable organizational growth.

Business Name			From - To (MM/YY – MM/YY)
Accolade Recovery, Inc.			01/23 - 03/26
Business Address	**City**	**State**	**Zip**
22209 Dolorosa St	Woodland Hills	CA	91367
Phone	**Title**		
818-660-2475	CEO		

Description of Duties

Led organizational strategy, operations, financial performance, compliance, and growth initiatives. Directed teams, managed budgets, improved efficiencies, and drove business development and organizational success.

Business Name			From - To (MM/YY – MM/YY)
HonorView Hospice			11/23 to present
Business Address	**City**	**State**	**Zip**
659 N. Escondido Blvd.	Escondido	CA	92025
Phone	**Title**		
619-798-8685	Board Member		

Description of Duties

Provide governance, strategic oversight, and fiduciary leadership. Reviewed financial performance, risk management, compliance, and long-term initiatives to support organizational stability and growth.

Business Name			From - To (MM/YY – MM/YY)
Vital HC, Inc.			07/21 - present
Business Address	**City**	**State**	**Zip**
4447 E. Broadway Rd. Suite 101	Mesa	AZ	85206
Phone	**Title**		
480-716-8007	Board Member		

Description of Duties

Provide governance, strategic oversight, and fiduciary leadership. Reviewed financial performance, risk management, compliance, and long-term initiatives to support organizational stability and growth.

Business Name			From - To (MM/YY – MM/YY)
Lennox CMHC, Inc.			01/21 - 11/23
Business Address	**City**	**State**	**Zip**
6843 Lennox Ave.	Van Nuys	CA	91405
Phone	**Title**		
818-839-4380	CEO		

Description of Duties

Led organizational strategy, operations, financial performance, compliance, and growth initiatives. Directed teams, managed budgets, improved efficiencies, and drove business development and organizational success.

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
AHPC Orange County, Inc.			06/19 to 10/25
Business Address	City	State	Zip
5000 Birch St. West Tower Suite 3000	Newport Beach	CA	92660
Phone	Title		
714-584-5805	Board Member		
Description of Duties			
Provided governance, strategic oversight, and fiduciary leadership. Reviewed financial performance, risk management, compliance, and long-term initiatives to support organizational stability and growth.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____

Print Name (First, Last)

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

---

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, Ruben Sukiasyan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

_____ 6/22/2026

Original Signature **Date**

Subscribed and Sworn to before me this 22nd day of June 2026

N.I. Sonnadara

Notary Public Signature

NIPUNA ISHARA SONNADARA
Notary Public - California
Los Angeles County
Commission # 2421153
My Comm. Expires Oct 14, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Quality Compounding Rx America, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): _____

Physical Address: 801 S. Rancho Dr. Suite E7

City: Las Vegas State: NV Zip: 89106

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-984-6640 Website: www.qcrxusa.com

Licensing Company Email: _____

Section 2: Personal Information

First: Anzhela Middle: _____ Last: Mumdzhyan

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Sun Valley State: CA Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Devry University		2011 2013	
Address	City	State	Zip
	Los Angeles	CA	
Diploma/Degree obtained, if any			
Human Resource Management			

School Name		From - To (MM/YY – MM/YY)	
Grant High School		1999 - 2002	
Address	City	State	Zip
	North Hollywood	CA	
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2007 2026	[redacted]	Sun Valley	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Dordulian Law Group			03/26 to present
Business Address	**City**	**State**	**Zip**
550 North Brand Blvd Suite 1990	Glendale	CA	91203
Phone	**Title**		
818.322.4056	HR/Manager		

Description of Duties

Manage employee onboarding, employee records, payroll, benefits, staff supervision, office operation, policy compliance, and employee relations. Coordinate daily administrative functions and support overall business operations.

Business Name			From - To (MM/YY – MM/YY)
ExpertMRI			03/2018 - 12/2021
Business Address	**City**	**State**	**Zip**
9500 Artesia Blvd	Bellflower	CA	90706
Phone	**Title**		
562.222.0468	Client Relations		

Description of Duties

Maintained positive client relationships by serving as the primary point of contact, responding to inquiries, resolving concerns, coordinating services, tracking client needs, and ensuring customer satisfaction.

Business Name			From - To (MM/YY – MM/YY)
Global Holdings			1/2006 to 2/2017
Business Address	**City**	**State**	**Zip**
550 North Brand Blvd Suite 2000	Glendale	CA	91203
Phone	**Title**		
	HR/Manager		

Description of Duties

Managed hiring, on-boarding, employee records, payroll, benefits, staff supervision, office operation, policy compliance, and employee relations. Coordinate daily administrative functions and supported overall business operations.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Anzhela Mumdzhyan
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/22/26
Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this _____ day of _____.

See attached acknowledgment

Notary Public Signature

(Seal)

CALIFORNIA ACKNOWLEDGMENT CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles }

On June 22, 2026 before me, Delia Horta "Notary Public",
Date *Here Insert Name and Title of the Officer*

personally appeared Anzhela Mumdzhyan
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

DELIA HORTA
Notary Public - California
Los Angeles County
Commission # 2463386
My Comm. Expires Oct 13, 2027

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Delia Horta
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
Title or Type of Document: Nevada State Board of Pharmacy
Document Date: _____ Number of Pages: 7
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____	Signer's Name: _____
☐ Corporate Officer – Title(s): _____	☐ Corporate Officer – Title(s): _____
☐ Partner – ☐ Limited ☐ General	☐ Partner – ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
☐ Other: _____	☐ Other: _____
Signer is Representing: _____	Signer is Representing: _____

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FRIER LEVITT | CELEBRATING 25 YEARS
ATTORNEYS AT LAW

Cindy Dang, Pharm.D., Esq.
direct: (862) 348-0633
cdang@frierlevitt.com

July 18, 2026

Via Email: pharmacy@pharmacy.nv.gov
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

RE: Notice of Change of Ownership (Quality Compounding Rx of America)

To Whom it May Concern:

This firm represents Quality Compounding Rx of America, LLC d/b/a QCRx (the "Pharmacy"), a pharmacy located at 801 S. Rancho, Suite E7, Las Vegas, Nevada, and registered with the Nevada State Board of Pharmacy ("Board") under license number PH02986. Pursuant to Nev. Admin. Code § 639.227, we previously submitted notice of a change in the ownership structure of the Pharmacy, which the Board received on, or around, July 2, 2026.

Since that notice, an additional change in the Pharmacy's ownership structure has occurred. Specifically, the 33.34% interest in Trinity Crest Holdings, LLC previously held by GAMM Holdings, LLC will now be held by QM2 Holdings, Inc. This updated ownership structure is described below and shown in the enclosed organization chart.

Pharmacy Ownership Information

The Federal Employer Identification Number of the Pharmacy remains the same. However, the ownership of the Pharmacy will change on July 21, 2026, from Sky Countryman and Timothy Johnston (each a "Transferor", collectively the "Transferors") to Trinity Crest Holdings, LLC (the "Transferee"). Arkwell Holdings, LLC and Redeemer Group, LLC will each have 33.33% ownership interest in the Transferee while QM2 Holdings, Inc. will have a 33.34% ownership interest in the Transferee. Ruben Sukiasyan is the 100% owner of Arkwell Holdings, LLC. Anzhela Mumdzhyan is the 100% owner of Redeemer Group, LLC. Alisa Muradyan is the 100% owner of GAMM Holdings, LLC which is the 100% owner of QM2 Holdings, Inc.

- **Pharmacy:**
  Quality Compounding Rx of America, LLC (#PH02986)
  801 S. Rancho, Suite E7,
  Las Vegas, Nevada 89106
  - **Transaction date:** July 21, 2026
- **Pharmacy Transferors:** Sky Countryman and Timothy Johnston
- **Pharmacy Transferee:** Trinity Crest Holdings, LLC

- **Owner of Trinity Crest Holdings, LLC**: GAMM Holdings, LLC, Arkwell Holdings, LLC, and Redeemer Group, LLC
- **Owner of QM2 Holdings, Inc**: GAMM Holdings, LLC
  - **Owner of GAMM Holdings, LLC**: Alisa Muradyan
- **Owner of Arkwell Holdings, LLC**: Ruben Sukiasyan
- **Owner of Redeemer Group, LLC**: Anzhela Mumdzhyan

Request for Consideration

In light of the above, we respectfully request that the Board accept this letter as notification of the additional change in ownership structure of the Pharmacy. No information that was previously submitted in the application has changed. Accordingly, we trust that a new application is not required at this time. Should the Board require any further information or clarification, we are available to respond promptly. We appreciate your time and consideration of this matter.

Sincerely,

FRIER & LEVITT, LLC

/s/ *Cindy Dang, Pharm.D., Esq.*

Cindy Dang, Pharm.D., Esq.

Candy Nally

From: Pharmacy Board
Sent: Monday, July 20, 2026 7:39 AM
To: Candy Nally
Subject: Fw: Notice of Change of Ownership - Quality Compounding Rx of America
Attachments: Nevada BOP CHOW Notification - Quality Compounding.pdf

Thank you.

Nevada State
Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
Office: 775-850-1440
Fax: 775-850-1444
Web Page: https://bop.nv.gov/

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

From: Cindy Dang <cdang@frierlevitt.com>
Sent: Saturday, July 18, 2026 5:14 PM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Cc: Christopher Maniscalco <cmaniscalco@frierlevitt.com>; Denise Schallenberger <dschallenberger@frierlevitt.com>
Subject: Notice of Change of Ownership - Quality Compounding Rx of America

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

To Whom it May Concern:

This firm represents Quality Compounding Rx of America, LLC d/b/a QCRx (the "Pharmacy"), a pharmacy located at 801 S. Rancho, Suite E7, Las Vegas, Nevada, and registered with the Nevada State Board of Pharmacy ("Board") under license number PH02986. Pursuant to Nev. Admin. Code § 639.227, we previously submitted notice of a change in the ownership structure of the Pharmacy, which the Board received on, or around, July 2, 2026.

Since that notice, an additional change in the Pharmacy's ownership structure has occurred. Specifically, the 33.34% interest in Trinity Crest Holdings, LLC previously held by GAMM Holdings, LLC will now be held by QM2 Holdings, Inc. This updated ownership structure is described in the attached

letter and shown in the enclosed organization chart. No information that was previously submitted in the pharmacy application has changed.

Thank you for your time and attention to this matter.

Sincerely,

Cindy Dang, PharmD, RPh, Esq
Associate Attorney

FRIER LEVITT | CELEBRATING 25 YEARS
ATTORNEYS AT LAW

84 Bloomfield Avenue
Pine Brook, NJ 07058
direct: [redacted]
phone: (973)618-1660
fax: (973)618-0650
email: cdang@frierlevitt.com
web: www.frierlevitt.com

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Frier Levitt COVID-19 Resources

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Frier Levitt LawPay

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7/2

July 1, 2026

Via Mail:
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

RE: Notice of Change of Ownership (Quality Compounding Rx of America)

To Whom it May Concern:

Quality Compounding Rx of America, LLC (the "Pharmacy") is a resident pharmacy located at 801 S. Rancho, Suite E7, Las Vegas, Nevada, and registered with the Nevada Board of Pharmacy ("Board") under license number PH02986. Pursuant to Nevada Administrative Code § 639.227, we are providing notice of a change in the ownership structure of the Pharmacy fifteen (15) days before the anticipated change.

The Federal Employer Identification Number of the Pharmacy remains the same. However, the ownership of the Pharmacy will change on July 21, 2026, from Sky Countryman and Timothy Johnston (each a "Transferor", collectively the "Transferors") to Trinity Crest Holdings, LLC (the "Transferee"). GAAM Holdings, LLC, Arkwell Holdings, LLC, and Redeemer Group, LLC will each have 33.33% ownership interest in the Transferee. Alisa Muradyan is the 100% owner of GAAM Holdings, LLC. Ruben Sukiasyan is the 100% owner of Arkwell Holdings, LLC. Anzhela Mumdyzhan is the 100% owner of Redeemer Group, LLC.

Notwithstanding the change in ownership, the Pharmacy remains committed to providing quality care to its patients and will continue to operate in compliance with applicable pharmacy laws and regulations, including by dispensing prescription medications pursuant to valid prescription orders issued by duly licensed healthcare providers.

Pharmacy Ownership Information

- **Pharmacy:**
  Quality Compounding Rx of America, LLC
  801 S. Rancho, Suite E7,
  Las Vegas, Nevada 89106
  Pharmacy License Number: PH02986
  - **Transaction date:** July 21, 2026
- **Pharmacy Transferors:** Sky Countryman and Timothy Johnston
- **Pharmacy Transferee:** Trinity Crest Holdings, LLC
- **Owner of Trinity Crest Holdings, LLC**: GAAM Holdings, LLC, Arkwell Holdings, LLC, and Redeemer Group, LLC
- **Owner of GAAM Holdings, LLC**: Alisa Muradyan
- **Owner of Arkwell Holdings, LLC**: Ruben Sukiasyan
- **Owner of Redeemer Group, LLC**: Anzhela Mumdyzhan

Request for Consideration

In light of the above, we respectfully request that the Board accept this letter as notification of the change in ownership structure of the Pharmacy. Should the Board require any further information or clarification, we are available to respond promptly. We appreciate your time and consideration of this matter.

Sincerely,

QUALITY COMPOUNDING RX OF AMERICA, LLC

/s/ *Ruben Sukiasyan*

Ruben Sukiasyan

licensing@qcrxusa.com

10

10A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR ~~OUT-OF-STATE~~ OUTSOURCING FACILITY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New OUTSOURCING FACILITY
☐ Ownership Change (Provide current license number if making changes:) OUT_____
☐ 503a OR ☒ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4
☒ Non Publicly Traded Corporation – Pages 1-3 & 5
☐ Partnership - Pages 1-3 & 6
☐ Sole Owner – Pages 1-3 & 7

X

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Bespoke Pharmaceuticals, LLC

Physical Address: 5795 N. Hollywood Blvd.

City: Las Vegas State: NV Zip Code: 89115

Telephone: (725) 529-3930 Fax: (725) 529-3572

Toll Free Number: (877) 277-6558 (Required per NAC 639.708)

E-mail: japheth@bespokepharmaceutical.com Website: www.bespokepharmaceutical.com

Supervising Pharmacist: Jaymie Padero Nevada License #: 23846

SERVICES PROVIDED

Yes/No

☒ ☐ Parenteral
☒ ☐ Sterile Compounding
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding
☐ ☒ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: 5/8/26 Amount: cc $500

FEI Number (From FDA application): _____

Please provide the name of the facility as registered with the FDA and the registration number:
Bespoke Pharmaceuticals, LLC

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
Bespoke Pharmaceutical, LLC

Please provide the name and Nevada license number of the supervising pharmacist:
Name: Jaymie Padero Nevada License Number: 23846

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: NV20201930582

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized OUTSOURCING FACILITY may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Fadi Abdel

Print Name of Authorized Person

5.6.2026

Date

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: State of Nevada

Parent Company if any: N/A

Address: 5795 N. Hollywood Blvd.

City: Las Vegas State: NV Zip: 89115

Telephone: (725) 529-3930 Fax: (725) 529-3572

Contact Person: Japheth Noah

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Rise Equipment, LLC [redacted] Sherman Oaks, CA [redacted] 50.1%
Name Address

b) Pharma X, LLC [redacted] Sunny Isles, FL [redacted] 49.9%
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A - LLC membership interests

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

Attachment: Ownership Structure and Officers/Managers

Applicant: Bespoke Pharmaceuticals, LLC
Facility Address: 5795 N. Hollywood Blvd., Las Vegas, NV 89115
Ownership Type: Non Publicly Traded Corporation or Company

Ownership Structure

Owner or Member	TIN	Business Address	Ownership
Rise Equipment, LLC	85-2438627	[redacted] Sherman Oaks, CA [redacted]	50.1%
Pharma X, LLC	85-3924668	[redacted] Sunny Isles, FL [redacted]	49.9%

Officers and Managers

Name	Title	Business Address	Phone	Home Address
Irina Gampel	Manager	5795 N. Hollywood Blvd. North Las Vegas, NV 89115	[redacted]	Sunny Isles Beach, FL [redacted]
Irina Sarafyan	Manager	5795 N. Hollywood Blvd. North Las Vegas, NV 89115	[redacted]	Sherman Oaks, CA [redacted]

Notes for Board Review

* The applicant is an LLC and is being submitted under the Non Publicly Traded Corporation or Company pathway, consistent with the form instruction for LLC applicants.
* The company has two members and does not exceed four shareholders or members.
* No physician shareholders were identified in the ownership information used to prepare this attachment.

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **Bespoke Pharmaceuticals, LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 10/30/2020, and in good standing in this State.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation or qualification document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 03/25/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202603256578901

You may verify this certificate online at https://www.nvsilverflume.gov/home

Drug Establishments Current Registration Site

New Search (index.cfm)

Search Results for **Bespoke Pha**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Bespoke Pharmaceutical, LLC	3032391393	117989075	LABEL; MANUFACTURE; RELABEL; REPACK;	5795 N Hollywood Blvd, Las Vegas, Nevada (NV) 89115-1833, United States (USA)	12/31/2026

Showing 1 to 1 of 1 entries
Previous1Next
Data Current through: Sunday, Apr 12, 2026

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Registered Outsourcing Facilities

Facilities Registered as Human Drug Compounding Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act (FD&C Act)

Updated as of 4/2/2026

- Information Concerning Outsourcing Facility Registration (/drugs/compounding/questions-and-answers-outsourcing-facility-registration)
- Outsourcing Facility Product Reporting Information (/drugs/compounding/information-outsourcing-facilities#reporting)

This table lists the outsourcing facilities that have submitted registration information that has been determined to be complete by the data lock date for the latest weekly update of the table.

Search: bespoke

Show 10 entries

Export Excel

Facility	Contact	Initial Registration Date [1]	Most Recent Registration Date [1]	Last Inspection [2]	Form 483 Issued? [3]	Recall Conducted? [9]	Action Based on Last Inspection [4,5]	Intends to Compound Sterile Drugs From Bulk Substances [6]
Bespoke Pharmaceutical, LLC, Las Vegas, NV	Japheth Noah [redacted]	3/7/2026	3/7/2026	Not yet Inspected	N/A	N/A	N/A	Yes

Showing 1 to 1 of 1 entries (filtered from 92 total entries)

Previous 1 Next

Feedback

Notes

1. The "initial date of registration as an outsourcing facility" is the date the facility was first registered (i.e., the date FDA determined that the initial registration information submitted for the facility was complete, and the establishment fee was paid in full).

   Under section 503B(b) of the FD&C Act, after the initial registration, a facility that elects to continue to be registered with FDA as an outsourcing facility must re-register annually. A facility that elects to register (or re-register) with FDA as an outsourcing facility must pay an annual establishment fee. The "date of most recent registration as an outsourcing facility" reflects the date FDA determined the most recently submitted registration information was complete and the annual establishment fee for that fiscal year paid in full.

   Unless a previously registered outsourcing facility re-registers and pays the annual establishment fee in full during the registration period (between October 1 and December 31 of each calendar year), the facility will be removed from the list of registered outsourcing facilities on January 1 of the next calendar year.

2. Once an outsourcing facility is registered, the facility will be added to the list of facilities FDA intends to inspect according to a risk-based schedule. FDA plans to inspect outsourcing facilities within a reasonable period of time following initial registration, once it is confirmed that the facility has initiated drug production and distribution. However, the exact timing of the inspections can be affected by a number of variables, including the number of outsourcing facility registrants, other inspection priorities, and the operational status of the newly registered outsourcing facility.

   Inspections identified in this table are associated with the facility at the listed address. A company may own or operate more than one registered outsourcing facility. FDA's web page Compounding: Inspections, Recalls, and other Actions (/node/363232) may contain information about compounding facilities under the same ownership as the listed registered outsourcing facility.

   Inspections may take place over several days, weeks or longer. The date of the inspection is the date a Form FDA 483 listing the investigators' observations was issued. If no FDA Form 483 was issued, the date is the last day of the inspection.

3. A Form FDA 483 is issued when investigators observe any significant objectionable conditions. It does not constitute a final agency determination of whether any condition is in violation of the FD&C Act or any relevant regulations.

4. This table does not include State Board of Pharmacy actions, if any. To determine whether a registered outsourcing facility has been the subject of a state enforcement action, check with the State Board of Pharmacy for the state in which the facility is located. Some states post disciplinary or other actions on their web sites.
5. "Closed" means the inspection has been closed without further action. "Open" means FDA has not determined whether further action will be taken. If an action has been taken, it will be listed. Possible FDA actions include warning letter, seizure or injunction.
6. The information in this column was provided by the registered outsourcing facility at the time of registration and has not been verified by FDA. "N/A" indicates the registered outsourcing facility has not provided this information.
7. This outsourcing facility was the subject of at least one previous inspection relating to compounding that resulted in a Form FDA 483, warning letter or other action. For information about such inspections and resulting actions, visit Compounding: Inspections, Recalls, and other Actions (/node/363232).
8. A remote regulatory assessment (RRA) is an examination of an FDA-regulated establishment and/or its records, conducted remotely, to evaluate compliance with applicable FDA requirements. These assessments assist in protecting human and animal health, inform regulatory decisions and verify certain information submitted to the agency.
9. Based on inspectional findings, the inspection revealed significant issues. As a result, the outsourcing facility may have either initiated a recall on their own following conversation(s) with the FDA investigator or FDA recommended a recall at the conclusion of the inspection or both. Additionally, the outsourcing facility may have conducted multiple recalls or recalled multiple drugs.

Was this page helpful? * (required)

Yes

No

Submit

An official form of the United States government. Provided by Touchpoints

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Bespoke Pharmaceuticals, LLC

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 5795 N Hollywood Blvd

City: Las Vegas State: NV Zip: 89115

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 725 529 3930 Toll Free # (NAC 639.708, NRS 639.23286): 877 277 6558

Fax: 725 529 3572 Contact Email: japheth@bespokepharmaceutical.com

Website: www.bespokepharmaceutical.com

Nevada Business License # (if applicable) NV20201930582

Supervising/Managing Pharmacist Name (NRS 639.220): Jaymie Padero

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23846

Name of Designated Person(s) as defined by revised USP-797 guidelines: Japheth Noah

Email of Designated Person(s): japheth@bespokepharmaceutical.com

Telephone of Designated Person(s): [redacted]

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ■ Category 2 ☐ Category 3

If you marked **"Category 3"**, you must also complete **section 4.**

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ☐ Yes ■ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ☐ Aseptic ■ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? February 2026

6. What is the frequency of the recertification for the ISO classified areas? Annually

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Per environmental monitoring schedule & after significant events, maintenance, & excursion

10. Will you be performing sterile hazardous drug compounding? Yes ■ No

If you marked **"Yes"**, you must also complete **section 3.**

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:
Sterile compounded preparations containing methylcobalamin, sermorelin, NAD+, glutathione, and gonadorelin.

12. What laboratory performs your sterility or endotoxin testing?

Name: Nelson Laboratories, LLC

Address: 6280 S. Redwood Road

City: Salt Lake City State: UT Zip: 84123

Telephone: 801 290 7625

13. What is your procedure for visual inspection of compounded sterile products?
Each finished compounded sterile product is visually inspected by trained and qualified personnel using manual, semi automated, or automated inspection, as applicable, before release. Inspection includes solution clarity, color, visible particulate matter, container closure integrity, fill volume, stopper and seal integrity, cracks, leaks, cosmetic defects, and labeling accuracy, including lot identification and beyond use date or expiry information. Any unit that does not meet acceptance criteria is rejected and investigated in accordance with written procedures.

14. How often do you perform glove fingertip and medial fill testing?
Glove fingertip and thumb sampling and media fill qualification are completed initially, requalified per procedure, and repeated after failures, major changes, extended absence, or retraining.

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:
All personnel involved in sterile compounding complete initial training before performing any sterile compounding duties independently and complete ongoing requalification thereafter. Training includes personnel hygiene and garbing, aseptic technique, cleanroom behavior, material staging and transfer, equipment operation, environmental monitoring awareness, cleaning and disinfection practices, batch record documentation, deviation reporting, visual inspection, labeling controls, and applicable requirements under USP 797 and the facility quality system. Personnel must successfully complete required practical and written qualification activities, including gowning qualification, glove fingertip and thumb sampling, media fill qualification, and role specific competency assessments.

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
Primary and secondary engineering controls are cleaned and disinfected in accordance with written procedures and established schedules. Cleaning is performed using qualified cleaning and disinfecting agents before operations begin, at defined intervals during operations as applicable, after compounding is completed, and after any spill, contamination event, or maintenance activity requiring additional cleaning. Disinfecting and sporicidal agents are used at defined routine frequencies under the environmental cleaning program. All cleaning activities are documented in facility logs and reviewed under the quality system. The specific agents used are listed below and are as approved in current procedures: Different types of Liquidnox cleaning agents, isopropyl alcohol (70%) Ready to use (RTU) Peridox, Tex Q, Sporkenz and ionized hydrogen peroxide.

17. Who performs the sterile compounding process at your facility?

Licensed pharmacists and certified pharm. techs perform sterile compounding after training, qualification, & authorization.

18. Who is responsible and accountable for the sterile compounding process at your facility?
Responsibility for sterile compounding rests with the supervising pharmacist, designated person under USP 797, and Quality Assurance, including oversight of personnel qualification, environmental monitoring, deviations, cleaning, disinfection, and procedural compliance.

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
Products are shipped under labeled storage conditions using qualified packaging, temperature controls, and cold chain packaging and temperature monitoring devices when required. Shipping conditions are documented and reviewed, and any temperature excursion is assessed under written procedures before product disposition.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility?		
2. Are you complying with all USP 800 guidelines?	Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	Yes	No
4. Is your BSC or CACI vented 100% to the outside?	Yes	No
5. Do you have a negative pressure buffer room at your facility?	Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? Yes No

4. What is the frequency for completing volumetric active air sampling?

5. What is the frequency for completing surface sampling?		
6. What is the frequency for using sporicidal agents?		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	Yes	No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Japheth Noah

Name of Person who Completed the Form

Head of Quality Assurance, Quality Control, and Development

Title

JNoah

Signature (copies or stamps not accepted)

06/03/2026

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Bespoke Pharmaceuticals, LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 5795 N Hollywood Blvd

City Las Vegas State NV Zip 89115

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (725) 529-3930 Website www.bespokepharmaceutical.com

Licensing Company Email license@bespokepharmaceutical.com

Section 2: Personal Information

First Japheth Middle _____ Last Noah

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Las Vegas State NV Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ☑ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Oxford		07/83 -07/85	
Address	City	State	Zip
Wellington Square	Oxford	UK	Ox1 2JD
Diploma/Degree obtained, if any			
MSc Physical Sciences			

School Name		From - To (MM/YY – MM/YY)	
Alexandria University		04/78 - 09/82	
Address	City	State	Zip
22 El-Guish Road, El-Shatby	Alexandria	Egypt	21526
Diploma/Degree obtained, if any			
Bachelor's of Science			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/24 - present	[redacted]	Las Vegas	NV	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Bespoke Pharmaceuticals, LLC			02/24- present
Business Address	**City**	**State**	**Zip**
5795 N Hollywood Blvd	Las Vegas	NV	89115
Phone	**Title**	**Number of Employed Hours**	
(725) 529-3930	Head of QA/QC and Development	5,050 hours	
Description of Duties			
Executive responsible for everything from leading quality assurance, quality control, regulatory affairs, manufacturing, validation, testing and product development.			

Business Name			From - To (MM/YY – MM/YY)
Shalby Advance Technologies, Inc.			11/22 - 02/24
Business Address	**City**	**State**	**Zip**
1115 Windfield Way	El Dorado Hills	CA	95762
Phone	**Title**	**Number of Employed Hours**	
(844) 228-2366	Vice President of Quality Assurance and Regulatory Affairs	6,240 hours	
Description of Duties			
Directed global quality assurance and regulatory affairs operations across pharmaceutical and medical device portfolios			

Business Name			From - To (MM/YY – MM/YY)
Andelyn Biosciences			04/21 - 11/22
Business Address	**City**	**State**	**Zip**
1180 Arthur E. Adams Drive	Columbus	OH	43221
Phone	**Title**	**Number of Employed Hours**	
(650) 200-0412	Associate Director and Head of Quality Assurance	2,080 hours	
Description of Duties			
Directed quality assurance systems and compliance activities within a global CDMO setting and supported quality assurance and quality control.			

Business Name			From - To (MM/YY – MM/YY)
Sharp Sterile Manufacturing			09/20 - 04/21
Business Address	**City**	**State**	**Zip**
480 Pleasant Street	Lee	MA	01238
Phone	**Title**	**Number of Employed Hours**	
(413) 243-0330	Senior Systems & Compliance Manager	2,080 hours	
Description of Duties			
Oversaw quality assurance for biologics and advanced therapy manufacturing within a CDMO environment, leading client			

Business Name			From - To (MM/YY – MM/YY)
Intertek Pharmaceutical Services			07/19 - 09/21
Business Address	**City**	**State**	**Zip**
291 Route 22 East	Whitehouse	NJ	08888
Phone	**Title**	**Number of Employed Hours**	
(800) 967-5352	Global Auditor & Reviewer	6,240 hours	
Description of Duties			
Conducted audits across the United States, Europe, Canada, Asia, and Africa, with focus on GMP, ISO, and medical device			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Japheth Noah, **certify that as the designated representative for**

Bespoke Pharmaceutical,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JN I am at least 21 years of age;
3. JN I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JN I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JN I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JN I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JN I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Japheth Noah

Print Name (First, Last)

JNoah

Original Signature (electronic, copies or stamps not accepted)

06/03/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JAPHETH NOAH

Print Name (First, Last)

JNaeNoah

Original Signature (electronic, copies or stamps not accepted)

06/03/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Japheth Wandu Noah, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

JNaeNoah

Original Signature

06/03/2026

Date

Subscribed and Sworn to before me this 3rd day of June 2026.

LDemmel

Notary Public Signature

LISA DEMMEL
Notary Public, State of Nevada
No. 20-3203-01
My Appt. Exp. Dec. 30, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site BESPOKE PHARAMCEUTICALS, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 5795 N. HOLLYWOOD BLVD

City NORTH LAS VEGAS State NV Zip 89115

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 877 277 6558 Website BESPOKEPHARMACEUTICAL.COM

Licensing Company Email LICENSE@BESPOKEPHARAMCEUTICAL.COM

Section 2: Personal Information

First IRINA Middle _____ Last GAMPEL

Alias(es, nicknames, name changes, etc.) BARSKI, MOSCOWITZ

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City SUNNY ISLES BEACH State FL Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
SAN DIEGO STATE UNIVERSITY			09/95 - 05/99
Address	**City**	**State**	**Zip**
5500 CAMPANILE DR	SAN DIEGO	CA	92182
Diploma/Degree obtained, if any			
BS OF SCIENCE MANAGEMENT			

School Name			From - To (MM/YY – MM/YY)
RESEDA HIGH SCHOOL			09/92 - 05/95
Address	**City**	**State**	**Zip**
18230 KITTRIDGE ST	RESEDA	CA	91335
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/20 - PRESENT	[redacted]	SUNNY ISLES BEACH	FL	[redacted]
08/12 - 07/20		GLENDALE	AZ	

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
NORTHERN LIGHT MEDICAL MANAGEMENT, LLC			05/23 - PRESENT
Business Address	**City**	**State**	**Zip**
1895 TYLER ST # 207	HOLLYWOOD	FL	33020
Phone	**Title**		
754 900 5014	ACCOUNT MANAGER		
Description of Duties			
DAILY OPERATIONS, OVERSEEING ACCOUNTING AND BANKING			

Business Name			From - To (MM/YY – MM/YY)
ACE MANAGEMENT, LLC			05/19 - PRESENT
Business Address	**City**	**State**	**Zip**
18555 COLLINS AVE #5003	SUNNY ISLES BEACH	FL	33160
Phone	**Title**		
818 697 2977	MANAGING MEMBER		
Description of Duties			
MANAGING MEMBER FOR INVESTMENT AND HOLDING COMPANY; DAILY OPEARATIONS, ACCOUNTING OVERVIEW.			

Business Name			From - To (MM/YY – MM/YY)
NOBILITY MANAGEMENT, LLC			02/15 - 08/22
Business Address	**City**	**State**	**Zip**
26025 MUREAU RD SUITE 110	CALABASAS	CA	91302
Phone	**Title**		
	ACCOUNT MANAGER		
Description of Duties			
OVERSEEING ACCOUNTING, BILLING PROCEDURE IMPLEMENTATION			

Business Name			From - To (MM/YY – MM/YY)
IG INVESTMENTS, INC			04/05 - 09/23
Business Address	**City**	**State**	**Zip**
18555 COLLINS AVE #5003	SUNNY ISLES BEACH	FL	33160
Phone	**Title**		
	SHAREHOLDER		
Description of Duties			
OVERSEEING INVESTMENT PORTFOLIO			

Business Name			From - To (MM/YY – MM/YY)
EMBRACE FOUNDATION, CHARITABLE FOUNDATION			05/18 - PRESENT
Business Address	**City**	**State**	**Zip**
18555 COLLINS AVE #5003	SUNNY ISLES BEACH	FL	33160
Phone	**Title**		
818 697 2977	PRESIDENT		
Description of Duties			
MANAGING ENTITY STRATEGY, CHARITY EVENTS, MANAGING VARIOUS CHANELS FOR CHARITY ACTIVITY.			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
PHARMA X, LLC			10/20 - PRESENT
Business Address	**City**	**State**	**Zip**
18555 COLLINS AVE #5003	SUNNY ISLES BEACH	FL	33160
Phone	**Title**		
818 697 2977	MANAGER		
Description of Duties			
OVERSEES INVESTEMENT *this entity is the member of BESPOKE PHARMACEUTICALS, LLC			

Business Name			From - To (MM/YY – MM/YY)
BESPOKE PHARMACEUTICALS, LLC			10/20 - PRESENT
Business Address	**City**	**State**	**Zip**
5795 N. HOLLYWOOD BLVD	NORTH LAS VEGAS	NV	89115
Phone	**Title**		
877 277 6558	MANAGER		
Description of Duties			
BOARD MEMBER			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

IRINA GAMPEL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/30/2026

Date

Please have this section completed in the presence of a Notary Public.

State of CALIFORNIA, ss. County of LOS ANGELES

I, Irina Gampel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/30/2026

Date

Subscribed and Sworn to before me this 30TH day of MARCH, 2026.

Notary Public Signature

TREY F. LAFFERTY
Notary Public - California
Los Angeles County
Commission # 2506348
My Comm. Expires Dec 8, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site BESPOKE PHARMACEUTICALS, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 5795 N. HOLLYWOOD BLVD

City NORTH LAS VEGAS State NV Zip 89115

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 877 277 6558 Website BESPOKEPHARMACEUTICAL.COM

Licensing Company Email LICENSE@BESPOKEPHARMACEUTICAL.COM

Section 2: Personal Information

First IRINA Middle _____ Last SARAFYAN

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City SHERMAN OAKS State CA Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
YEREVAN STATE MEDICAL UNIVERSITY			09/91 - 05/96
Address	**City**	**State**	**Zip**
2 KORYUN ST	YEREVAN	ARMENIA	
Diploma/Degree obtained, if any			
DOCTOR OF STOMATOLOGY			

School Name			From - To (MM/YY – MM/YY)
#8 SCHOOL NAMED AFTRER A.S. PUSHKIN			09/81 - 05/91
Address	**City**	**State**	**Zip**
17 MOSKOVYAN ST	YEREVAN	ARMENIA	
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/22 - PRESENT	[redacted]	SHERMAN OAKS	CA	[redacted]
08/01 - 03/22	[redacted]	BURBANK	CA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
AMERIDENT HEALTH PRO, INC			09/18 - PRESENT	
Business Address	**City**	**State**	**Zip**	
310 S SEPULVEDA BLVD	LOS ANGELES	CA	90034	
Phone	**Title**			
310 268 0646	PRESIDENT			
Description of Duties				
EXECUTIVE/OVERSEEING DAILY OPERATIONS				

Business Name			From - To (MM/YY – MM/YY)	
SARAFYAN DENTAL PROFESSIONAL CORPORATION			05/15 - PRESENT	
Business Address	**City**	**State**	**Zip**	
3130 S SEPULVEDA BLVD	LOS ANGELES	CA	90034	
Phone	**Title**			
310 767 6199	PRESIDENT			
Description of Duties				
DENTIST (LICENSED ONLY IN STATE OF CALIFORNIA. CA LICENSE NUMBER 57323)				

Business Name			From - To (MM/YY – MM/YY)	
ANSALIGY USA, LLC			07/19 - 09/22	
Business Address	**City**	**State**	**Zip**	
16850 COLLINS AVE # 113	SUNNY ISLES BEACH	FL	33160	
Phone	**Title**			
305 903 2226	PRESIDENT			
Description of Duties				
EXECUTIVE/ESTABLISHED PROTOCOLS AND PROCEDURES FOR THE BEAUTY PRODUCT LINE DISTRIBUTION COMPANY.				

Business Name			From - To (MM/YY – MM/YY)	
RISE EQUIPMENT, LLC			08/20 - PRESENT	
Business Address	**City**	**State**	**Zip**	
3679 BENEDICT CANYON LANE	SHERMAN OAKS	CA	91423	
Phone	**Title**			
310 767 6199	VICE PRESIDENT			
Description of Duties				
EXECUTIVE *this entity is the member of BESPOKE PHARMACEUTICALS, LLC				

Business Name			From - To (MM/YY – MM/YY)	
BESPOKE PHARMACEUTICALS, LLC			10/20 - PRESENT	
Business Address	**City**	**State**	**Zip**	
5795 N. HOLLYWOOD BLVD	NORTH LAS VEGAS	NV	89115	
Phone	**Title**			
877 277 6558	MANAGER			
Description of Duties				
BOARD MEMBER				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

IRINA SARAFYAN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/31/2026

Date

Please have this section completed in the presence of a Notary Public.

State of CALIFORNIA, ss. County of LOS ANGELES

I, IRINA SARAFYAN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

03/31/2026

Date

Subscribed and Sworn to before me this 31st day of March 2026.

Notary Public Signature

Please see attached certificate for notary.

(Seal)

CALIFORNIA JURAT **GOVERNMENT CODE § 8202**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 31st day of March, 20 26, by

(1) Irina Sarafyan

(and (2) _____),

Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

ARASH REZAEE-TARI
Notary Public - California
Los Angeles County
Commission # 2534939
My Comm. Expires Oct 10, 2029

Place Notary Seal and/or Stamp Above

Signature _____

Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Nevada State Board of Pharmacy Personal History Application

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

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10B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New OUTSOURCING FACILITY
☐ Ownership Change (Provide current license number if making changes:) OUT_____
☐ 503a OR ☐ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4
☐ Partnership - Pages 1-3 & 6
☒ Non Publicly Traded Corporation – Pages 1-3 & 5
☐ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: ORION SPECIALTY LABS LLC

Physical Address: 1710 WHITNEY MESA DRIVE

City: HENDERSON State: NV Zip Code: 89014

Telephone: 702-347-4086 Fax: 725-258-6018

Toll Free Number: 800-827-3064 (Required per NAC 639.708)

E-mail: kim@orionspeclabs.com Website: www.orionspeclabs.com

Supervising Pharmacist: Justin Curnutt Nevada License #: 18338

SERVICES PROVIDED

Yes/No

☐ ☒ Parenteral
☒ ☐ Sterile Compounding
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding
☐ ☒ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____ Amount: _____

FEI Number (From FDA application): 3040172058

Please provide the name of the facility as registered with the FDA and the registration number:
Orion Specialty Labs LLC

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.

Please provide the name and Nevada license number of the supervising pharmacist:
Name: Justin Curnutt Nevada License Number: 18338

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: NV20232963763

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized OUTSOURCING FACILITY may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☒ No ☐

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Kimberly Moller
Print Name of Authorized Person

3/30/2026
Date

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: NEVADA

Parent Company if any: _____

Address: 1710 WHITNEY MESA DRIVE

City: HENDERSON State: NV Zip: 89014

Telephone: 702-347-4086 Fax: 725-258-6018

Contact Person: KIMBERLY MOLLER

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) KIMBERLY MOLLER [redacted]
Name Address

b) JOHN HARTWIG [redacted]
Name Address

c) CHRISTOPHER MUSSER [redacted]
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? $1.00

4) What date did the corporation actually receive the cash assets? January 5, 2024

5) Provide a copy of the corporation's stock register evidencing the above information

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

Kimberly Moller, President & Director
John Hartwig, Vice President
Christopher Musser, Vice President

March 30, 2026

Via Email: msedar@pharmacy.nv.gov

Mr. Mark Sedar, Chief Operating Officer
Nevada Board of Pharmacy
985 Damonte Ranch Pkwy
Suite 206
Reno, NV 89521

Re: Outsourcing Facility Application
Orion Specialty Labs, LLC

Dear Mr. Sedar:

I write as a follow up to the recent hearing held by the Nevada Board of Pharmacy (the "Board") to consider Orion Specialty Labs, LLC's ("Orion") application for an Outsourcing Facility License in the State of Nevada.

Before addressing the substantive issues raised at the hearing, I want to express my appreciation for the Board's indulgence and understanding. At the hearing, I was very much "under the weather" suffering from a very bad case of the flu with associated high fever. Compounding matters was a volatile internet connection which only complicated my "connection" to the meeting. I hope that this letter addresses and clarifies some of the issues raised at the hearing. I would request that Orion's application be added to the next meeting where additional representatives from Orion will appear, in person, to further address any concerns that the Board may have.

Background of Orion and its Mission

During the hearing, the Board inquired of my professional background and how it led me to be an investor in Orion. During my career, I have been an entrepreneur with investments and interests in a variety of businesses. In terms of my experience in the compound pharmacy space, I was an original investor in Polomar Specialty Pharmacy, LLC ("Polomar"), a 503a licensed sterile compounding pharmacy headquartered in Florida. When I acquired Polomar, it was primarily focused on the compounding of dermatological prescriptions. Polomar's operations have since expanded to include sterile compounding and Polomar is licensed in over 28 states – including Nevada. It was during my involvement with Polomar that I came to understand the need and demand across 503a pharmacies for

products manufactured by 503b pharmacies, or outsourcing facilities. Specifically, many 503a pharmacies have customers that require customized products either in dosing form, delivery mechanism or with specialty excipients. In the sterile form, these products are especially rare and require a 503b facility to manufacture them.

Recently, I sold my interest in Polomar and Polomar is now part of a publicly traded company. Following my exit from Polomar, I decided that investing in a 503b pharmacy would be a strategic move – especially given my relationship with Polomar as a potential customer. While I intend to be involved in Orion's business, it has always been my intention for the day-to-day operations at Orion to be managed by an experienced and well-qualified management team. The proposed Henderson, Nevada facility was particularly attractive for a 503b pharmacy because (a) it was previously licensed as a 503b pharmacy (Genesis Pharmaceuticals) and (b) certain target 503a pharmacy customers are located in Nevada and surrounding states. Updating and retrofitting the Henderson, Nevada facility would be significantly cheaper and less time-consuming than building out a brand-new facility. Additionally, locating in Nevada would also simplify shipping and logistical concerns.

At the hearing, a member of the Board asked about the anticipated capital investment to start the Orion operation. I believe that I may have misunderstood the question. To date, Orion has invested more than $600,000 to make improvements to the Henderson facility, hire qualified people, purchase equipment, license software, prepare SOPs and address other requirements associated with the operation of a 503b pharmacy. The $250,000 figure that I cited during the presentation was the amount of money remaining to be invested in preparation for operational readiness. This would include sterility/stability testing, equipment qualification, etc.

Demand for Compounded Testosterone Products

During the hearings, a question was raised as to need for "compounded" testosterone products when testosterone is commercially available. The reality is that the compounded testosterone market has grown rapidly in recent years in response to certain limits associated with commercially manufactured testosterone – primarily that such commercially manufacture products come in a limited quantity of fixed doses and fixed delivery systems. However, hormone replacement therapy is highly individualized. Patients differ in terms of their metabolism and symptom response. As a result, custom dosing and custom formulations offered by compounding pharmacies are sought after by many patients (and, as a result, by many 503a compounding pharmacies). Orion intends to offer compounded versions of testosterone that are not commercially available, including sublingual formulations and injectables at different dosing levels. Such "personalized but regulated" products have a large market opportunity and Orion has identified a number of 503a compound pharmacy customers that have expressed interest in its intended compounded testosterone offerings.

Orion's Management Team

As stated earlier, Orion is committed to the highest quality of operations, including having a management team that is strong and experienced in pharmaceutical compounding, cGMP compliance and overall best practices. I am not a pharmacist and do not profess to have vast experience in the sector. That is why Orion has assembled a top-quality management team for its operations. Unfortunately, this was not clearly communicated at the hearing. The Board had the opportunity to hear from one of our "consultants" John Hartwig. Unfortunately, what was not clearly communicated to the Board at the hearing is that Mr. Hartwig, together with Chris Musser, have been in the process of transitioning their roles from "consultants" to "employees" of Orion. This process has now been completed and both Mr. Hartwig and Mr. Musser, in addition to maintaining key managerial and oversight roles at Orion, are also shareholders of Orion. Mr. Musser, a licensed Nevada pharmacist with extensive experience in 503b compounding pharmacies, is the Vice President of Pharmacy Operations. As Orion's Designated Representative, Mr. Musser will be responsible for overseeing all aspects of the compounding process, including supervision of the pharmacist in charge. Mr. Hartwig is the Vice President of Technical Operations. Mr. Hartwig has over twenty years of experience in the design and build out of pharmaceutical manufacturing facilities, including for some of the largest pharmaceutical companies in the world. In this role, Mr. Hartwig will oversee matters pertaining to the physical plant, quality inspections and cGMP requirements relating to the same. In addition to Mr. Hartwig and Mr. Musser, Orion has also hired a Director of Quality Control and will add licensed Sterile Pharmacy Techs to its operations. Orion expects that under Mr. Hartwig's and Mr. Musser's day-to-day management, it will perform in full compliance with Nevada regulations, FDA requirements and cGMP standards. Copies of Mr. Musser's and Mr. Hartwig's CVs are enclosed herein for review.

Pharmacist in Charge

As disclosed in its application, Orion hired Justin Curnutt to serve as the Pharmacist in Charge. Dr. Curnutt is a licensed pharmacist in the State of Nevada. He reports to Mr. Musser. Dr. Curnutt has experience in pharmacy operations and management. He is well versed in federal requirements and laws as well as cGMP requirements. To reaffirm Dr. Curnutt's commitment to his role, he has voluntarily engaged in cGMP training courses to build his knowledge base and expertise. Working in conjunction with Mr. Musser and Mr. Hartwig, Orion remains confident that Dr. Curnutt will be a strong pharmacist-in-charge.

Updates to Orion License Application

At the March hearing, there appeared to be some confusion as to certain information contained in Orion's application, as amended. For the convenience of all parties involved, I have attached hereto an updated license application for the Board to use going forward.

Once again, I would like to thank you for your patience with our application as well as for your understanding of the extenuating circumstances that interfered with our last appearance before the Board. I would respectfully request that Orion's application be placed on the agenda for the April Board meeting at which time both Mr. Hartwig and Mr.

Musser will be present, in person, to address any questions or concerns that the Board may have. In the interim, please feel free to contact the undersigned should you have any additional questions.

Thank you.

ORION SPECIALTY LABS, LLC

Kimberly Mattera-Moller

ORION SPECIALTY LABS LLC

Manufacturer License Application

List of Officers and Directors

Kimberly A Moller	–	President & Director
John Hartwig	–	Vice President
Christopher Musser	–	Vice President

ORION SPECIALTY LABS, LLC

MEMBERSHIP INTEREST REGISTRY

Kimberly Moller	90 Membership Units
John Hartwig	5 Membership Units
Christopher Musser	5 Membership Units

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Orion Specialty Labs LLC

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 1710 Whitney Mesa Drive

City: Henderson State: NV Zip: 89014

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-347-4086 Toll Free # (NAC 639.708, NRS 639.23286): 800-827-3064

Fax: 725-258-6018 Contact Email: kim@orionspeclabs.com

Website: www.orionspeclabs.com

Nevada Business License # (if applicable) NV20232963763

Supervising/Managing Pharmacist Name (NRS 639.220): Justin Curnutt

Supervising/Managing Pharmacist NV Pharmacist Registration #: 18338

Name of Designated Person(s) as defined by revised USP-797 guidelines: Christopher Musser

Email of Designated Person(s): cmusser@orionspeclabs.com

Telephone of Designated Person(s): [redacted]

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ■ Category 2 ■ Category 3

If you marked "**Category 3**", you must also complete **section 4**.

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ■ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ■ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? startup construction phase-est certification Q2 2026

6. What is the frequency of the recertification for the ISO classified areas? Every 6 months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ☐ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Weekly

10. Will you be performing sterile hazardous drug compounding? ■ Yes No

If you marked "**Yes**", you must also complete **section 3**.

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Testosterone Injectable Solutions

12. What laboratory performs your sterility or endotoxin testing?

Name: ARL BIO PHARMA

Address: 840 RESEARCH PARKWAY SUITE 546

City: OKLAHOMA CITY State: OK Zip: 73104

Telephone: (405) 271-1144

13. What is your procedure for visual inspection of compounded sterile products?

1. Determine if the finished preparation appearance is as expected (correct final fill volume)
2. Remove any temporary labels on the container prior to performing inspection
3. Ensure preparation labels not on the preparation containers are isolated and segregated from other preparations
4. Examine preparations against a matte black background and against a non-glare white background using an incandescent light.
5. Use higher illumination intensity sufficient to detect particles for preparations where solutions are colored, opaque, or in a container other than clear glass
6. Inspect for defects such as visible particulate, leakage, cloudiness, improper seal, crystal, discoloration,or precipitation

14. How often do you perform glove fingertip and medial fill testing?

Gloved finertip testing: initially and every six months
Media fill testing: initially and every six months

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

1. Hand hygiene
2. Garbing (i.e., gloving, donning, and doffing for non-hazardous drug handling and compounding)
3. Handling, receiving, unpacking and storing procedures
4. Proper use of primary engineering controls (PECs)
5. Principles of high-efficiency particulate air (HEPA) filtered undirectional airflow within the ISO Class 5 environment
6. Sanitization procedures (i.e., cleaning and disinfecting)
7. Aseptic techniques which include assessment by gloved fingertip, thumb sampling, and media fill testing
8. Environmental assessments (air and surface sampling)
9. cGMP compliant

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Cleaning of PEC and equipment:

1. Cleaning agent: equipment and all interior surfaces of the PEC cleaned daily on compounding days, weekly on non-compounding days, and when suface contamination is known or suspected (sterile TB1 and Peridox RTU)
2. Disinfectant agent: equipment and all interior surfaces of the PEC cleaned daily, before and after compounding, and when surface contamination is known or suspected (sterile TB1)
3. Sporocidal agent: monthly for compounding and prior to introducing any equipment or supplies to the cleanroom (material and equipment sanitization) (sterile Peridox RTU)

Sequence of cleaning PEC: ceilings --> walls --> back of PEC --> items on the DCA --> DCA
Top to bottom, left to right

Our SOPs have detailed descriptions of the entire cleaning procedure for PEC and SEC
Floors of SEC and Anteroom: daily (cleaning agent), monthly (sporocidal)
Walls and ceiling of SEC and Anteroom: monthly (sporocidal)

17. Who performs the sterile compounding process at your facility?

Qualified and trained aseptic technicians that are media fill qualified

18. Who is responsible and accountable for the sterile compounding process at your facility?

Justin Curnutt, Pharmacist in Charge

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

3PL Supplier (FedEx/UPS) with a priority service of no longer than 2-Day Express. Shipping validation will be performed for cold-chain products, if applicable.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? Class II, Type B2 Biological Safety Cabinet (Thermo Fisher 1300 Series)		
2. Are you complying with all USP 800 guidelines?	■ Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	■ Yes	No
4. Is your BSC or CACI vented 100% to the outside?	■ Yes	No
5. Do you have a negative pressure buffer room at your facility?	■ Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	■ Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	■ Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	■ No
9. If yes, list the name of the device: N.A		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

As a registered 503B outsourcing facility, all products are shipped to 503a pharmacies, hospitals/hospital systems or doctor's offices for Office Use Only. Products are not directly shipped to patients or consumers so no information is required to be provided to them. Receiving facilities are provided with appropriate hazardous drug handling and disposal instructions in product documentation (labels, package inserts, and/or facility education materials).

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Phase 1: Orientation and regulatory awareness
Overview of USP <797> Sterile Compounding and USP <800> Hazardous Drug Handling
OSHA Hazard Communication Standard (29 CFR 1910.1200) Understanding Safety Data Sheets
PPE categories and donning/doffing order, routes of exposure and potential health effects, emergency and spill management procedures

Phase 2: Facility and workflow training
Controlled areas: negative pressure buffer rooms, containment secondary engineering control (C-SEC)
Primary engineering controls: Biological Safety Cabinet (BSC) Traffic flow and demarcation zones between sterile and non-sterile areas, HD storage areas (negative pressure and venting), waste segregation: hazardous vs non-hazardous, cleaning and disinfection

Phase 3: Aseptic and hazardous handling skills
Hand hygiene and garbing sequence, proper donning of PPE: chemotherapy gown, double gloves, hair/beard covers, shoe covers, mask, face shield if needed
Proper syringe and vial handling, techniques to prevent HD aerosolization or spills, decontamination and deactivation process, environmental monitoring basics

Each employee must participate in a spill management demonstration using mock HD solution, exposure incident response review (eye wash, skin wash, reporting), waste disposal protocol for PPE, sharps, and containers

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

Testosterone Injectable Solutions

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

Garbing and gloved fingertip testing: initially and every six months
Media fill testing: initially and every six months

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? ■ Yes No

4. What is the frequency for completing volumetric active air sampling?

Active air sampling will be performed a minimum of once per week but always on days when production is performed

5. What is the frequency for completing surface sampling? Surface sampling will be performed a minimum of once per week but always on days when production is performed		
6. What is the frequency for using sporicidal agents? Cleaning with sporicidal agents (Peridox) is performed once per month at a minimum		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	■ Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	■ Yes	No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Justin Curnutt

Name of Person who Completed the Form

Pharmacist-in-Charge

Title

Signature (copies or stamps not accepted)

03/31/2026

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Orion Specialty Labs LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): 24375

Physical Address: 1710 Whitney Mesa Drive

City: Henderson State: NV Zip: 89014

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-347-4086 Website: www.orionspeclabs.com

Licensing Company Email: kim@orionspeclabs.com

Section 2: Personal Information

First: John Middle: Michael Last: Hartwig

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: TX Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Hutchinson High School		09/81 - 05/85	
Address	**City**	**State**	**Zip**
1200 Roberts Rd SW	Hutchinson	MN	55305
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
St. Cloud State University		9/85 - 05/90	
Address	**City**	**State**	**Zip**
720 4th Avenue South	St. Cloud	MN	56301
Diploma/Degree obtained, if any			
BS Electrical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/21 - 03/26	[redacted]	[redacted]	TX	[redacted]
12/18 - 10/21			TX	
06/16 - 12/18			AL	
03/16 - 06/16			AL	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Orion Specialty Labs LLC			03/26 - present	
Business Address		**City**	**State**	**Zip**
1710 Whitney Mesa Drive		Henderson	NV	89014
Phone	**Title**			
702-347-4086	VP of Technical Operations			
Description of Duties				
Oversee all technical, manufacturing, and compliance aspects of drug production. Ensure Current Good Manufacturing Practices (cGMP) are strictly met, manage Chemistry, Manufacturing, and Controls (CMC) strategies.				

Business Name			From - To (MM/YY – MM/YY)	
RemTech LLC / BlueSky Industrial Solutions			06/16 - present	
Business Address		**City**	**State**	**Zip**
2600 W 7th Street, Apt 2648		Fort Worth	TX	76107
Phone	**Title**			
256-529-1361	Principal			
Description of Duties				
Program manager, Strategic planning, Operations and Engineering support for the Pharmaceutical, medical device, 503B, and Biotech Industries				

Business Name			From - To (MM/YY – MM/YY)	
Bridge Industrial Group LLC			04/23 - present	
Business Address		**City**	**State**	**Zip**
2615 Ludelle Street		Fort Worth	TX	76107
Phone	**Title**			
256-529-1351	Managing Member			
Description of Duties				
Manage contract manufacturing and packaging operation for nutraceutical supplements. Manage sales and quality. Business is currently under restructuring.				

Business Name			From - To (MM/YY – MM/YY)	
NEOS Therapuetics / AYTU Bio			12/18 - 2/21	
Business Address		**City**	**State**	**Zip**
2940 N State Highway 360 Service Rd E #400		Grand Prairie	TX	75050
Phone	**Title**			
972-408-1300	Director of Engineering			
Description of Duties				
Managed Engineering, Tech Services, Validation, Metrology and Calibration, Maintenance departments for Pharmaceutical Operation				

Business Name			From - To (MM/YY – MM/YY)	
Qualitest Pharmaceutical / ENDO Pharmaceuticals - now Mallinckrodt			06/12 - 06/16	
Business Address		**City**	**State**	**Zip**
120 Vintage Dr NE		Huntsville	AL	35811
Phone	**Title**			
256-859-2222	Sr. Director of Engineering and Tech Services			
Description of Duties				
Managed Engineering, Tech Services, Validation, Metrology and Calibration, Maintenance departments for Pharmaceutical Operation				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Hartwig

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/28/2026

Date

Please have this section completed in the presence of a Notary Public.

State of TEXAS, ss. County of Tarrant

I, JOHN HARTWIG, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

03/28/26

Date

Subscribed and Sworn to before me this 28 day of march, 2026

Notary Public Signature

THOMAS TAPP
Notary ID #134841821
My Commission Expires
April 9, 2028

(Seal)

BlueSky Industrial Solutions

JOHN HARTWIG [redacted]

PROFESSIONAL EXPERIENCE

Over thirty years of direct functional experience in manufacturing, R&D, quality, engineering and program management within the pharmaceutical, medical device, 503B and consumer products industries. Direct management of technical personnel and hands on experience with services from design through operationalizing small facility modifications to large infrastructure projects in facilities within the United States, South America, Europe and Asia. Responsibilities included overseeing annual budgets exceeding $400MM and management of communications between numerous departments including Executive Staff, R&D, Pharm Dev, Operations, Regulatory, Quality, IT, Supply Chain, Finance, EH&S and Legal.

Orion Specialty Labs LLC, Henderson, NV — Mar 2026 – present

VP of Technical Operation

Key Responsibilities
Oversee all technical, manufacturing, and compliance aspects of drug production. Ensure Current Good Manufacturing Practices (cGMP) are strictly met, manage Chemistry, Manufacturing, and Controls (CMC) strategies, optimize production workflows, and lead teams to scale operations safely while driving technological innovation for quality improvements.

BlueSky Industrial Solutions LLC, Dallas, TX — 2016 – present

Principal

Key Responsibilities

- Program manager, Strategic planning, Operations and Engineering support for the Pharmaceutical, medical device, 503B, and Biotech Industries
- Provide and oversee Regulatory, Quality, Engineering, Validation and Operation services for medical device, oral solid dose, and sterile fill operations
- Oversee project scope definition, capital planning, equipment procurement, project execution and system start-ups ranging from new equipment installations to launching greenfield commercial operations

Qualitest / Endo, Huntsville, Alabama — **2012 – 2016**

Sr. Director, Engineering and Tech Services

Key Responsibilities:

- Manage Technical Operations for the three sites including two oral solid dosage and one liquids facility
- Member of a five-year strategy team, personably responsible for the development and approval of two new packaging halls required to meet an aggressive, growing five-year forecast minimizing capital outlay over the next three years while significantly reducing operating expenses, complexity and overall number of assets in the packaging network thus increasing OEE.
- Member of Endo leadership team responsible for serialization strategy and deployment of product track and trace technology required to meet the Drug Quality and Security Act (DQSA) signed into law in November 2013
- Managed validation and tech services group with scope including the development of a validation master plan and execution, formulation and product development for new product launches, technology transfers, design of new components and automation component optimization

PFIZER / Legacy-KING PHARMACEUTICALS, Bristol, Tennessee — 2007 – 2012

Senior Manager, Corporate Engineering

Key Responsibilities:

- Pre-Pfizer acquisition, senior manager reporting to EVP of Engineering for King Pharmaceuticals
- Post-Pfizer acquisition, senior manager reporting to Director of Equipment Technology within Global Engineering
- Technical lead for deployment of serialized product tracking technology required to meet global regulatory requirements with global project budget of $209MM
- Regularly involved in global packaging network assessments to optimized capital expenditures with projects including global site expansions, tech transfers (internal and external), and site consolidations

- Interfaced with R&D early in product development phase to transition product from the development phase through process optimization, regulatory trials and commercial launch.
- Managed contract development process with contract manufacturers, R&D, supply chain and legal to establish third party manufacturing locations as required to maintain clinical and commercial supply.
- Worked with A/E firms and directly with engineering companies to design processes, equipment, and manufacturing suites to meet both customer and manufacturing requirements.
- Managed EPC firms to procure equipment, construct facilities, install equipment, commission, validate and start-up new manufacturing and packaging systems.
- Project examples include new greenfield manufacturing facility for oral, solid dosage manufacturing through finishing, retrofitting of several floors of a sixty-year-old manufacturing building, which included decommissioning and demolition of existing space and new structural construction of aseptic manufacturing suites.

BARRY-WEHMILLER, DESIGN GROUP, St. Louis, MO, Greenville, SC, San Francisco, CA (97- 07)

Director, Pharmaceutical and Biotech Group (3/99 – 6/07)

Barry-Wehmiller is a consulting firm specializing in engineering services for the Consumer Products, Pharmaceutical, Biotech and Medical Device Industries. I managed a business unit with 25 professionals with typical client activities ranging in value between $100K and $10MM. Responsible for the day to day operation of the business including business development, client relationships, resource planning, recruiting, project performance, invoicing, account receivables and overall P&L for the business unit. Interacted with clients to define project scope, develop specifications and prepare competitive proposals. Responsible for projects including conception designs, proof of concepts, engineering, procurement, construction, validation and turnover.

Example Projects:

- **Amgen**: Responsible for a turnkey clinical syringe labeling and cartoning system in which each syringe was labeled with a unique identifier that was tracked and authenticated throughout the packaging process at sixty syringes per minute and project work which included risk evaluation, development of packaging components, equipment evaluations and proof of concept studies
- **Genentech**: engineering design of new fill-finish equipment and suites to be implemented at Greenfield site for multiple oncology products.
- **Bayer**: Multiple Process Control and Automation projects for protein based products which ranged from the integration of a new vision and vacuum inspection system to the process controls segment of a new processing facility, including controls for utilities, processes and CIP skids
- **Wyeth / Pfizer**: Responsible for multiple projects at various global locations manufacturing Rx, topical, liquid and nutritional products and included complete turnkey automation solutions and assessment of over one hundred individual packaging systems related to a corporate site consolidation strategy / OEE improvements
- **Pharmacia & Upjohn / Pfizer**: Responsible for multiple tube filling packaging systems for various topical products including Neosporin®, Cleocin® and Cortaid® and managed a multi-location pouching and blistering project for the Listerine PocketPaks® Breath Freshening Strips

Project Manager, Food and Beverage Group (10/97 – 3/99)

Example Projects:

- **Procter & Gamble**: Project Manager for a project involving modifications to existing packaging line equipment to complete a national rollout of a new juice product consisting of new flavors and a new bottle design which involved coordination between five facilities located throughout the United States
- **Frito-Lay**: Project Manager for a multi-facility project involving the launch of a new product with a $40MM marketing campaign and included line layouts for three facilities: engineering, OEM and contractor management, equipment procurement, schedule management, installation, start-up, and inventory build prior to the Fiesta Bowl

RIVERWOOD INTERNATIONAL, Atlanta, GA / Crosby, Minnesota **1991-1997**

Senior Electrical Engineer

3M, Hutchinson, Minnesota 1989 - 1991

Electrical Engineering Intern

EDUCATION

St. Cloud State University, St. Cloud, MN
Bachelor of Science, Electrical Engineering, Graduated in 1991

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site ORION SPECIALTY LABS LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) 24375

Physical Address 1710 WHITNEY MESA DR

City HENDERSON State NV Zip 89014

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-347-4086 Website www.orionspeclabs.com

Licensing Company Email kim@orionspeclabs.com

Section 2: Personal Information

First Christopher Middle Stephen Last Musser

Alias(es, nicknames, name changes, etc.) Chris

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State AL Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The George Washington University		01/03 - 01/06	
Address	**City**	**State**	**Zip**
2121 Eye St NW	Washington	DC	20052
Diploma/Degree obtained, if any			
Master of Science in Project Management			

School Name		From - To (MM/YY – MM/YY)	
The Ohio State University		08/99 - 06/01	
Address	**City**	**State**	**Zip**
190 N Oval Mall	Columbus	OH	43210
Diploma/Degree obtained, if any			
Master of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
University of Cincinnati		09/88 - 09/92	
Address	**City**	**State**	**Zip**
2600 Clifton Ave	Cincinnati	OH	45221
Diploma/Degree obtained, if any			
Bachelor of Science in Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Harding High School		08/84 - 06/88	
Address	**City**	**State**	**Zip**
1500 Harding Hwy	Marion	OH	43302
Diploma/Degree obtained, if any			
College Preparatory HS Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/24 - present	[redacted]	[redacted]	AL	[redacted]
07/17 - 09/24	[redacted]	[redacted]	CT	[redacted]
02/15 - 07/17	[redacted]	[redacted]	IL	[redacted]
12/12 - 06/15	[redacted]	[redacted]	OH	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Musser Consulting			01/23 - present
Business Address	**City**	**State**	**Zip**
198 W Trestle Way	Helena	AL	35080
Phone	**Title**		
224-762-8243	President		

Description of Duties

Provides managerial consulting services for the pharmaceutical and 503B industries, specializing in Quality Remediation, FDA Preparedness, Quality Management Systems, and Aseptic Processes

Business Name			From - To (MM/YY – MM/YY)
Akorn Pharmaceuticals			02/22 - 01/23
Business Address	**City**	**State**	**Zip**
72 Veronica Ave	Somerset	NJ	08873
Phone	**Title**		
	VP Operations, Site General Manager		

Description of Duties

Operational and Technical Leadership

Business Name			From - To (MM/YY – MM/YY)
Chemistry RX			02/21 - 02/22
Business Address	**City**	**State**	**Zip**
829 Spruce St	Philadelphia	PA	19107
Phone	**Title**		
	Head of Operations		

Description of Duties

Head of Operations for a Start-Up Pharma company; designed the 503B facility and led the team through design, construction, commissioning, and qualification

Business Name			From - To (MM/YY – MM/YY)
SCA Pharma			03/17 - 02/21
Business Address	**City**	**State**	**Zip**
755 Rainbow Rd	Windsor	CT	06095
Phone	**Title**		
	VP Operations, VP Tech Operations		

Description of Duties

Responsible for Facilities, Engineering, Capital Projects, Product Development, Environmental Health and Safety, and DEA/Board of Pharmacy (BOP) licensing for an outsourcing manufacturer of sterile admixtures

Business Name			From - To (MM/YY – MM/YY)
Catalent Pharmaceuticals			10/15 - 03/17
Business Address	**City**	**State**	**Zip**
2210 Lake Shore Dr	Woodstock	IL	60098
Phone	**Title**		
	Director Operations		

Description of Duties

Accountable for manufacturing, packaging, and maintenance operations of a 24x7 pharmaceutical factory that manufactured sterile products

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christopher Musser

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/27/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Alabama, ss. County of Shelby

I, Christopher S. Musser, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

03/27/26

Date

Subscribed and Sworn to before me this 27 day of March.

Notary Public Signature

(Seal)

CHRISTOPHER MUSSER

RPh, PMP, LSSBB

CONTACT

[redacted]

EDUCATION

Master of Science
in Project Management
George Washington University
Washington, DC

Master of Business Administration,
Operations Management, and
Corporate Finance
The Ohio State University
Columbus, OH

Bachelor of Science
in Pharmacy
University of Cincinnati
Cincinnati, OH

CERTIFICATIONS and LICENSES

Lean Six Sigma Black Belt (LSSBB)

Certified Project Management Professional (PMP)

Licensed Pharmacist (RPh) in 12 states

SUMMARY

- Innovative executive leader in the pharmaceutical industry with comprehensive experience leading large organizations and start-up companies.
- Passion for designing and building new facilities. Successfully built and qualified four 503B and one 503A facilities.
- 25+ years of experience in pharmaceuticals: aseptic, solids, and non-solids manufacturing; packaging technologies; quality management systems, ERP systems; and process flow optimization.
- 19 years as a certified PMP, 17 years as an LSSBB, and 23 years of experience working in senior leadership positions.
- Delivers results by leveraging project management expertise, implementing LEAN process improvements, and developing high performing teams to achieve organizational success.
- Point-of-contact for all regulatory (FDA, DEA, OSHA, BOP) and customer due diligence audits and inspections.

EXPERIENCE

Orion Specialty Labs **Vice President Pharmacy Operations** 2026-present

- Responsible for overseeing all aspects of the compounding process, including supervision of the Pharmacist in Charge
- Oversees compliance with Nevada regulations, FDA requirements, and cGMP practices
- Licensed pharmacist in over ten states

Musser Consulting, LLC **President Operations/Pharma Consultant** 2023-present

- Provides managerial consulting services for the pharmaceutical and 503B industries, specializing in Quality Remediation, FDA Preparedness, Quality Management Systems, and Aseptic Processes
- Hired by acquiring company to scale business by building a new and larger site and implementing machine automation. Designed, built, and qualified a 20K SF 503B facility in less than nine months
- Successfully grew throughput and capacity by almost 800% and reduced headcount by 40% in six months through automation
- Executed a three-month site remediation plan for all Quality systems to reduce compliance risk. Successfully completed FDA inspection in November 2024 with minimal observations and received EIR in less than six months
- Performed site assessment and due diligence audit on target acquisition for a PE firm
- Assisted large global pharma company with Quality remediation and Pre-Approval Inspection (PAI) preparedness
- Assisted pharma company with remediation of manufacturing processes after a product recall

Akorn Pharmaceuticals **Vice President Operations/Site General Manager** 2022-2023

- Provided operational and technical leadership leading day to day activities to meet organizational goals and objectives. P&L responsibility across the site for all departments
- Joined Akorn in Feb 2022 after Warning Letter (2019) was received. Decision was made to sell the entire company and close the Somerset site in May 2022. Created decommissioning plan, communicated strategy to all employees, and completed the plan ahead of schedule in seven months
- Transferred all assets of value to sister sites ($11MM material, $6MM assets)
- Reduced site expenses by 85% in seven months

Chemistry RX Head of Operations (Start-Up Company) 2021-2022

- Designed the 503B facility and led the team through design, construction, commissioning, and qualification
- Selected and implemented new Quality Management System and ERP System
- Worked with outsourcing labs and industry experts to solve formulation development challenges, and completed method development batches
- Successfully registered the site as an FDA 503B outsourcing facility

SCA Pharma Vice President Operations | Vice President Tech Operations (Site General Manager) 2017-2021

- Created and executed a strategic road map for automation for both sites and purchased, validated, and integrated equipment (packagers and labelers, Fill Finish machines, VHP chamber and equipment) to optimize manufacturing processes
- Responsible for design and buildout of a 90K SF new facility and later design of a 55K SF expansion, including a second cleanroom. CAPEX project estimate for new facility and expansion was $35MM
- Accountable for P&L performance for Site Operations which included Pharmacy, Operations, Warehousing, and Supply Chain for an FDA-licensed 503B outsourcing manufacturer of sterile admixtures
- Successfully directed validation, quality, operations, and engineering efforts associated with the startup and commissioning of the new 90K SF facility built in CT. Successfully launched production in November 2017
- Responsible for Facilities, Engineering, Capital Projects, Product Development, Environmental Health and Safety, and DEA/Board of Pharmacy (BOP) licensing for an outsourcing manufacturer of sterile admixtures
- Held license to operate the CT facility as the DEA registrant and the backup pharmacist in charge for all states requiring resident pharmacy licenses. Operations point-of-contact for all regulatory (FDA, DEA, BOP) and customer due-diligence audits
- Operations point-of-contact for all regulatory audits and inspections for the site. Directly interfaced with the FDA, DEA, OSHA, and several State Boards of Pharmacy. Audit results were minor to no findings

Catalent Pharmaceuticals Director Operations 2014-2017

- Accountable for manufacturing, packaging, and maintenance operations of a 24x7 pharmaceutical factory that manufactured sterile products. This was a CMO business with extensive R&D products at different stages of development (Phases I-III, Registration, Filing) and commercial lifecycle products
- Ensured compliance with cGMP and other regulations and represented the site during over 30 customer and regulatory inspections. Operations point-of-contact and accountable for all observation responses and associated CAPAs
- Established systems to track key operations performance metrics on the shop floor to identify continuous improvement opportunities with yield, capacity utilization, and unplanned downtime, resulting in a 28% improvement in OEE
- Integrated maintenance personnel into operations and kicked off a TPM initiative to improve equipment performance, downtime response times, and share best practices, resulting in a 25% reduction of unplanned downtime in >9 months

Boehringer Ingelheim Pharmaceuticals Executive Director Operations | Associate Director Operations 2001-2014

- Accountable for performance of factory that manufactured sterile injectable products. Responsible for providing mid- and long-term strategic, technical, and organizational leadership to address business deficiencies and process improvements
- Successfully directed validation, quality, operations, and engineering efforts associated with the restart and recommissioning of the facility after an 11 month hiatus in 2011-2012
- Led a cross-functional team tasked with creating the project plan and resource allocation for the FDA consent decree remediation project
- Implemented a sustainable 5S and area ownership program, as well as fit and finish of the facility. Program aided in ZERO regulatory audit findings from 2009-2012
- Led the APEX Advanced Implementation Team that delivered a virtual changeover toolbox which enabled a 20-25% reduction in set-up time, resulting in about 700 hours of extra capacity

Registered Outsourcing Facilities

Facilities Registered as Human Drug Compounding Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act (FD&C Act)

Updated as of 4/2/2026

- Information Concerning Outsourcing Facility Registration (/drugs/compounding/questions-and-answers-outsourcing-facility-registration)
- Outsourcing Facility Product Reporting Information (/drugs/compounding/information-outsourcing-facilities#reporting)

This table lists the outsourcing facilities that have submitted registration information that has been determined to be complete by the data lock date for the latest weekly update of the table.

Search: orion

Show 10 entries

Export Excel

Facility	Contact	Initial Registration Date [1]	Most Recent Registration Date [1]	Last Inspection [2]	Form 483 Issued? [3]	Recall Conducted? [9]	Action Based on Last Inspection [4,5]	Intends to Compound Sterile Drugs From Bulk Substances [6]
Orion Specialty Labs, LLC	Kimberly Mattera [redacted]	9/19/2025	2/24/2026	Not yet inspected	N/A	N/A	N/A	Yes

Showing 1 to 1 of 1 entries (filtered from 92 total entries)

Previous 1 Next

Feedback

Notes

1. The "initial date of registration as an outsourcing facility" is the date the facility was first registered (i.e., the date FDA determined that the initial registration information submitted for the facility was complete, and the establishment fee was paid in full).

   Under section 503B(b) of the FD&C Act, after the initial registration, a facility that elects to continue to be registered with FDA as an outsourcing facility must re-register annually. A facility that elects to register (or re-register) with FDA as an outsourcing facility must pay an annual establishment fee. The "date of most recent registration as an outsourcing facility" reflects the date FDA determined the most recently submitted registration information was complete and the annual establishment fee for that fiscal year paid in full.

   Unless a previously registered outsourcing facility re-registers and pays the annual establishment fee in full during the registration period (between October 1 and December 31 of each calendar year), the facility will be removed from the list of registered outsourcing facilities on January 1 of the next calendar year.

2. Once an outsourcing facility is registered, the facility will be added to the list of facilities FDA intends to inspect according to a risk-based schedule. FDA plans to inspect outsourcing facilities within a reasonable period of time following initial registration, once it is confirmed that the facility has initiated drug production and distribution. However, the exact timing of the inspections can be affected by a number of variables, including the number of outsourcing facility registrants, other inspection priorities, and the operational status of the newly registered outsourcing facility.

   Inspections identified in this table are associated with the facility at the listed address. A company may own or operate more than one registered outsourcing facility. FDA's web page Compounding: Inspections, Recalls, and other Actions (/node/363232) may contain information about compounding facilities under the same ownership as the listed registered outsourcing facility.

   Inspections may take place over several days, weeks or longer. The date of the inspection is the date a Form FDA 483 listing the investigators' observations was issued. If no FDA Form 483 was issued, the date is the last day of the inspection.

3. A Form FDA 483 is issued when investigators observe any significant objectionable conditions. It does not constitute a final agency determination of whether any condition is in violation of the FD&C Act or any relevant regulations.
4. This table does not include State Board of Pharmacy actions, if any. To determine whether a registered outsourcing facility has been the subject of a state enforcement action, check with the State Board of Pharmacy for the state in which the facility is located. Some states post disciplinary or other actions on their web sites.
5. "Closed" means the inspection has been closed without further action. "Open" means FDA has not determined whether further action will be taken. If an action has been taken, it will be listed. Possible FDA actions include warning letter, seizure or injunction.
6. The information in this column was provided by the registered outsourcing facility at the time of registration and has not been verified by FDA. "N/A" indicates the registered outsourcing facility has not provided this information.
7. This outsourcing facility was the subject of at least one previous inspection relating to compounding that resulted in a Form FDA 483, warning letter or other action. For information about such inspections and resulting actions, visit Compounding: Inspections, Recalls, and other Actions (/node/363232).
8. A remote regulatory assessment (RRA) is an examination of an FDA-regulated establishment and/or its records, conducted remotely, to evaluate compliance with applicable FDA requirements. These assessments assist in protecting human and animal health, inform regulatory decisions and verify certain information submitted to the agency.
9. Based on inspectional findings, the inspection revealed significant issues. As a result, the outsourcing facility may have either initiated a recall on their own following conversation(s) with the FDA investigator or FDA recommended a recall at the conclusion of the inspection or both. Additionally, the outsourcing facility may have conducted multiple recalls or recalled multiple drugs.

Was this page helpful? * (required)

Yes

No

Submit

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11

11A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☑ New OUTSOURCING FACILITY
☐ Ownership Change (Provide current license number if making changes:) OUT_____
☐ 503a OR ☐ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4
☐ Non Publicly Traded Corporation – Pages 1-3 & 5
☐ Partnership - Pages 1-3 & 6
☑ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Bravado Pharmaceuticals, LLC

Physical Address: 4212 Cypress Gulch Dr

City: Lutz State: FL Zip Code: 33559

Telephone: 813-991-4100 Fax: _____

Toll Free Number: 800-761-1639 (Required per NAC 639.708)

E-mail: lsmith@bravapharm.com Website: bravadopharm.com

Supervising Pharmacist: Michael Nguyen Nevada License #: 25024

SERVICES PROVIDED

Yes/No

☑ ☐ Parenteral
☑ Sterile Compounding
☑ ☐ Non Sterile Compounding
☐ ☑ Mail Service Sterile Compounding
☐ ☑ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: 4/20/16 Amount: $500 CK 959891046 9 ✓

3912

FEI Number (From FDA application): 82-1228845

Please provide the name of the facility as registered with the FDA and the registration number:
Bravado Pharmaceuticals, LLC 3015234532

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
NA

Please provide the name and Nevada license number of the supervising pharmacist:
Name: Michael Nguyen Nevada License Number: 25024

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: NA

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized OUTSOURCING FACILITY may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☑

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Brian McMillan
Print Name of Authorized Person

04/15/2026
Date

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Brian Mcmillan

Business Name: Bravado Pharmaceuticals, LLC

Current Business Address: 4212 Cypress Gulch Dr

City: Lutz State: Fl Zip Code: 33559

Telephone: 813-991-4100 Fax: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

State of Florida
Department of State

I certify from the records of this office that BRAVADO PHARMACEUTICALS, LLC is a limited liability company organized under the laws of the State of Florida, filed on April 14, 2017.

The document number of this limited liability company is L17000084014.

I further certify that said limited liability company has paid all fees due this office through December 31, 2025, that its most recent annual report was filed on February 27, 2025, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fourteenth day of November, 2025

Secretary of State

Tracking Number: 7228031943CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
06/07/2025	**PH 35805**	**155614**

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Special Sterile Compounding
Outsourcing Facility

EXPIRATION DATE: **FEBRUARY 28, 2027**

BRAVADO PHARMACEUTICALS LLC
Bravado Pharmaceuticals LLC
4212 CYPRESS GULCH DR
LUTZ, FL - 33559

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
STATE SURGEON GENERAL

Scan QR Code for
License Authentication

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
06/07/2025	**PH 35805**	**155614**

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

BRAVADO
PHARMACEUTICALS LLC
Bravado Pharmaceuticals

Expiration Date: **FEBRUARY 28, 2027**

REGISTRANT SIGNATURE

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
503b Outsourcing Inspection

File # 30286
Insp # 204642

NAME	PERMIT NUMBER	DATE OF INSPECTION	
Bravado Pharmaceuticals LLC		06/05/2025	
DOING BUSINESS AS			
BRAVADO PHARMACEUTICALS LLC			
STREET ADDRESS		**TELEPHONE #**	**EXT**
4212 CYPRESS GULCH DR		813-716-1791	
CITY	**COUNTY**	**STATE/ZIP**	
LUTZ	HILLSBOROUGH	FL/33559	

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours 37.5 hours
Monday Y	Monday Hours 7.5 hours
Tuesday Y	Tuesday Hours 7.5 hours
Wednesday Y	Wednesday Hours 7.5 hours
Thursday Y	Thursday Hours 7.5 hours
Friday Y	Friday Hours 7.5 hours
Saturday N	Saturday Hours 0
Sunday N	Sunday Hours 0

Registered Pharmacist / Intern / Tech

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # [redacted]	

License Relations

Pharmacy Affiliate

MCMILLLAN, BRIAN	License #

RX DPT MGR/COR/POR

VERGARA, GUSTAVO ADOLFO	License # 58302

503b - Outsourcing Inspection

Quality - 21CFR Part 211

Firm has a quality control unit. 211.22 *Shannon Kennedy, Ph.D.*	Yes
The quality control unit has the responsibility and authority to approve or reject all components, drug product containers, closures, in process materials, packaging materials, labeling and drug products. 211.22(a) *Reviewed batch record sent for stability testing and SOP on batch record (Q19.003)*	Yes
Quality control unit reviews and approves all drug product production and control records to determine compliance with all established, approved written procedures before a batch is released or distributed. 211.192	Yes
The quality control unit is responsible for approving or rejecting drug products manufactured, processed, packed, or held under contract by another company. 211.22(a)	Yes
The Quality Control Unit has authority to review production records to assure that no errors have occurred, or if errors have occurred, that they have been fully investigated. 211.22(a)	Yes

Adequate laboratory facilities for the testing and approval (or rejection) of components, drug product containers, closures, packaging materials, in-process materials, and drug products are available to the quality control unit. 211.22(b) *Potency done in-house; All initial formulation testing will be outsourced to third party lab; sterility & endotoxin on batch outsourced SOP Q25.037*	Yes
The Quality Control Unit has the responsibility for approving or rejecting all procedures or specifications impacting on the identity, strength, quality, and purity of the drug product. 211.22(c)	Yes
The responsibilities and procedures applicable to the quality control unit are in writing and such written procedures are followed. 211.22(d) *Reviewed SOP Q19.009*	Yes
Personnel responsible for supervising the manufacture, processing, packing, or holding of a drug product are qualified through education, training and experience or a combination thereof. Individuals are able to perform assigned functions in such a manner as to provide assurance that the drug product has the safety, identity, strength, quality, and purity that it purports or is represented to possess. 211.25(b) *Reviewed SOP H19.001 Training Program Guidelines and CV of QA personnel*	Yes

Investigations - 21CFR Part 211

Unexplained discrepancies or the failure of a batch, or any of its components to meet any of its specifications are thoroughly investigated. 211.192 *SOP Q19.004 Deviations and CAPAs, SOP Q189.022, Q19.028, Q19.031*	Yes
Investigations are extended to other batches of the same drug product and other drug products that may have been associated with the specific failure or discrepancy. 211.92	Yes
Written procedures describing the handling of all written and oral complaints regarding a drug product are established and followed. Procedures include provisions for review by the quality control unit and review to determine whether the complaint represents a serious and unexpected adverse drug experience which is required to be reported to the FDA. 211.198(a) ***Recommend moving the individual references to handling customer compliants in the other QA policies into a singular SOP on complaints and may then refer to SOPS with investigation, recall, CAPA, etc.*	Yes
A written record of each complaint is maintained in a file designated for drug product complaints. The file regarding such drug product is maintained at the establishment where the drug product was manufactured, processed, or packed, or if kept at another facility, are readily available. Written drug product records are maintained until at least 1 year after the expiration date of the drug product or 1 year after the date the complaint was received, whichever is longer. 211.198(b) *No products yet for there to be complaints or recalls*	N/A
Records of complaints include the name and strength of the drug product, lot number, name of the complainant, nature of the complaint and reply to complaint. 211.198(b)(1)	N/A
Where an investigation is conducted, the written records include the findings of the investigation and follow up. Where an investigation is not conducted, the written records include the reason the investigation was found not to be necessary and the name of the responsible person making such a determination. 211.198(b)(2)(3)	N/A

Personnel Qualification - 21CFR Part 211 Subpart B

Each person engaged in the manufacture, processing, packing, or holding of a drug product shall have the education, training and experience or a combination thereof to enable the person to perform the assigned functions. 211.25 ***Recommended third party didactic training to augment competency training.*	Yes
Training shall be in the particular operations that the employee performs and in current good manufacturing practice (including the current good manufacturing practice regulations in this chapter and written procedures required by these regulations) as they relate to the employee's functions. 211.25(a)	Yes
Training in current good manufacturing practices is conducted by qualified individuals on a continuous basis and with sufficient frequency. 211.25(a) ***Discussed need to have validated didactic and ongoing training. Facility is working on their train the trainer program and using third party validated training.*	Yes

Facilities and Equipment - 21CFR Part 211

Any building used in manufacture, processing, packing, or holding of a drug product is maintained in a clean and sanitary condition, free of infestation by rodents, birds, insects, and other vermin. 211.56(a) *Has contract with pest control agency - recommend installation of pest catch box by roll up door in warehouse.*	Yes
The flow of components, drug product containers, closures, labeling, in-process materials and drug products through the building or buildings is designed to prevent contamination. 211.42(b)	Yes
The facility is of suitable size, construction, and location to facilitate cleaning, maintenance, and proper operations. 211.42(a)	Yes
There is adequate space for the orderly placement of equipment and materials to prevent mix-ups between different components, drug product containers, closures, labeling, in-process materials, or drug products and to prevent contamination. 211.42(b)	Yes
Facility has a separate or defined areas or such other control systems to prevent contamination or mix ups during receipt, identification, storage and withholding from use of components, drug product containers, closures, and labeling pending the appropriate sampling, testing or examination by the quality control unit before release for manufacturing or packaging. 211.42(c)(1), 211.80	Yes
Facility has a separate or defined area for holding rejected components, drug product containers, closures and labeling before disposition. 211.42(c)(2)	Yes
Facility has a separate or defined area for quarantine storage before release of drug products. 211.42(c)(7)	Yes
Operations relating to the manufacture, processing, and packing of penicillin shall be performed in facilities separate from those used for other drug products for human use. 211.42(d)	N/A
Aseptic processing areas have floors, walls and ceilings that are smooth and easily cleanable. 211.42(10)(i)	Yes
Aseptic processing areas have temperature and humidity controls. 211.42(10)(ii) *PrimeX OneView continuous monitoring system*	Yes
Aseptic processing areas have an air supply through HEPA filters under positive pressure. 211.42(10)(iii)	Yes
Air filtration systems (including prefilters and particulate matter air filters) are used when appropriate on air supplies to production areas. 211.46(c)	Yes
Equipment for adequate control over air pressure, micro-organisms, dust, humidity, and temperature when appropriate for the manufacturing, processing, packing, or holding of drug products. 211.46(b)	Yes
The facility has written procedures for cleaning and maintenance of equipment, including utensils used in the manufacture, processing, packing, or holding of a drug product. 211.67(b)	Yes

The firm has written procedures for use of suitable rodenticides, insecticides, fungicides, fumigating agents, cleaning and sanitizing agents which must be registered and used in accordance with the Federal Insecticide, Fungicide and Rodenticide Act. 211.56(c) *Reviewed SOP S19.001*	Yes
A written record of major equipment cleaning, maintenance and use is included in individual equipment logs that show date, time, product, and lot number of each batch processed. The persons performing and double checking the cleaning and maintenance date and sign (or initial) the log. Entries are in chronological order. 211.182	Yes
Surfaces that contact components, in-process materials, or drug products are not reactive, additive, or absorptive so as to alter the safety, identity, strength, quality, or purity of the drug product beyond the official or other established requirements. 211.65(a)	Yes
Automatic, mechanical, electronic equipment used in the manufacture, processing, packing, or holding of a drug product shall be routinely calibratad, inspected or checked according to a written program designed to ensure proper performance. 211.68(a)	Yes

Environmental Monitoring - 21CFR Part 211

Facility has written procedures designed to prevent microbiological contamination of drug products purporting to be sterile. Such procedures include validation of all aseptic and sterilization processes. 211.113(b) *Reviewed SOP Q19.027, M25.029*	Yes
Aseptic processing areas have a system for monitoring environmental conditions. 211.42(10)(iv) *Pressure differential gauges in place, temperature and humidity monitoring, and SOP on sampling. EM SOP Q19.027*	Yes

Control of Components, Containers and Closures - 21CFR Part 211

Written procedures describe in sufficient detail the receipt, identification, storage, handling, sampling, testing, and approval or rejection of components and drug product containers and closures. Written procedures are followed. 211.80(a) *Reviewed S19.007, Q19.032, S19.008, A19.003 - Please add verbiage about qualifying APIs according to federal requirements.*	Yes
Components and drug product containers and closures shall at all times be handled and stored in a manner to prevent contamination. 211.80(b)	Yes
Bagged or boxed components of drug product containers or closures are stored off the floor and suitably spaced to permit cleaning and inspection. 211.80(c)	Yes
Each container or grouping of containers for components or drug product containers, or closures shall be identified with a distinctive code for each lot in each shipment received. This code shall be used in recording the disposition of each lot. Each lot shall be appropriately identified as to its status (i.e., quarantined, approved, or rejected). 211.80(d) *Observed physical spaces included labeled storage areas*	Yes
Each component is tested for conformity to written specifications for purity, strength, and quality. Supplier analysis may be accepted provided that at least one specific identity test has been conducted by the manufacturer and the manufacturer has established the reliability of the supplier's analysis through validation of supplier's test results at appropriate intervals. 211.84(d)(2) *New permit application, limited inventory to check for this items. SOPs speak to this requirement.*	Yes
Containers and closures are tested for conformity to written specifications. A certificate of testing may be accepted from the supplier, provided that at least a visual identification is conducted on such containers/closures by the manufacturer and provided that the manufacturer establishes the reliability of the supplier's test results through appropriate validation of the supplier's test results at appropriate intervals. 211.84(3)	Yes
Each lot of a component, drug product container, or closure with potential for microbiological contamination that is objectionable in view of its intended use is subjected to microbiological tests before use. 211.84(d)(6)	Yes
Drug product containers and closures are not reactive, additive, or adsorptive so as to alter the safety, identity, strength, quality, or purity of the drug beyond the official or established requirements. 211.94(a)	Yes
Drug product containers and closures are clean and, where indicated, sterilized, and processed to remove pyrogenic properties. 211.94(c)	Yes
Depyrogenation process is validated. 211.94(c) *Reviewed SOP L25.043*	Yes

Production - 21CFR Part 211

There are written procedures for production and process control designed to assure the drug products have the identity, strength, quality, and purity they purport or are represented to possess. 211.100(a)	Yes
Written production and process control procedures are followed. Any deviation from the written procedures shall be recorded and justified. 211.100(b)	Yes
If a component is removed from the original container to another, the new container shall be identified with the following information: (1) component name or item code; (2) receiving or control number; (3) weight or measure in new container; (4) batch for which component was dispensed, including its product name, strength, and lot number. 211.101(b) *Reviewed SOP Q19.006*	Yes
Each component is either added to the batch by one person and verified by a second person or, if the components are added by automated equipment under 211.68, only verified by one person. 211.101(d)	Yes
Actual yields and percentages of theoretical yield are determined at the conclusion of each appropriate phase of manufacturing, processing, packaging, or holding of a drug product. 211.103	Yes
Written procedures are established to assure batch uniformity and integrity of drug products, that describe the in-process controls, and tests, or examinations to be conducted on appropriate samples of in-process materials of each batch. Procedures are followed. 211.110(a)	Yes
In process materials are tested for identity, strength, quality, and purity, where appropriate, and approved or rejected by quality control unit during production process. 210.110(c)	Yes
When appropriate, time limits are established for the completion of each phase of production to assure quality of the drug product. Deviations are justified and documented. 211.111	Yes
Written procedures include quarantine of drug products before release by the quality unit. Procedures are followed. 211.142(a) *Reviewed SOP Q25.037*	Yes

Packaging and Labeling - 21CFR Part 211

Written procedures describe the receipt, identification, storage, handling, sampling, examination and/or testing of labeling and packaging material. Procedures are followed. 211.122(a) *Reviewed M25.021 regarding labeling & S19.009 for shipping specific; packaging is specific to each product, this is pre-license inspection.*	Yes
Written procedures describe in sufficient detail the control procedures employed for the issuance of labeling. Procedures are followed. 211.125(f)	Yes

Strict control is exercised over labeling issued for use in drug product labeling operations. 211.125(a)	Yes
Records are maintained for each shipment received of each different labeling and packaging material indicating receipt, examination/testing, and whether accepted or rejected. 211.122(c)	Yes
Labels and other labeling materials for each different drug product, strength, dosage form, or quantity of contents are stored separately with suitable identification. 211.122(d) *New permit inspection, no products yet*	N/A
Access to label storage area is limited to authorized personnel. 211.122(d)	Yes
Obsolete and outdated labels, labeling and packaging materials are destroyed. 211.122(e)	Yes
Identification and handling of filled drug product containers that are set aside and held in unlabeled condition for future labeling operations to preclude mislabeling of individual containers, lots, or portions of lots. Identification need not be applied to each individual container but shall be sufficient to determine drug name, strength, quantity of contents, and lot or control number of each container. 211.130(b) *No products yet, new permit*	N/A
Written procedures shall specify how to reconcile quantity of labels that are issued, used, and returned. Procedures shall require evaluation of any discrepancies between quantity of drug product finished and the quantity of the labeling issued when such discrepancies are outside narrow preset limits based on historical operating data. Discrepancies shall be investigated in accordance with 211.192. Labeling reconciliation is waived for cut or roll labeling if 100% examination for correct labeling is performed in accordance with 211.122(g)(2). 211.25(c)	Yes
All excess labeling bearing lot and control numbers is destroyed. 211.125(d)	Yes
If cut labeling is used for immediate container labels, individual unit cartons, or multiunit cartons containing immediate containers that are not packaged in individual unit cartons, packaging and labeling operations includes one of the following special control procedures: 100% visual inspection is conducted for correct labeling during or after completion of finishing operations for hand applied labeling. Such examination is performed by one person and independently verified by a second person OR use of appropriate electronic or electromechanical equipment to conduct 100% examination of labeling during or after completion of finishing operations OR dedicated labeling and packaging lines of each different strength of each different drug product OR use of automated technique including differentiation by labeling size, that physically prevents incorrect labeling from being processed by labeling and packaging equipment. 211.122(g)(1)(2)(3)(4) *Planned use of cut labels with 100% verification and double check 100% verification*	Yes
Written procedures assure that correct labels, labeling, and packaging materials are used for drug products. Procedures are followed. 211.130	Yes
Procedures are designed to prevent mix-ups and cross-contamination by physical or spatial separation from operations on other drug products. 211.130(a)	Yes
Written procedures detail examination of packaging and labeling materials for suitability and correctness before packaging operations, and documentation of such examination is in the batch production record. 211.130(d)	Yes
Written procedures detail inspection of packaging and labeling facilities to assure that all drug products and labeling materials have been removed from previous operations. Results of inspection are documented on the batch record. Procedures are followed. 211.130(e) *Sample batch record supports this practice*	Yes

Holding and Distribution - 21CFR Part 211

Written procedures describing warehousing of drugs include quarantine of drug product before release by QC unit, including storage under appropriate temperature, humidity, and light. 211.142 *Reviewed SOP S19.007*	Yes

Laboratory - 21CFR Part 211 Subpart I

The establishment of any specifications, standards, sampling plans, test procedures, including any changes shall be reviewed and approved by the Quality Control Unit, deviations from written specifications are recorded and justified. 211.160(a) *Reviewed SOP Q19.004*	Yes
Laboratory controls shall include the establishment of scientifically sound and appropriate specifications, standards, sampling plans, and test procedures designed to assure that components, drug product containers, closures, in-process materials, labeling, and drug products conform to appropriate standards of identity, strength, quality, and purity. 211.160(b) *Reviewed SOPs: Q25.037, L23.036*	Yes
Laboratory controls include the calibration of instruments, apparatus, gauges, and recording devices at suitable intervals in accordance with an established written program containing specific directions, schedules, limits for accuracy and precision, and provisions for remedial action if the event limits are not met. 211.160(b)(4) *Multiple SOPs, one per each piece of equipment reviewed. Discussed adding one for cleaning and maintenance of crimping device.*	Yes
There is a written testing program designed to assess the stability characteristics of drug products. The written program includes sample size and test interval, storage conditions for samples retained for testing, reliable, meaningful, and specific test methods, and testing of the drug product in the same container closure system in which the drug product is marketed. Procedures are followed. 211.166(a)(1)(2)(3)(4)	Yes
Results of stability testing is used to determine appropriate storage conditions and expiration dates. 211.166(a) *Discussed required compendial studies for stability and facility has SOPs which speak to appropriate methods.*	Yes
For each batch of drug product there is appropriate laboratory determination of satisfactory conformance to final specifications for the drug product, including the identity and strength of each active ingredient. 211.165(a) *No products yet, new permit*	N/A
Written procedures describe sampling and testing plans and include method of sampling and the number of units per batch to be tested. Procedures are followed. 211.165(c) *SOP L25.037 specifies to follow USP 797/71 quantities.*	Yes
Acceptance criteria for sampling and testing conducted by the quality control unit are adequate to assure that batches of drug products meet each appropriate specification and appropriate statistical quality control criteria as a condition for their approval and release. 211.165(d)	Yes
Drug products failing to meet established standards or specifications, or any other relevant quality control criteria are rejected. 211.165(f)	Yes
Each batch of drug product purporting to be sterile and/or pyrogen free has appropriate laboratory testing to determine conformance to such requirements. 211.167(a) *No products yet, new permit*	N/A
The accuracy, sensitivity, specificity, and reproducibility of test methods employed by the firm shall be established and documented. Such validation and documentation are accomplished in accordance with 211.194(a)(2). 211.165(e) *SOPs follow compendial standards.*	Yes

Laboratory records include complete data derived from all tests necessary to assure compliance with established specifications and standards as defined in 211.194(a). *No products yet, new permit*	N/A
Complete records are maintained of any modification of an established method used in testing. 211.194(b) *No products yet, new permit*	N/A
A reserve sample that is representative of each lot in each shipment of each active ingredient, is retained and stored under conditions consistent with product labeling and in the same immediate container-closure system for 1 year after the expiration date of the last lot of the drug product containing the active ingredient. 211.170(a)(b) *SOP Q19.006*	Yes

Records and Reports - 21CFR Part 211

Any production, control, or distribution record that is required to be maintained and is specifically associated with a batch of a drug product is retained for at least 1 year after the expiration date of the batch. This includes all components, drug product containers, closures. 211.180(a)(b) *Q19.002 Document Control Procedures*	Yes
Written records are maintained so that data herein can be used for evaluating, at least annually, the quality standards of each drug product to determine the need for changes in drug product specifications or manufacturing or control procedures. 211.180(e)	Yes
Master production and control records for each drug product, including each batch size thereof, shall be prepared, dated, and signed (full signature, handwritten) by one person and independently checked, dated, and signed by a second person. The preparation of master production and control records is described in a written procedure and such written procedure is followed. Master production and control records include all required elements as described in 211.186(a). *Batch records appropriately contain fields for different verification than preparer; facility will add more specific language to existing SOPs to explicitly indicate a different person required for verification than preparer.*	Yes
Batch products and control records are prepared for each batch of drug product produced and include complete information relating to the product and control of each batch and are an accurate reproduction of the appropriate master production or control record. 211.188, 211.188(a)	Yes
Batch records include documentation that each significant step in the manufacture, processing, packing, or holding of the batch was accomplished and include all required elements as described in. 211.188 (b)(1-13) *New permit, no active batch records to review, however facility had a test batch for stability testing which I reviewed and facility indicates this record will be essentially the same used in production.*	Yes
Major equipment is identified by a distinctive identification number or code that is recorded in the batch production record. 211.105(b)	Yes
Batch production and control records are prepared for each batch of drug product produced and shall include complete information relating to the production and control of each batch. These records shall include: Identification of the persons performing and directly supervising or checking each significant step in the operation, or if a significant step in the operation is performed by automated equipment under § 211.68, the identification of the person checking the significant step performed by the automated equipment. 211.188(11)	Yes
Distribution records contain the name and strength of the product and description of the dosage form, name and address of the consignee, date and quantity shipped, and lot or control number of the drug product. 211.196	Yes

Remarks:

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signature

PANOFSKY, LINDA

Linda Panofsky

Date:6/5/2025

Representative:

Gustavo Vergara

Date:6/5/2025

503B Outsourcing Facility Inspection

Conducted for

Bravado Pharmaceuticals

Conducted on
December 8th-10th, 2025

Corrective Action Received on
December 18th, 2025

Prepared by

Michelle Woosley, PharmD., MBA
Senior Consultant

Mala Cullipher, RPh, CPh
Associate Consultant

Location

4212 Cypress Gulch Drive
Lutz, FL 33559

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503B Outsourcing Facility Inspection v2.0

Bravado Pharmaceuticals / Michelle Woosley, PharmD., MBA, Senior Consultant
Mala Cullipher, RPh, CPh, Associate Consultant

Facility Name

Bravado Pharmaceuticals

Facility Address

4212 Cypress Gulch Drive
Lutz, FL 33559

Inspection Date December 8th--10th, 2025

Conducted by

Michelle Woosley, PharmD., MBA, Senior Consultant
Mala Cullipher, RPh, CPh, Associate Consultant

Name of facility participants

Brian McMillan, President & CEO
Shannon Kennedy, Quality Director

Corrective Action Plan Reviewed December 18th, 2025

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Executive Summary

Inspection Summary

Bravado Pharmaceuticals is a single location 503B outsourcing facility located in Tampa, Florida. The facility is currently nearing the end of the R&D phase for its two formulations, with plans to move into production phase in 2026. Daré Bioscience has contracted with Bravado Pharmaceuticals to compound its proprietary sildenafil cream formulation for women, and with Medvantx, a Kentucky licensed dispensing pharmacy, for patient direct distribution services. Daré's proprietary sildenafil cream formulation is the only topical sildenafil formulation that has been formally evaluated in women through controlled clinical studies. In addition to compounding sildenafil cream, Bravado Pharmaceuticals has plans to provide nicotinamide adenine dinucleotide in an injectable formulation.

Bravado Pharmaceuticals was inspected by Gates Healthcare on December 8th—10th, 2025. The facility is approximately 6500 square feet and consists of a main laboratory area for R&D testing, a nonsterile compounding suite, a dispensing room, a washroom, a visual inspection room, a sterile compounding suite, and a warehouse area. Bravado Pharmaceuticals has not yet brought a product to market and the ability to fully determine compliance with cGMP standards was limited without verifiable product. Inasmuch, areas of new or ongoing development for production readiness have been indicated as partially compliant or non-compliant with notes to this effect provided by the inspector within the report.

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Quality Control Unit

Responsibilities of Quality Control Unit § 211.22

1. There is a quality control unit that has the responsibility and authority to approve or reject all components, drug product containers, closures, in-process materials, packaging material, labeling, and drug products, and the authority to review production records to assure that no errors have occurred or, if errors have occurred, that they have been fully investigated. The quality control unit is responsible for approving or rejecting drug products manufactured, processed, packed, or held under contract by another company.

Compliant

Shannon Kennedy, PhD, Quality Lead, oversees the quality control unit. Reviewed the Bravado Pharmaceuticals Quality Manual, v3.

2. Adequate laboratory facilities for the testing and approval (or rejection) of components, drug product containers, closures, packaging materials, in-process materials, and drug products is available to the quality control unit.

Compliant

3. The quality control unit has the responsibility for approving or rejecting all procedures or specifications impacting on the identity, strength, quality, and purity of the drug product.

Compliant

4. The responsibilities and procedures applicable to the quality control unit is in writing; such written procedures is followed.

Compliant

As noted in the Quality Manual, v.3.

Personnel Qualifications

Personnel Qualifications § 211.25

5. Each person engaged in the manufacture, processing, packing, or holding of a drug product has education, training, and experience, or any combination thereof, to enable that person to perform the assigned functions. Training is in the particular operations that the employee performs and in current good manufacturing practice (including the current good manufacturing practice regulations in this chapter and written procedures required by these regulations) as they relate to the employee's functions. Training in current good manufacturing practice is conducted by qualified individuals on a continuing basis and with sufficient frequency to assure that employees remain familiar with CGMP requirements applicable to them.



Reviewed SOP H19.001 Training Program Guidelines v5.

6. Each person responsible for supervising the manufacture, processing, packing, or holding of a drug product has the education, training, and experience, or any combination thereof, to perform assigned functions in such a manner as to provide assurance that the drug product has the safety, identity, strength, quality, and purity that it purports or is represented to possess.



Shannon Teeters-Kennedy has a PhD. in Physical Chemistry, a Masters in Pharmaceutical Formulations, and a Masters in Pharmacy-Forensic Sciences
Current Staff as of
Brian McMillan
Shannon Kennedy
J. Brandon Kennedy
Malgorzata Frik
Yevgeny Habibe
Michael Rodriguez
Michael Nguyen (PIC)
Carlos Inostroza
Ashley Mandell
Kai Edwards (Technician Intern)
Valentin Vasquez (PT)
Tim Morrissey (PT)
Salvador Delgado (PT)
Lori Smith (PT)
Recommend additional training for Production and Quality personnel.

7. There is an adequate number of qualified personnel to perform and supervise the manufacture, processing, packing, or holding of each drug product.



Michael Nguyen PIC KY 025457, Kai Edwards (not RPt, Technician Student intern), Shannon-Teeters-Kennedy-Quality Assurance

§ 211.28 Personnel Responsibilities

8. Personnel engaged in the manufacture, processing, packing, or holding of a drug product shall wear clean clothing appropriate for the duties they perform. Protective apparel, such as head, face, hand, and arm coverings, is worn as necessary to protect drug products from contamination



Protective apparel appropriately worn for specific areas and duties performed. Observed.

9. Personnel shall practice good sanitation and health habits.



10. Only personnel authorized by supervisory personnel shall enter those areas of the buildings and facilities designated as limited-access areas.



Compounding areas are appropriately labeled with signage and indicate authorized personnel only.

11. Any person shown at any time (either by medical examination or supervisory observation) to have an apparent illness or open lesions that may adversely affect the safety or quality of drug products is excluded from direct contact with components, drug product containers, closures, in-process materials, and drug products until the condition is corrected or determined by competent medical personnel not to jeopardize the safety or quality of drug products. All personnel is instructed to report to supervisory personnel any health conditions that may have an adverse effect on drug products.



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Equipment Requirements

1 / 1 (100%)

Equipment Design, Size, and Location § 211.63

30. Equipment used in the manufacture, processing, packing, or holding of a drug product is of appropriate design, adequate size, and suitably located to facilitate operations for its intended use and for its cleaning and maintenance.

Unknown or Partially Compliant

Sterile Cleanroom: Facility lacks a Containment Ventilated Enclosure (CVE) in the ISO 7 Classified buffer room for weighing out and mixing nonsterile APIs to prevent contamination. Based on USP <797>, Section 4.2.6 Facilities preparing Category 2 or Category 3 CSPs from nonsterile starting components, presterilization procedures must be performed in a containment ventilated enclosure (CVE) to minimize the risk of airborne contamination.

Sterile Cleanroom: Particle counter is only used for baseline particle count, but not throughout the compounding process. This is required according to 21 CFR Part 211.42(c)(10)(iii) to assess risk of contamination during aseptic processing. Continuous monitoring is the gold standard for ensuring stringent environmental control during and throughout critical operations to prevent batch contamination.

CORRECTIVE ACTION PENDING 12-18-2025: CAPA-25006 has been initiated to evaluate the facility to ensure that the equipment, facility, installation, and design are appropriate for aseptic processing.
Target Completion Date: 16Jan2026

Equipment Construction § 211.65

31. Equipment is constructed so that surfaces that contact components, in-process materials, or drug products is not reactive, additive, or absorptive so as to alter the safety, identity, strength, quality, or purity of the drug product beyond the official or other established requirements.

Compliant

32. Any substances required for operation, such as lubricants or coolants, shall not come into contact with components, drug product containers, closures, in-process materials, or drug products so as to alter the safety, identity, strength, quality, or purity of the drug product beyond the official or other established requirements.

Compliant

Equipment Cleaning and Maintenance § 211.67

1 / 1 (100%)

33. Equipment and utensils are cleaned, maintained, and, as appropriate for the nature of the drug, sanitized and/or sterilized at appropriate intervals to prevent malfunctions or contamination that would alter the safety, identity, strength, quality, or purity of the drug product beyond the o6cial or other established requirements.

Compliant

Nalgene holding tank mini-clean versus deep clean: Directional flow of dirty to clean

34. Written procedures is established and followed for cleaning and maintenance of equipment, including utensils, used in the manufacture, processing, packing, or holding of a drug product. These procedures shall include, but are not necessarily limited to, the following:

Injections, including infusions

Facility rinses with WFI beakers then depyrogenates them in the dry heat oven. 7 days of hold time. Recommend writing Exp on the Aluminum foil of the wrapped glassware.

35. Records is kept of maintenance, cleaning, sanitizing, and inspection as specified in §§ 211.180 and 211.182.

Compliant

Cleaning for ISO Classified Areas was described with dwell times in SOP M25.027.

FIND SOP DOCUMENT (AS ABOVE), NO CLEANING LOGS LOCATED IN SHARED FILES, CONTROL BATCH RECORD

Automatic, Mechanical, and Electronic Equipment§ 211.68

36. Automatic, mechanical, or electronic equipment or other types of equipment, including computers, or related systems that will perform a function satisfactorily, may be used in the manufacture, processing, packing, and holding of a drug product. If such equipment is so used, it is routinely calibrated, inspected, or checked according to a written program designed to assure proper performance.

Compliant

37. Written records of those calibration checks and inspections is maintained.

Compliant

38. Appropriate controls is exercised over computer or related systems to assure that changes in master production and control records or other records are instituted only by authorized personnel. Input to and output from the computer or related system of formulas or other records or data is checked for accuracy. The degree and frequency of input/output verification is based on the complexity and reliability of the computer or related system. A backup file of data entered into the computer or related system is maintained except where certain data, such as calculations performed in connection with laboratory analysis, are eliminated by computerization or other automated processes. In such instances a written record of the program is maintained along with appropriate validation data. Hard copy or alternative systems, such as duplicates, tapes, or microfilm, designed to assure that backup data are exact and complete and that it is secure from alteration, inadvertent erasures, or loss is maintained.

Compliant

Facility has hard copies; utilizes Lab Notebooks; Project to initiate a EQMS by next year.

39. Such automated equipment used for performance of operations addressed by §§211.101(c) or (d), 211.103, 211.182, or 211.188(b)(11) can satisfy the requirements included in those sections relating to the performance of an operation by one person and checking by another person if such equipment is used in conformity with this section, and one person checks that the equipment properly performed the operation.

Compliant

No autofill or automated equipment in use; manual processes and equipment for sterile and nonsterile.

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Filters § 211.72

40. Filters for liquid filtration used in the manufacture, processing, or packing of injectable drug products intended for human use shall not release fibers into such products. Fiber-releasing filters may be used when it is not possible to manufacture such products without the use of these filters. If use of a fiber-releasing Filter is necessary, an additional nonfiber-releasing filter having a maximum nominal pore size rating of 0.2 micron (0.45 micron if the manufacturing conditions so dictate) shall subsequently be used to reduce the content of particles in the injectable drug product. The use of an asbestos-containing filter is prohibited.



Confirmed MDI PES filters in use are suitable for human use.

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Component & Drug Product Containers/Closures

2 / 2 (100%)

Control of Components & Drug Product Containers and Closures § 211.80

41. There is written procedures describing in sufficient detail the receipt, identification, storage, handling, sampling, testing, and approval or rejection of components and drug product containers and closures; such written procedures is followed.

Compliant

42. Components and drug product containers and closures shall at all times be handled and stored in a manner to prevent contamination.

Unknown or Partially Compliant

In the warehouse location, although items are labeled as released or quarantined, tubs, holding tanks, and boxes containing quarantined materials are intermingled with released items. Released and quarantined components, containers and closures must be physically separated and organized in clearly designated holding areas to prevent mix-ups.
According to 211.42 Design and Construction features, "Any buildings used in the manufacture, processing, packing or holding of a drug product shall be of suitable size, construction and location to facilitate cleaning, maintenance, and proper operations."
Firm must define areas and clearly label designated areas for Quarantine, Hold, Rejected and Sequestered materials and store such materials in these distinct locations to prevent mix-ups.

CORRECTIVE ACTION PENDING 12-18-2025:CAPA-25001 has been initiated to evaluate how to re-organize the current warehouse space to allow for proper separation / segragation of materials to prevent mix-ups.
Target Completion Date: 16Jan2026

43. Bagged or boxed components of drug product containers, or closures is stored off the floor and suitably spaced to permit cleaning and inspection.

Compliant

44. Each container or grouping of containers for components or drug product containers, or closures is identified with a distinctive code for each lot in each shipment received. This code is used in recording the disposition of each lot. Each lot is appropriately identified as to its status (i.e., quarantined, approved, or rejected).

Unknown or Partially Compliant

Observed one API tub for sildenafil was not labeled as 'Released or Quarantine' sitting on lab shelf; no deviation written at the time of the inspection. This would increase the change of mix-ups as it is not labeled by quality as released to production. It was explained to inspector, MC that the label may have fallen off. Advised to do a change control of the procedure and document in SOP to place the label in a location which is secure.
Recommendation: Status identification of all containers released to production must be clearly marked.

CORRECTIVE ACTION PENDING 12-18-2025: Deviation opened during inspection to address deficiency.

Receipt and Storage of Untested Components, Drug Product Containers, and Closures § 211.82

45. Upon receipt and before acceptance, each container or grouping of containers of components, drug product containers, and closures is examined visually for appropriate labeling as to contents, container damage or broken seals, and contamination.

Compliant

Reviewed S19.008, Receiving of Incoming Materials. Section 2.3 indicates all GMP material is visually examined upon receipt.

46. Components, drug product containers, and closures is stored under quarantine until they have been tested or examined, whichever is appropriate, and released. Storage within the area shall conform to the requirements of § 211.80.

Compliant

SOP reviewed and quarantine area visualized.

Testing and Approval or Rejection of Components, Drug Product Containers, and Closures § 211.84

2 / 2 (100%)

47. Each lot of components, drug product containers, and closures is withheld from use until the lot has been sampled, tested, or examined, as appropriate, and released for use by the quality control unit.

Compliant

Reviewed S19.008, Receiving of Incoming Materials v4 & Q19.006, Sampling, Retains and Disposition for GMP Materials.

48. Representative samples of each shipment of each lot is collected for testing or examination. The number of containers to be sampled, and the amount of material to be taken from each container, is based upon appropriate criteria such as statistical criteria for component variability, confidence levels, and degree of precision desired, the past quality history of the supplier, and the quantity needed for analysis and reserve where required by § 211.170.

Unknown or Partially Compliant

Reviewed SOP Q19.006, Sampling of GMP Materials v3. Section 4.2 indicated the sample amounts recommended by the ANSI table is considered a minimum & QA determines the amount of sample for each applicable component based on the amount of material received.

Sterile Product: Method verification for representative sample is completed by viewing COA for NAD plus which describes identity testing completed by repackager using USP <197>, but review of the COA by Quality is not well documented by the firm.

No deficiencies noted with the nonsterile (sildenafil) materials.

Firm states the FTIR machine is in need of repair.

Samples is collected in accordance with the following procedures:

Injections, including infusions

Reviewed the Sampling Request Form (SFR). Procedures for sampling outlined in the sampling SOP.

51. Samples is examined and tested as follows:

Injections, including infusions

Sampling includes Raw Materials Sampling, Labeling Component Sampling, Packaging and Manufacturing Component Sampling, & In-Process and Finished Product Sampling.

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52. Each lot of a component, drug product container, or closure with potential for microbiological contamination that is objectionable in view of its intended use is subjected to microbiological tests before use.

Unknown or Partially Compliant

Requested Water activity verification for Sildenafil API used in non-sterile compounding-not in Monograph provided. Microbiological testing before use in compounding must occur according to 211.84.

CORRECTIVE ACTION PENDING 12-18-2025: CAPA-25003 has been initaited to conduct a risk assessment on the need for microbial testing of Sildenafil Citrate as guided by FDA Guidance, Microbiological Quality Considerations in Non-sterile Drug Manufacturing, and 21CFR211.84(d)(4). Actions will be performed based on the outcome of risk assessment.
Target Completion Date: 02Jan2026

53. Any lot of components, drug product containers, or closures that meets the appropriate written specifications of identity, strength, quality, and purity and related tests under paragraph (d) of this section may be approved and released for use. Any lot of such material that does not meet such specifications is rejected.

Compliant

Use of Approved Components, Drug Product Containers, and Closures § 211.86

54. Components, drug product containers, and closures approved for use is rotated so that the oldest approved stock is used first. Deviation from this requirement is permitted if such deviation is temporary and appropriate.

Unknown or Partially Compliant

There does not appear to be a FEFO methodology in the warehouse as released and quarantined material is on the same side of the room.

CORRECTIVE ACTION PENDING 12-18-2025: CAPA-25001 has been initiated to evaluate how to re-organize the current warehouse space to allow for ease of material status identification.
Target Completion Date: 16Jan2026

Retesting of Approved Components, Drug Product Containers, and Closures § 211.87

55. Components, drug product containers, and closures is retested or reexamined, as appropriate, for identity, strength, quality, and purity and approved or rejected by the quality control unit in accordance with § 211.84 as necessary, e.g., after storage for long periods or after exposure to air, heat or other conditions that might adversely affect the component, drug product container, or closure.

Unknown or Partially Compliant

Per SOP Q19.006, Sampling of GMP Materials v3, retained samples of drug products should be visually inspected annually for deterioration; retained samples of other materials should be reviewed at least every two years. No indication in the SOP related to retesting or reexamination of raw materials after storage for long periods of time or other conditions that might impact the materials.

This 503B OSF has mostly R&D and ongoing testing and no production at this time. Bravado has not yet had the need to implement the requirements of this procedure as the materials intended for marketed / commercial products have not reached its routine inspection time per SOP Q19.006.

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Rejected Components, Drug Product Containers, and Closures
§ 211.89

56. Rejected components, drug product containers, and closures is identified and controlled under a quarantine system designed to prevent their use in manufacturing or processing operations for which they are unsuitable.

Compliant

Drug Product Containers and Closures § 211.94

57. Drug product containers and closures is not reactive, additive, or absorptive so as to alter the safety, identity, strength, quality, or purity of the drug beyond the official or established requirements.

Compliant

58. Container closure systems provide adequate protection against foreseeable external factors in storage and use that can cause deterioration or contamination of the drug product.

Compliant

Facility still in R&D phase. Container Closure Integrity testing will be conducted when all testing is complete.

59. Drug product containers and closures is clean and, where indicated by the nature of the drug, sterilized and processed to remove pyrogenic properties to assure that they are suitable for their intended use. Such depyrogenation processes is validated.

Compliant

ECVs were sent to lab and demonstrated a greater than 5 log reduction in Endotoxins
Dry Heat Oven Process Verification completed by Focus labs 2-3-25

60. Standards or specifications, methods of testing, and, where indicated, methods of cleaning, sterilizing, and processing to remove pyrogenic properties is written and followed for drug product containers and closures.

Compliant

Reviewed L25.043, Operation and Maintenance of the Dry Heat for Sterilization and Depyrogenation, Process Verification Autoclave, L25.044, Calibration of Ovens and Autoclaves, & L25.048, Use, Verification and Maintenance of the SQP-04 Autoclave v2.

61. Does the facility have or provide medical gases? If so, medical gas containers and closures must meet the following requirements:

Unknown or Partially Compliant

Facility has nitrogen tank medical gas for Filter used for Filter Integrity testing. SOP M25.028 demonstrates bubble point testing performed manually, however firm has not updated to use of Nitrogen for Filter integrity testing and all the requirements for use of medical gases.
Recommendation: Update SOP to meet standards.

CORRECTIVE ACTION PENDING 12-18-2025: CAPA-25005 has been initiated to review the use of Nitrogen in the facility and procedures will be created or updated, as needed.
Target Completion Date: 02Jan2026

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Production & Process Controls

1 / 1 (100%)

Production and Process Controls: Written Procedures & Deviations. § 211.100

62. There is written procedures for production and process control designed to assure that the drug products have the identity, strength, quality, and purity they purport or are represented to possess. Such procedures include all requirements in this subpart. These written procedures, including any changes, is drafted, reviewed, and approved by the appropriate organizational units and reviewed and approved by the quality control unit.

Compliant

63. Written production and process control procedures is followed in the execution of the various production and process control functions and is documented at the time of performance. Any deviation from the written procedures is recorded and justified.

Unknown or Partially Compliant

Facility is in preliminary phases of production, still performing R&D functions for the 503B side.

Sterile Compounding Observation: Pharmacist demonstrating simulation of media fill was noted to simulate aseptic filling of amber vials without a needle. This is an objectionable practice. Please review aseptic guidance by the FDA.

CORRECTIVE ACTION PENDING 12-18-2025: CAPA-25004 has been initiated to review the practices within the aseptic operations. Additional actions will be assigned to implement changes and improvements identified.
Target Completion Date: 16Jan2026

Charge-In of Components § 211.101

1 / 1 (100%)

64. Written production and control procedures include the following, which are designed to assure that the drug products produced have the identity, strength, quality, and purity they purport or are represented to possess:

Injections, including infusions

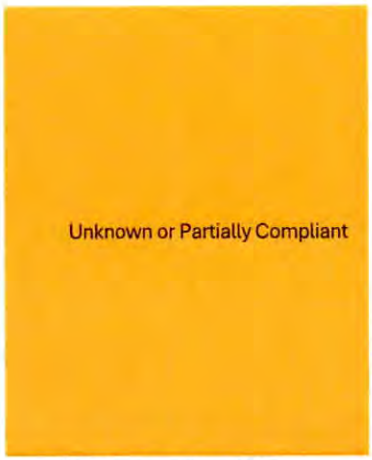
No specific Production procedures SOP

b) Components for drug product manufacturing is weighed, measured, or subdivided as appropriate. If a component is removed from the original container to another, the new container is identified with the following information:
1) Component name or item code;
2) Receiving or control number;
3) Weight or measure in new container;
4) Batch for which component was dispensed, including its product name, strength, and lot number

Unknown or Partially Compliant

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c) Weighing, measuring, or subdividing operations for components is adequately supervised. Each container of component dispensed to manufacturing is examined by a second person to assure that:
1) The component was released by the quality control unit;
2) The weight or measure is correct as stated in the batch production records;
3) The containers are properly identified. If the weighing, measuring, or subdividing operations are performed by automated equipment under § 211.68, only one person is needed to assure paragraphs (c)(1), (c)(2), and (c)(3) of this section.



Manual weighing supervised by PIC, however weigh balances not located in CVE for sterile or non-sterile weighing. Nonsterile compounding suite is a dedicated suite for sildenafil cream only. Facility is choosing to not place a CVE inside the nonsterile lab where weighing is taking place.

CORRECTIVE ACTION PENDING 12-18-2025: CAPA-25004 has been initiated to review the practices within the aseptic operations. Additional actions will be assigned to implement changes and improvements identified.
Target Completion Date: 16Jan2026

d) Each component shall either be added to the batch by one person and verified by a second person or, if the components are added by automated equipment under § 211.68, only verified by one person.



Calculation of Yield § 211.103

65. Actual yields and percentages of theoretical yield is determined at the conclusion of each appropriate phase of manufacturing, processing, packaging, or holding of the drug product. Such calculations shall either be performed by one person and independently verified by a second person, or, if the yield is calculated by automated equipment under § 211.68, be independently verified by one person.



Equipment Identification § 211.105

66. All compounding and storage containers, processing lines, and major equipment used during the production of a batch of a drug product is properly identified at all times to indicate their contents and, when necessary, the phase of processing of the batch.



67. Major equipment is identified by a distinctive identification number or code that is recorded in the batch production record to show the specific equipment used in the manufacture of each batch of a drug product. In cases where only one of a particular type of equipment exists in a manufacturing facility, the name of the equipment may be used in lieu of a distinctive identification number or code.



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No signage on Beckman Coulter Particle Size Analyzer that it is Out of Commission. Not in use. Advise to place a sign.

Sampling & Testing In-Process Materials and Drug Products § 211.110

To assure batch uniformity and integrity of drug products, written procedures is established and followed that describe the in- process controls, and tests, or examinations to be conducted on appropriate samples of in-process materials of each batch. Such control procedures are established to monitor the output and to validate the performance of those manufacturing processes that may be responsible for causing variability in the characteristics of in-process material and the drug product. Such control procedures shall include, but are not limited to, the following, where appropriate:

1) Tablet or capsule weight variation;
2) Disintegration time;
3) Adequacy of mixing to assure uniformity and homogeneity;
4) Dissolution time and rate;
5) Clarity, completeness, or pH of solutions.
6) Bioburden testing.

Unknown or Partially Compliant

For non-sterile compounding testing of Sildenafil Vaginal Cream 30 gram tube for final production, facility has a sample thief (long tube); all placed in stainless steel tanks. The Sildenafil MBR was approved on 04DEC2025. A copy of the approved MBR was provided for review during the audit.

QC In-Process: visual inspection, sample thief checks various things--assay, final bulk, full testing spectrum. Bioburden testing is not complete for this batch # 25026 and there are not notes in the EBR under Batch Accountability. Signed Dec 4, 2025.

69. Valid in-process specifications for such characteristics is consistent with drug product final specifications and is derived from previous acceptable process average and process variability estimates where possible and determined by the application of suitable statistical procedures where appropriate. Examination and testing of samples shall assure that the drug product and in-process material conform to specifications.

Compliant

70. In-process materials is tested for identity, strength, quality, and purity as appropriate, and approved or rejected by the quality control unit, during the production process, e.g., at commencement or completion of significant phases or after storage for long periods.

Unknown or Partially Compliant

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For Sterile NAD plus injection which is sill in R&D phase, Potency testing T0-T90, etc is not complete yet. No Microbial Enumeration tests have been completed for Sildenafil cream at the time of this inspection.

Sildenafil Batch 25026 was completed on 05DEC2025 and it was noted that the EBR was incomplete because it was pending batch reconciliation, PIC review, and QA review. Microbial samples were taken from the bulk cream to be sent to an outside laboratory for testing. Microbial testing takes approximately 3 weeks to complete.

CORRECTIVE ACTION PENDING 12-18-2025: All sildenafil batch testing results will be reviewed and verified that it meets pre-established product specification before the product will be released for distribution.

71. Rejected in-process materials is identified and controlled under a quarantine system designed to prevent their use in manufacturing or processing operations for which they are unsuitable.

Compliant

Time Limitations on Production § 211.111

72. When appropriate, time limits for the completion of each phase of production is established to assure the quality of the drug product. Deviation from established time limits may be acceptable if such deviation does not compromise the quality of the drug product. Such deviation is justified and documented.

Compliant

Control of Microbiological Contamination § 211.113

73. Does the facility prepare non-sterile compounded products or utilized a non-sterile to sterile process? If so, appropriate written procedures, designed to prevent objectionable microorganisms in drug products not required to be sterile, is established and followed.

Unknown or Partially Compliant

Nonsterile Product: Water content of the sildenafil API (USP <61, 62>) and baseline AET data on the API. Microbial enumeration test pending from ARL labs for Sildenafil 3.6% R&D Batch #25026.

Microbial testing is performed according the FDA guidance, Microbiogical Quality Considerations in Non-Sterile Drug Manufacturing (Draft September 2021) and USP <1111>, Microbiogical Quality Considerations in Non-Sterile Products, requirements for the non-sterile product. Microbial samples have been taken from the bulk cream to be sent to an outside laboratory for testing. Microbial testing takes approximately 3 weeks to complete.

CORRECTIVE ACTION PENDING 12-18-2025: All results of the sildenafil testing batch will be reviewed and verified that it meets pre-established product specification before the product will be released for distribution.

74. Does the facility prepare sterile compounded products and utilized sterile compounding processes? If so, appropriate written procedures, designed to prevent microbiological contamination of drug products purporting to be sterile, is established and followed. Such procedures includes validation of all aseptic and sterilization processes.

Unknown or Partially Compliant

Observed sterile processes and procedures within the cleanroom. PIC observed in the cleanroom and noted to move in and out of the PEC 5 area frequently without consistently disinfecting gloves. Staging was lacking which caused excessive movement around the ISO 7 space and into the PEC 5 hood. Recommended a review of the formulation procedure to improve efficiency and reduce risk of contamination.

During the observed smoke study, process does not include a needle at the end of the tubing from the repeater pump into the vials. This may pose a risk to the finished product.

CORRECTIVE ACTION PENDING 12-18-2025: CAPA-25004 has been initiated to review the practices within the aseptic operations. Additional actions will be assigned to implement changes and improvements identified. Target Completion Date: 16Jan2026

Reprocessing § 211.115

75. Written procedures is established and followed prescribing a system for reprocessing batches that do not conform to standards or specifications and the steps to be taken to ensure that the reprocessed batches will conform with all established standards, specifications, and characteristics.

Unknown or Partially Compliant

Reprocessing discussed with Quality Lead. No current procedure for reprocessing which should include defined criteria as to when reprocessing is appropriate versus documenting a batch deviation. Instances of reprocessing have occurred without impact to the API mixture or finished preparation. Deviation/investigation into the incident not provided.

CORRECTIVE ACTION PENDING 12-18-2025: Deviation DID-25016 was opened to document the batch failure and any actions to be taken to prevent future recurrence. Target Completion Date: 22Dec2025

76. Reprocessing is not performed without the review and approval of the quality control unit.

Unknown or Partially Compliant

R& D phases at this time. Recommend a Reprocessing SOP if not available.

CORRECTIVE ACTION PENDING 12-18-2025:CAPA-25002 has been initiated to create or revise procedure to indicate that Bravado's policy on reprocessing. Target Completion Date: 09Jan2026

Materials Examination and Usage Criteria § 211.122

77. There is written procedures describing in sufficient detail the receipt, identification, storage, handling, sampling, examination, and/or testing of labeling and packaging materials; such written procedures is followed. Labeling and packaging materials is representatively sampled and examined or tested upon receipt and before use in packaging or labeling of a drug product.

Compliant

Reviewed SOP M25.021, Visual Inspection and Application of Product Labels v2.

78. Any labeling or packaging materials meeting appropriate written specifications may be approved and released for use. Any labeling or packaging materials that do not meet such specifications is rejected to prevent their use in operations for which they are unsuitable.

Compliant

79. Records is maintained for each shipment received of each different labeling and packaging material indicating receipt, examination or testing, and whether accepted or rejected.

Compliant

Reviewed and verified shipping receipt log and indication of acceptance. The facility does not have any type of barcoding or inventory tracking tools at this time. Manually maintained.

80. Labels and other labeling materials for each different drug product, strength, dosage form, or quantity of contents is stored separately with suitable identification. Access to the storage area is limited to authorized personnel.

Unknown or Partially Compliant

Nonsterile Product: Visually verified tubing labels and secondary packaging for sildenafil cream. Primary packing labels are pre-printed in advance on empty tubes.

Sterile Product: NAD+ product labels are still in development. Currently using cut labeling for testing batches.

81. Obsolete and outdated labels, labeling, and other packaging materials is destroyed.

Compliant

Visually observed quarantine area that holds labels for destruction.

82. Use of gang-printed labeling for different drug products, or different strengths or net contents of the same drug product, is prohibited unless the labeling from gang-printed sheets is adequately differentiated by size, shape, or color.

Compliant

83. Is cut labeling used for immediate container labels, individual unit cartons, or multiunit cartons containing immediate containers that are not packaged in individual unit cartons? If so, then packaging and labeling operations includes one of the following special control procedures:

Yes

Cut labeling used on the sterile product only.

1) Dedication of labeling and packaging lines to each different strength of each different drug product;

Compliant

2) Use of appropriate electronic or electromechanical equipment to conduct a 100-percent examination for correct labeling during or after completion of finishing operations; or

Unknown or Partially Compliant

Nonsterile Product: No electronic or electromechanical equipment utilized; manual process.

Sterile Product: Labeling not documented on NAD+ Batch Record (testing batch); the Smart Jet Core Printer to be used for the sterile production batch is new and has not been brought online to date.

3) Use of visual inspection to conduct a 100-percent examination for correct labeling during or after completion of finishing operations for hand-applied labeling. Such examination is performed by one person and independently verified by a second person.

Unknown or Partially Compliant

Nonsterile Product: Visually observed the sildenafil cream pre-printed tubes are 100% visually verified for accuracy. Unable to confirm the examination is performed by two people as per the SOP; facility did not produce a batch during the inspection.

Sterile Product: No current written or active process for label visual inspection for the sterile injection (pre-production phase).

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4) Use of any automated technique, including differentiation by labeling size and shape, that physically prevents incorrect labeling from being processed by labeling and packaging equipment.

Compliant

84. Printing devices on, or associated with, manufacturing lines used to imprint labeling upon the drug product unit label or case is monitored to assure that all imprinting conforms to the print specified in the batch production record.

Unknown or Partially Compliant

Sterile Product Only: SOP M25.045 Operation, Cleaning, and Maintenance of the Smart-Jet Core Printer was provided; not in operation at this current time; new piece of equipment.

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Compounding Laboratory Design & Staff Training/Competencies

Describe the facility's compounding laboratory design and include a description of the layout, classification, flow, other pertinent details.

The facility has a main laboratory area for R&D with associated equipment. Next to the main laboratory area is a wall that separates individual areas for nonsterile compounding, the filling room, wash room, and sterile compounding suite.

The nonsterile compounding lab is dedicated for compounding sildenafil cream. The nonsterile compounding area is ISO 8 Classified and has an initial room for garbing and a secondary room for weighing out powders and mixing the cream. The nonsterile lab is a single-dedicated lab for sildenafil cream without cross-over. Absent in the nonsterile compounding lab is a balance hood/CVE/powder hood that encloses the balance to be used for weighing out APIs and other components.

The sterile compounding lab is dedicated to preparing NAD+ at the current point in time and is an ISO 7 classified space. The sterile compounding suite consists of an anteroom with a sink on the clean side and autoclave. The buffer room has a 4 foot LAFH, analytical balance, an oven, and a sub-zero freezer.
The facility is currently weighing out nonsterile APIs on a balance located on a steel bench within the ISO 7 buffer room. There is no certified CVE for containment.

Provide photographs of the compounding areas, anterooms, and buffer areas.


Photo 1


Photo 2


Photo 3


Photo 4


Photo 5


Photo 6

List and describe the equipment and any automation utilized to prepare and package compounded preparations located within the designated compounding areas.

Nonsterile Compounding Equipment (sildenafil cream): Analytical balanced, floor scale, 300L jacketed tank, a 100L jacketed tank, and a 50L non-jacketed tank and associated pumps. For filling processes--manual crimper and coder.

Sterile Compounding Equipment (NAD+ injectable): autoclave, oven, freezer, LAFH, analytical balance, and a repeater pump. No automation is used at this point in time.

Provide photographs of any equipment and automation used that is located within the designated compounding areas.

Describe the facility's compounding processes (nonsterile to sterile, sterile to sterile), cleanroom classifications, and usage of sterilization.

NS to NS & NS to Sterile.

Personnel Monitoring – Sterile Training & Competency

1. Personnel performing compounding and personnel who have direct oversight of compounding personnel must successfully complete training and competencies before performing compounding or supervising compounding.

Compliant

Reviewed SOP H19.001 Training Program Guidelines.

Initial training and competencies are performed and documented.

Compliant

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a. Core Skills and SOP training **• Written test**	Compliant
b. Garbing and Hand Hygiene training and competencies **• Observational Competency** **• Gloved Fingertip and Thumb Sampling (GFTS), 3 times in succession**	Compliant
c. Aseptic Technique training and competencies **• Observational Competency** **• Media Fill Test** **• Surface sampling** **• Gloved Fingertip and Thumb Sampling**	Compliant
4. Ongoing training and competencies are performed and documented.	Compliant
a. Core Skills and SOPs, written test: Every 12 months	Compliant
b. Garbing and Hand Hygiene competencies (with single GFTS test): **• Every 12 months – direct oversight, no compounding** **• Every 6 months – Compounding Category 1 or 2 CSPs**	Compliant
c. Aseptic Technique competencies (with media fill, GFTS, and surface sample) **• Every 12 months – direct oversight, no compounding** **• Every 6 months – Compounding Category 1 or 2 CSPs**	Compliant
5. Persons performing cleaning and disinfecting of sterile compounding areas (may be compounding personnel, or personnel dedicated to cleaning activities), and others that enter the classified compounding areas (performing stocking, etc.) receive the training appropriate for their duties. **• Initial and annual for items that apply to their position, detailed in SOPs.** **• Includes hand hygiene and garbing, cleaning, and disinfection.**	Compliant

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6. Core skills training includes: **• Hand hygiene Garbing** **• Cleaning and disinfection** **• Calculations, measuring, and mixing.** **• Aseptic technique** **• Achieving and/or maintaining sterility (and apyrogenicity if compounding with nonsterile components)** **• Use of equipment** **• Documentation of the compounding process (e.g., master formulation and compounding records)** **• Principles of high-efficiency particulate air (HEPA)-filtered unidirectional airflow within the ISO Class 5 area PEC** **• Proper use of PECs** **• Principles of movement of materials and personnel within the compounding area**	Compliant
7. Gloved Fingertip and Thumb Sampling Procedures are detailed in the SOP. Includes:	Compliant
a. Using one sampling media device (e.g., plates, paddles, or slides) per hand. Plates	Compliant
b. Using general microbial growth agar (e.g., trypticase soy agar [TSA]) supplemented with neutralizing additives (e.g., lecithin and polysorbate 80) as this agar supports both bacterial and fungal growth.	Compliant
c. Sampling occurs BEFORE gloves are sanitized with sterile 70% IPA.	Compliant
d. Collect samples from all gloved fingertips and thumbs from both hands by rolling fingertip pads and thumb pad over the agar surface.	Compliant
e. Incubate the media device at 30°–35° for no less than 48 h and then at 20°–25° for no less than 5 additional days. Samples must be inverted and incubated in an incubator.	Compliant
f. Record the number of CFU per hand (left hand, right hand). **• Determine whether the CFU action level is exceeded by counting the total number of CFU from both hands.** **• Action Level for Garbing Competency: > 0 CFU total from both hands** **• Action Level for Aseptic Technique Competency: > 3 CFU total from both hands**	Compliant
g. A test failure will require the test to be repeated. The designated person(s) will determine if any remediation may be required (training, etc.) before the test is repeated.	Compliant

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h. The personnel that failed the test will not be allowed to compound, or supervise compounding, until remediation is completed, and a successful gloved fingertip and thumb test is achieved.	Compliant
Hand Hygiene & Garbing Technique Observations	
1. Personnel with rashes, recent tattoos, oozing sores, conjunctivitis, or active respiratory infections must report to the designated person(s) who will evaluate whether the person is excluded from compounding until the condition resolves.	Compliant
2. No food (including mints, gum, etc.) or drinks are allowed in the anterooms, buffer rooms, or segregated compounding areas.	Compliant
3. Personnel remove items that are not easily cleanable or are not necessary for compounding. At a minimum, individuals must: **• Remove personal outer garments (e.g., bandanas, coats, hats, jackets, sweaters, vests)** **• Remove all cosmetics because they shed flakes and particles (including false eyelashes)** **• Remove all hand, wrist, and other exposed jewelry, including piercings that could interfere with the effectiveness of garbing (e.g., the fit of gloves, cuffs of sleeves, and eye protection)** **• Cover any jewelry that is permanent and cannot be removed (if it can be removed, it should be removed).**	Compliant
4. No earbuds or headphones allowed.	Compliant
5. No electronic devices that are not necessary for compounding or other required tasks into the compounding area.	Compliant
6. Fingernails are clean, short, and neatly trimmed to minimize particle shedding and avoid glove punctures. Nail products (e.g., polish, artificial nails, and extenders) must not be worn.	Compliant
7. Eyeglasses and hearing aids are cleaned or wiped down with sterile 70% IPA, if worn.	Compliant

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8. **Garb is available and includes:**
- **Low-lint knee-length garment with sleeves that fit snugly around the wrists and an enclosed neck (e.g., gown or coverall)**
- **Low-lint covers for shoes**
- **Low-lint cover for head that covers the hair and ears,**
- **Low-lint cover for facial hair**
- **Low-lint face mask**
- **Sterile powder-free gloves**

Coveralls

Compliant

9. **Garb is not stored near the sink to avoid contamination by splashing water.**

Compliant

10. **Perform hand hygiene:**
- **Clean underneath fingernails under warm running water using a disposable nail cleaner.**
- **Keeping your hands above the level of your elbows, wash hands starting at the fingers and working down the forearms to the elbows with soap and water for at least 30 seconds. Time the washing using a clock or timer located near and visible when at the sink.**
- **Do not use a brush to scrub your skin, this will create more skin shedding.**
- **Do not shake water off your hands. Keep hands above the level of your elbows so water does not run down and drip off your fingers.**
- **Using low-lint disposable towels or wipers, dry completely from your hands down to elbows.**

Observed: PIC did not perform hand hygiene down to his elbows; only to his wrists.

Unknown or Partially Compliant

11. **Apply alcohol-based hand rub to one hand and rub hands together, covering all surfaces of hands and fingers until hands are dry. Allow hands to dry thoroughly before donning sterile gloves.**

Compliant

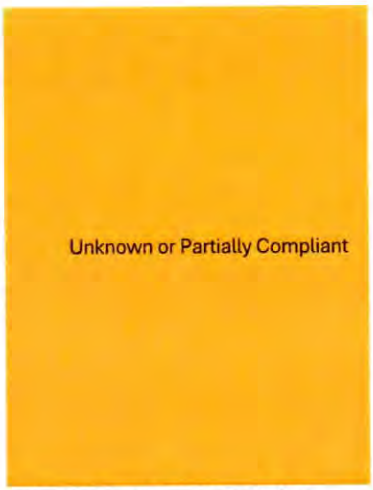
12. **The order of donning garb is dependent on the location of the handwashing sink and the line of demarcation. The order must be detailed in the SOP.**

Compliant

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13. Donning garb.

- Don dedicated shoes or shoe covers.
- Don dedicated sterile scrubs and bunny suit or equivalent garb that prevents skin exposure.
- Don a surgical mask.
- Don a head cover and/or hood to cover all hair and ears. Check in the mirror to ensure all hair is contained and covered.
- Don shoe covers/knee-high booties over each shoe while stepping over the line of demarcation (LOD), taking care that the shoe does not touch the floor on the clean side of the LOD and the covered shoe does not touch the floor on the dirty side of the line of demarcation.
- Repeat with the other shoe.



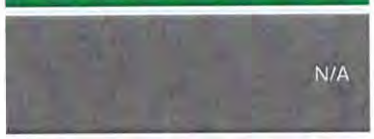
Observed: PIC donned a sterile coveralls. Had difficulty with not allowing the coverall feet to touch the ground before putting it on. Recommended usage of a bench and more practice to ensure sterility. The coveralls are being donned on the "clean" side of the line of demarcation.

14. Gloves:

- Select the appropriate size of sterile gloves.
- Open the package of sterile gloves on a flat surface and inspect for defects.
- Don sterile gloves using aseptic technique.
- Gloves must NOT be donned or doffed inside the ISO Class 5 primary control engineering exposing bare skin.
- Enter the buffer room.
- If using a RABS PEC, sterile gloves must be donned over the gloves on the gauntlets inside the RABS. This is in addition to the gloves worn on your hands inside the gauntlets.
- Apply sterile 70% IPA to gloves immediately after donning is completed, and regularly throughout the compounding process and whenever nonsterile surfaces (e.g., vials, counter tops, chairs, or carts) are touched, or the gloves leave and re-enter the ISO Class 5 PEC.



15. Garb must be replaced immediately if it becomes visibly soiled or if its integrity is compromised. Gloves are changed if torn, punctured or contaminated.



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16. Doffing garb

- **When personnel exit the compounding area, all garb is removed and discarded.**
- **All other disposable garb is discarded.**
- **Shoe covers remain on the shoes while on the clean side of the LOD and may be removed and discarded once on the dirty side of the LOD.**

• Shoe covers are not worn outside the compounding area to prevent tracking residue into other areas.

• Non-disposable garb such as goggles, full face masks, or shields, are placed in an area or bin marked for used garb and cleaned and sanitized during the daily cleaning at the end of the day.



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Components - Sterile

Controls over the source and quality of components are required, particularly when using non-sterile materials or ingredients when producing sterile compounded drug products. For each of the following, the firm should have written and approved procedures and documentation resulting therefrom. The firm's adherence to written procedures should be verified through observation whenever possible.

1. Appropriate specifications must be established for the components used in each drug product that address the attributes necessary to ensure the quality of the finished drug product such as identity, strength, purity, particle size, sterility, bacterial endotoxin level, or other characteristics.

Compliant

Reviewed SOP S19.008, Receiving of Incoming Materials v3.

2. Each lot of components must be tested to verify identity and evaluated for conformity with appropriate specifications before use unless: the component is an approved finished human drug product; the component was purchased directly from a manufacturer who has registered and listed with FDA under section 510 of the FD&C Act without repacking or other alteration since initial manufacture, or was purchased from a distributor that certifies that the component has not been subject to repacking or other alteration since initial manufacture; the label of each lot of the component has been examined to verify that the component meets required specifications before use; and the shipment's package integrity has been verified upon receipt before use.

Unknown or Partially Compliant

Identity testing for API has not been completed as per USP <197> for use in production. Firm relies on the COA.

3. Components (e.g., bulk active ingredients and excipients, but not an approved finished drug product), must be tested to verify identity and evaluated for conformity with appropriate specifications, and, if necessary, depending on intended use, endotoxin level and sterility before use in compounding. Alternatively, a COA can be accepted from the supplier and evaluated to determine whether the lot can be used, provided the reliability of the supplier's analyses has been established at appropriate intervals (i.e., no less frequently than annually for active ingredients and every two years for other components) through appropriate steps to confirm the supplier's test results for those tests relevant to the specifications established for the compounded drug product, and to confirm that the ingredient meets the applicable USP or NF monograph, if one exists; at least one identity test has been conducted to confirm that the component is the one specified in the purchase order; each container or grouping of containers of components is examined to verify appropriate labeling regarding contents; and the shipment's package integrity must be verified upon receipt before use.

Unknown or Partially Compliant

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At least one identity has not been completed for API (NAD+).

4. Acceptance of incoming lots of nonsterile components (including water) must include microbial and endotoxin testing unless: the water is purchased and certified as sterile and non-pyrogenic and is accompanied by a COA.	Compliant
Water is USP; COA review.	
5. The quality of water produced on-site and used as a component or processing aid should be tested regularly at point of use to verify acceptable microbial quality and endotoxin limits.	N/A
6. Components must be re-tested or re- examined for identity, strength, quality, and purity after exposure to conditions that might adversely affect the component.	Compliant

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Equipment, Containers, and Closures - Sterile

Equipment, containers, and closures that come into contact with the drug product must be evaluated to ensure adequacy for intended use, including for holding or storing sterilized equipment, containers, or closures to ensure sterility and cleanliness at time of use. For each of the following, the firm should have written and approved procedures and documentation resulting therefrom. The firm's adherence to written procedures should be verified through observation whenever possible.

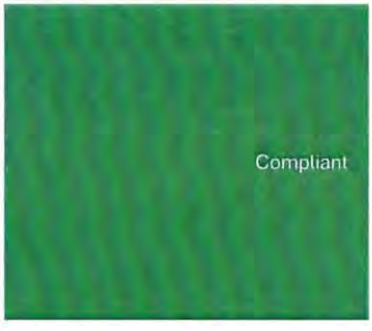
1. If the outsourcing facility does not use pre-sterilized and depyrogenated single-use equipment and containers and closures, the equipment, containers, and closures must be sterilized and depyrogenated before first use through sterilization and depyrogenation processes that have been validated.



Sterile--vials and stoppers are purchased sterile; tools are autoclaved; glassware is depyrogenated; repeater pump tubing is purchased as sterile, filters are sterile.

Product contact components are all purchased as sterile.

2. Each lot of equipment, containers, and closures must be examined to verify identity and tested to ensure conformity with appropriate specifications before use unless the supplier certifies and labels the materials as ready-to-use, sterile and non-pyrogenic; the supplier's packaging integrity is verified upon receipt before use; and the certificate of analysis (COA) provided by the supplier is reviewed to verify that the product meets the required specifications including sterility and depyrogenation.



COA review provided by the supplier.

3. Equipment must be qualified as capable of performing its intended functions or operations before first use, and procedures for routine calibration and maintenance established and followed.



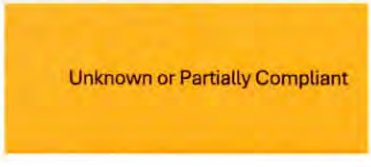
Reviewed SOP Q19.008, Change Control Procedure & Q19.011, Qualification of Equipment and Change Control. Indicates process for new equipment and routine calibration and maintenance procedures.

Reviewed the IOPQ for the Grisco-MA Filling Machine from 12-04-2025.

4. Equipment surfaces that come in contact with components, in process materials, or drugs must not be reactive, additive, or absorptive.



5. Appropriate criteria for containers and closures is established to ensure that drug product containers and closures used for compounded drug products are suitable for each particular drug product for which they will be used.



In R&D phase. No study in extractables and leachables.

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6. Appropriate procedures are established for testing the containers and closures at the time they are selected to determine whether they meet the criteria for use; the tests and results must be documented.

Unknown or Partially Compliant

Dry heat oven run reviewed for glassware. Not documented on the batch record.

7. As part of the selection process integrity testing of the drug product container closure system is performed to verify its ability to maintain the quality of the finished drug product and sterility over the expiry period. Integrity testing should be performed again if the supplier or specifications of the container/closure is changed.

Unknown or Partially Compliant

CCIT has not been completed for the sterile product to date because they are waiting for the method of suitability test to be complete from ARL. This is slated to be conducted as per their contract with ARL.

Unable to locate an SOP on this process.

8. Procedures for storage of sterilized containers or closures is established to minimize the risk of contamination and to maintain sterility. Retesting or re- examination required if exposed to conditions that may affect the integrity of the containers/closures.

Unknown or Partially Compliant

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Facilities & Equipment Systems – Sterile

For each of the following, the firm should have written and approved procedures and documentation resulting therefrom. The firm's adherence to written procedures should be verified through observation whenever possible.

1. Training/qualification of employees in sterile facilities and equipment systems. — Compliant

2. All sterile processing and controlled areas must be clean and free of visible signs of filth, dirt, mold or mildew, insects, and inappropriate items or debris. — Compliant

3. Sterile drugs are produced only in ISO 5 or better air quality. Particle counts of 0.5 µm and larger per cubic meter are measured under dynamic conditions and are 3,520 or less. — Compliant

4. The air cleanliness classification of the area surrounding the ISO 5 zone immediately adjacent to the aseptic processing line should meet, at a minimum, ISO 7 standards. — Compliant

5. There are no sinks or drains in any ISO 5 or ISO 7 areas, or other water sources. — Compliant

There is a sink located in the anteroom (ISO 7). No drains or other water sources.

6. If an isolator is used, the surrounding area should meet at least ISO 8 standards. — N/A

7. The ISO 5 zone or critical area is certified initially, when changes are made to HVAC or HEPA units, or if the ISO 5 PEC is moved. — Compliant

8. Certification/Qualification studies and tests are documented including the particular conditions under which the studies and tests were conducted (dynamic includes number of personnel present). — Compliant

Reviewed SOP M25.022, ISO 5 Hood and Classified Room Certification v1.
Review of the sterile cleanroom certification report indicates all testing was performed under simulated dynamic conditions with 4 pharmacy staff members present at the time of testing.

9. Airflow studies should be conducted under dynamic conditions (e.g., in-situ smoke study) to initially qualify the HVAC/HEPA unit and when any changes are made to the HVAC/HEPA unit or the critical area that might affect airflow. Any indication of poor air control (e.g., non-laminar, turbulent) should be corrected before use. — Compliant

Watched the smoke study test; confirmed it was conducted under dynamic conditions.

10. HEPA filter testing includes integrity testing of the HEPA filters, particle counts, and air velocity checks. — Compliant

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11. Velocities of unidirectional air are measured six inches from the HEPA filter face and at a defined distance close to the work surface in the ISO 5 area.	Compliant
12. The clean areas in which components, formulated products, in- process materials, equipment, and container/closures are prepared, held, or transferred are designed to minimize the level of particle contaminants in the final product. The microbiological content (bioburden) of articles and components that are subsequently sterilized is controlled.	Compliant
13. To prevent contamination or mix-ups during the course of sterile and other operations requires separate or defined areas or other similar control systems for a facility's operations.	Compliant
14. Procedures established and followed for sanitation and describe in detail the cleaning schedules, methods, equipment, and materials to be used in cleaning buildings and facilities.	Compliant
15. Large equipment present in the cleanroom does not obstruct air vents and/or air flow to compromise aseptic operations.	Compliant
16. Pressure differential limits are established, and control systems should include built-in alarms to detect excursions. If there are no system alarms, pressure differentials are frequently and regularly checked during operations (checks should be scheduled considering the environment, such as use of an isolator versus a less protected process) and the results recorded in logs and evaluated against pre- specified alert and action limits at each check. Pressure differentials are continuously monitored with real-time alerts.	Compliant
17. Monitoring for pressure differentials, humidity, and temperatures should occur during production, and prompt action should be taken to correct inappropriate conditions. If a problem cannot be immediately corrected, production should stop until corrected.	Compliant
18. Monitoring procedures require documentation and investigation of any instances in which there is a loss of positive pressure in the clean room during actual production, the lots affected, and the corrective action taken.	Compliant

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19. Powder drugs: If powder drugs are handled, procedures established and followed to appropriately manage cross-contamination risk, particularly if the powder is cytotoxic or highly sensitizing. Physical segregation of areas in which powder drugs are exposed to the environment. For penicillin/beta-lactam products, a separate facility (or physically separate space) is required.	Compliant
20. Multiple manipulations, multi-use facilities: Processes and procedures in place to minimize contamination risks posed by the number and complexity of manipulations, number of simultaneous operations and workstations, and the staging of materials used in the process.	N/A
21. For multi-use facilities and non- dedicated equipment, changeover and cleaning procedures are established and followed to prevent cross- contamination between products.	N/A
22. Procedures for cleanrooms cleaning and disinfecting are established.	Compliant
23. Procedures for cleaning and disinfecting ISO 5 areas/units should include instructions for consistently and properly cleaning and disinfecting surfaces that are difficult to access.	Compliant
24. Sterile disinfectants and lint-free sterile wipes should be used for disinfecting all critical areas. Procedures should describe the methods and schedule for cleaning and include the use of sporicidal disinfectants in the ISO 5 area and classified rooms on a regular basis.	Compliant
25. The suitability, efficacy, and limitations of the disinfecting agents being used should be monitored. The expiration dates of disinfection solutions should be closely monitored. Decon-Spor, Peridox RTU (daily), and sIPA.	Compliant
26. The sanitation program and other practices should be revised if there are indications that the frequency of disinfectant use or the type of disinfectant being used is inadequate to ensure appropriately clean surfaces.	Compliant

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Environmental Monitoring and Controls of Compounding Areas

For each of the following, the firm should have written and approved procedures and documentation resulting therefrom. The firm's adherence to written procedures should be verified through observation whenever possible. Training/qualification of employees in sterile environmental monitoring.

1. Monitoring covers all production shifts and include monitoring during normal production conditions

Compliant

Reviewed SOP Q19.027, Environmental Monitoring Policies v5.

2. Includes a routine program for daily/shift monitoring of operators' gloves and an appropriate schedule for monitoring gowns during operations

Compliant

3. Include at least daily monitoring of the ISO 5 zone during operations

Compliant

4. Establishes limits that are based on the criticality of the operation relative to the contamination risk to the product

Compliant

5. Describe use of viable sampling (e.g., contact plates, swabs, active air samplers), alert and action limits, and testing methods (e.g., media, plate exposure times, incubation times and temperatures) that are designed to detect environmental contaminants, including changes in microflora type and amount

Compliant

6. Be supported by an evaluation of the choice of the sampling locations and sampling methods

Compliant

7. Establish alert and action limits and appropriate responses for each nonviable test or measurement

Compliant

8. Viable particles (CFUs) are investigated if the results exceed the established action levels or demonstrate an adverse trend. The investigation includes determination of the impact on the sterility assurance of finished products intended to be sterile, and the development and execution of appropriate corrective actions

Compliant

Reviewed deviation that occurred due to a backorder of sampling plates from Hardy Diagnostics in June.

9. Procedures include establishing the validity of the microbiological media including the preparation, sterilization, and growth potential of the media used in performing tests, including environmental and personnel monitoring.

Unknown or Partially Compliant

Utilizes a positive control during media fill (TSB) but not for surface sampling or gown sampling plates.

10. The cleanroom suite is maintained at a temperature of 20° or cooler and a relative humidity of 60%. Indicate the current temperatures of the cleanroom suites.

Compliant

11. The temperature and humidity are monitored in each room of the cleanroom suite by a continuous recording device, allows for real-time alerts, and is retrievable.

Compliant

Continously monitored with real-time alerts; Temp/Humidity reviewed on a monthly basis by Quality. Recommend a monthly sign-off or formalized report review.

12. The temperature and humidity readings must be reviewed and maintained as described in the facility's SOPs and includes a procedure for responding to excursions that includes evaluating the effect of the excursion on drug product integrity. Excursions are documented.

Compliant

13. Temperature and humidity monitoring devices are NIST certified and calibrated or verified for accuracy at least every 12 months or as required by the manufacturer.

Compliant

14. Controlled room temperature is maintained 20° to 25°C (68° to 77°F), or more restrictive if warranted by specific drug product storage requirements. Indicate the current room temperature of any areas where APIs or finished product are stored.

Compliant

15. Humidity is generally maintained 35%-60% relative humidity. Note that some components require storage in a "dry place" which is not to exceed 40% relative humidity. Indicate the currently humidity in the designated compounding areas and any API storage areas.

Compliant

16. Temperature in the refrigerator or cooler is maintained to provide controlled cold temperature of 2° to 8°C (36° to 46°F) or more restrictive if warranted by specific drug product storage requirements. Indicate the current temperature of the refrigerators that store any APIs, components, or finished products.

Compliant

17. Temperature in the freezer is maintained to provide controlled frozen temperature of -10° to -25°C (-13° to 14°F) or more restrictive if warranted by specific drug product storage requirements. Indicate the current temperature of the freezers that store any APIs, components, or finished products.

Compliant

18. Review and describe any temperature or humidity excursions, the root cause, and investigation results the facility may have recently experienced.

Compliant

Reviewed deviation DID25012--HVAC cooling unit blew a fuse; pressures maintained.

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Production System - Non-sterile and Sterile Compounding

For each of the following, the firm should have written and approved procedures and documentation resulting therefrom. The firm's adherence to written procedures should be verified through observation whenever possible.

1. Training/qualification of personnel in productions systems	Compliant
2. Control system for implementing changes in processes	Compliant
3. Procedure for charge-in of components: the batch shall be formulated with the intent to provide not less than 100 percent of the labeled or established amount of active ingredient; components for drug product manufacturing shall be weighed, measured, or subdivided as appropriate and adequately supervised; each container of component dispensed to manufacturing shall be examined by a second person; each component shall either be added to the batch by one person and verified by a second person or, if added by automated verified by one person.	Compliant
4. Formulation/manufacturing at not less than 100%	Compliant
5. Identification of equipment with contents, and where appropriate phase of manufacturing and/or status	Compliant
6. Validation and verification of cleaning/sterilization/depyrogenation of containers and closures	Compliant
7. Calculation and documentation of actual yields and percentage of theoretical yields	Compliant
8. Contemporaneous and complete batch production documentation	Compliant
9. Established time limits for completion of phases of production	Compliant
10. Implementation and documentation of in-process controls, tests, and examinations (e.g., pH, adequacy of mix, weight variation, clarity)	Compliant
11. Justification and consistency of in- process specifications and drug product final specifications	Compliant
12. Prevention of objectionable microorganisms in non-sterile drug products	Compliant
13. Adherence to preprocessing procedures (e.g., set-up, line clearance)	Compliant

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14. Equipment cleaning and use logs	Compliant
15. Master production and control records	Compliant
16. Batch production and control records	Compliant
17. Process validation, including validation and security of computerized or automated processes No automation currently; manual documentation	N/A
18. Change control; the need for revalidation evaluated	Compliant
19. Documented investigation into any unexpected discrepancy	Compliant

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Additional Production and Process Controls - Sterile Compounding

Written procedures for production and process control are established and followed to ensure the consistent production of a drug that meets the applicable standards of identity, strength, quality, and purity including documentation that all key process parameters are controlled and that any deviations from the procedures are justified.

1. If a drug product intended to be sterile is not terminally sterilized, it is critical that in-process controls include sterile filtration before filling into the final product container.	Compliant
2. Storing or holding materials during processing (e.g., prior to sterilization; post-sterilization prior to container fill), also called hold times, must be assessed. Hold time(s) for production phases are limited and supported by data and based on an understanding of the associated risk of increased bioburden and increased level of endotoxin. Hold time assessments are performed as part of the process for validating sterility assurance. Hold times not utilized for NAD+ or sildenafil.	N/A
3. Aseptic Drug Processing training: introductory training on aseptic technique, cleanroom behavior, gowning, and procedures covering aseptic manufacturing area operations must be established and conducted, and competencies performed successfully before an individual is permitted to enter the aseptic manufacturing area or conduct operations in a laminar flow hood.	Compliant
4. Further training based on department- specific requirements and individual job descriptions is conducted.	Compliant
5. An individual must pass at least three successful, successive media fill simulations designed to verify the adequacy of their technique and behavior. Simulations of production should be conducted in the same area where production occurs.	Compliant

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6. Techniques intended to maintain sterility of sterile items and surfaces include the following:
• Sterile materials should be handled only with sterile instruments.
• After initial gowning, sterile gloves should be regularly sanitized during production or, when needed, changed.
• Sterile and non-particle shedding gowning components should be used. Gowning components should be stored such that their sterility is not compromised.
• If an element of a gown is found to be torn or defective, it should be changed immediately.
• Sterile products, containers, closures, or critical surfaces should not directly touch any part of the gown or gloves.
• Personnel should move slowly and deliberately within the cleanroom or hood.
• Personnel should keep their entire body and objects out of the path of unidirectional airflow above containers and products being filled.



7. Procedures for aseptic processing address the following considerations:
• The design of equipment used in aseptic processing should limit the number and complexity of aseptic manipulations and be suitable for its intended use.
• Personnel, material, and process flow are optimized to prevent unnecessary activities that could increase the potential for introducing contaminants to exposed product, container- closures, or the surrounding environment.
• In-process material, including intermediates such as stock solutions, are placed in container-closures that protect the material from the cleanroom environment.
• Container closures holding sterile in-process material are not breached in an environment less than ISO 5.
• Products are transferred under appropriate cleanroom conditions.
• All aseptic manipulations, including processing of sterile materials, filling, and closing (e.g., placement and sealing of stoppers on vials) are performed under unidirectional air flow that is ISO 5 or better.
• Appropriate steps to prepare equipment for sterilization should be established, such as cleaning and use of wrapping that ensures protection while still allowing penetration of the sterilizing agent.



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8. The validation of sterilization operations (e.g., holding vessels, filling equipment) and periodic verification activities and results must be documented. Specifically: For sterile drug products that are terminally sterilized, validation should demonstrate that the sterilization process achieved at least a 10-6 sterility assurance level (SAL) using an appropriate biological indicator.

- **For aseptic processing of sterile drug products (i.e., not subjected to terminal sterilization), validation is demonstrated by conducting media fills simulating the actual production process.**
- **For aseptic processing (e.g., filling) of sterile powders, validation is demonstrated by conducting media fills simulating the actual production process.**
- **For sterile drug products that are filter sterilized, prefiltration bioburden and endotoxin limits are established and measured prior to sterile filtration. A pharmaceutical sterilizing-grade filter is used, and filter integrity testing is conducted after each filtration or production run.**
- **For sterile drug products that are not subjected to overkill terminal sterilization, pre-filtration bioburden limits are established and measured prior to filtration.**



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9. Media fill studies closely simulate aseptic manufacturing operations incorporating, as appropriate, worst- case activities and conditions that provide a challenge to aseptic operations.
The media fill program addresses applicable issues such as the following:
- **Factors associated with the longest permitted run of the aseptic processing operation that can pose contamination risk (e.g., operator fatigue, quality of processing environment)**
- **Representative number, type, and complexity of normal interventions that occur with each run, as well as non- routine interventions and events (e.g., maintenance, stoppages, equipment adjustments)**
- **Lyophilization, when applicable**
- **Aseptic assembly of equipment (e.g., at start-up, during processing)**
- **Number of personnel and their activities**
- **Representative number of aseptic additions (e.g., charging containers and closures as well as sterile ingredients) or transfers**
- **Shift changes, breaks, and gown changes (when applicable)**
- **Type of aseptic equipment disconnections/connections**
- **Aseptic sample collections**
- **Operational configurations in the ISO 5 zone, and line speeds (when applicable)**
- **Weight checks**
- **Container closure systems (e.g., sizes, type, compatibility with equipment)**
- **Specific provisions in written procedures relating to aseptic processing (e.g., conditions beyond which discarding of exposed materials in the ISO 5 area or line clearance is mandated)**



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Labeling and Packaging Operations

Labeling Issuance § 211.125

85. Strict control is exercised over labeling issued for use in drug product labeling operations.

Compliant

Reviewed SOP Q25.041, Creation and Approval of Master Records for Labeling Material & M25.021, Visual Inspection and Application of Product Labels.

86. Labeling materials issued for a batch is carefully examined for identity and conformity to the labeling specified in the master or batch production records.

Compliant

The facility is pre-production; however, they are batching for testing. Reviewed SOP M19.006, Creating MasterBatch Records. Assessed documentation of a batch sent for method suitability testing.

87. Procedures is used to reconcile the quantities of labeling issued, used, and returned, and requires evaluation of discrepancies found between the quantity of drug product finished and the quantity of labeling issued when such discrepancies are outside narrow preset limits based on historical operating data. Such discrepancies is investigated in accordance with § 211.192. Labeling reconciliation is waived for cut or roll labeling if a 100-percent examination for correct labeling is performed in accordance with § 211.122(g)(2). Labeling reconciliation is also waived for 360° wraparound labels on portable cryogenic medical gas containers.

Compliant

Reviewed SOP M25.021, Visual Inspection and Application of Product Labels v2.

88. All excess labeling bearing lot or control numbers is destroyed.

Compliant

89. Returned labeling is maintained and stored in a manner to prevent mixups and provide proper identification.

Compliant

90. Procedures is written describing in sufficient detail the control procedures employed for the issuance of labeling; such written procedures are followed.

Compliant

Packaging and Labeling Operations § 211.130

91. There is written procedures designed to assure that correct labels, labeling, and packaging materials are used for drug products; such written procedures is followed. These procedures shall incorporate the following features:

Yes

Reviewed SOP M25.021, Visual Inspection and Application of Product Labels v2.

1) Prevention of mixups and cross-contamination by physical or spatial separation from operations on other drug products.

Compliant

Indicated in the SOP; facility is pre-production.

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2) Identification and handling of filled drug product containers that are set aside and held in unlabeled condition for future labeling operations to preclude mislabeling of individual containers, lots, or portions of lots. Identification need not be applied to each individual container but is sufficient to determine name, strength, quantity of contents, and lot or control number of each container.

Compliant

Indicated in the SOP; facility is pre-production.

3) Identification of the drug product with a lot or control number that permits determination of the history of the manufacture and control of the batch.

Compliant

4) Examination of packaging and labeling materials for suitability and correctness before packaging operations, and documentation of such examination in the batch production record.

Compliant

Reviewed the batch record for a verification batch; manually printed label reviewed and verified (included batch number, prep date, expiry date, initials, and name of the compounding).

5) Inspection of the packaging and labeling facilities immediately before use to assure that all drug products have been removed from previous operations. Inspection shall also be made to assure that packaging and labeling materials not suitable for subsequent operations have been removed.

Compliant

6) Results of inspection is documented in the batch production records.

Compliant

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Drug Product Inspection & Expiration Dating

Drug Product Inspection § 211.134

92. Packaged and labeled products is examined during finishing operations to provide assurance that containers and packages in the lot have the correct label.

Unknown or Partially Compliant

Sterile Product: A review of 100% of the NAD plus Injection labels has not been accounted for on the Batch record for product sent for Method suitability.

93. A representative sample of units is collected at the completion of finishing operations and is visually examined for correct labeling.

Compliant

Nonsterile Product: Able to verify visual examination for correct labeling is being completed with the batch (observation & interview).

Sterile Product: In pre-production phase; visual examination for correct labeling is not presently documented for NAD plus injection batch testing record.

94. Results of these examinations is recorded in the batch production or control records.

Compliant

Expiration Dating § 211.137

95. To assure that a drug product meets applicable standards of identity, strength, quality, and purity at the time of use, it shall bear an expiration date determined by appropriate stability testing described in § 211.166.

Unknown or Partially Compliant

Nonsterile Product: Sildenafil cream has established expiration date;
Sterile Product: In R&D phase at this time; stability testing still pending.

96. Expiration dates is related to any storage conditions stated on the labeling, as determined by stability studies described in § 211.166.

Unknown or Partially Compliant

Nonsterile Product: Sildenafil cream has established expiration date;
Sterile Product: In R&D phase at this time; stability testing still pending.

97. If the drug product is to be reconstituted at the time of dispensing, its labeling shall bear expiration information for both the reconstituted and unreconstituted drug products.

N/A

98. Expiration dates shall appear on labeling in accordance with the requirements of § 201.17 of this chapter. Homeopathic drug products is exempt from the requirements of this section.

Unknown or Partially Compliant

Nonsterile Product: Sildenafil cream has established expiration date;
Sterile Product: In R&D phase at this time; stability testing still pending.

99. Allergenic extracts that are labeled No U.S. Standard of Potency are exempt from the requirements of this section.

N/A

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100. New drug products for investigational use are exempt from the requirements of this section, if they meet appropriate standards or specifications as demonstrated by stability studies during their use in clinical investigations. Where new drug products for investigational use are to be reconstituted at the time of dispensing, their labeling shall bear expiration information for the reconstituted drug product.



101. Pending consideration of a proposed exemption, published in the FEDERAL REGISTER of September 29, 1978, the requirements in this section is not enforced for human OTC drug products if their labeling does not bear dosage limitations and they are stable for at least 3 years as supported by appropriate stability data.



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Warehousing & Distribution Procedures

Warehousing Procedures § 211.142

102. Written procedures describing the warehousing of drug products is established and followed. They shall include:
1) Quarantine of drug products before release by the quality control unit.
2) Storage of drug products under appropriate conditions of temperature, humidity, and light so that the identity, strength, quality, and purity of the drug products are not affected.



Reviewed SOP Q25.037, Quarantine & Release of Compounded Finished Products v2.

Consider review of process of QC Product Release and initiate Change Control; identified a product wherein the label had fallen off.

Distribution Procedures § 211.150

103. Written procedures is established, and followed, describing the distribution of drug products. They shall include:
1) A procedure whereby the oldest approved stock of a drug product is distributed first. Deviation from this requirement is permitted if such deviation is temporary and appropriate.
2) A system by which the distribution of each lot of drug product can be readily determined to facilitate its recall if necessary.



The facility has a GTIN set-up that will allow them to create a barcode for each batch and lot number. The facility is still developing their distribution procedures while being in the pre-production phase.

S25.015, Distribution of 503B Products is lacking details on product tracking and tracing of distributed lots, BUDs, quantity, etc. for traceability and recalls. Currently, the firm is keeping manual records of all processes and procedures. Lacking electronic document control.

CORRECTIVE ACTION PENDING 12-18-2025: The information can be found in Appendix A: lot distributed, quantity distributed, consignee, date shipped, tracking number, to allow for product tracking and tracing. The procedure will be revised to provide further clarify of the requirement within the body of the procedure.

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General Requirements

1 / 1 (100%)

General Requirements § 211.160

1 / 1 (100%)

104. The establishment of any specifications, standards, sampling plans, test procedures, or other laboratory control mechanisms required by this subpart, including any change in such specifications, standards, sampling plans, test procedures, or other laboratory control mechanisms, is drafted by the appropriate organizational unit and reviewed and approved by the quality control unit. The requirement in this subpart is followed and is documented at the time of performance. Any deviation from the written specifications, standards, sampling plans, test procedures, or other laboratory control mechanisms is recorded and justified.



Sterile Product: Environmental sampling such as Viable air sampling and surface sampling is completed by Production personnel. Production cannot monitor their own work. Best for QC to conduct the sampling. According to Q19.009, QA is responsible for Material Control compliance as stated in line 3 regarding Sampling.

105. Laboratory controls include the establishment of scientifically sound and appropriate specifications, standards, sampling plans, and test procedures designed to assure that components, drug product containers, closures, in-process materials, labeling, and drug products conform to appropriate standards of identity, strength, quality, and purity. Laboratory controls shall include:

Injections, including infusions

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Product Testing & Release

Testing and Distribution Release § 211.165

106. For each batch of drug product, there is appropriate laboratory determination of satisfactory conformance to final specifications for the drug product, including the identity and strength of each active ingredient, prior to release. Where sterility and/or pyrogen testing are conducted on specific batches of short-lived radiopharmaceuticals, such batches may be released prior to completion of sterility and/or pyrogen testing, provided such testing is completed as soon as possible.

Unknown or Partially Compliant

Reviewed SOP M25.037, Quarantine & Release of Compounded Finished Products v2.

Nonsterile Product: Sildenafil Cream batches will be tested according to pre-established specifications. The first batch of Sildenafil Cream was completed on 05DEC2025 and the audit was on 08DEC2025. All results will be reviewed and verified that it meets pre-established product specification before the product will be released for distribution.

Sterile Product: Pre-production phase; NAD+ injection formulation has been sent to the contract lab for testing.

107. There is appropriate laboratory testing, as necessary, of each batch of drug product required to be free of objectionable microorganisms.

Unknown or Partially Compliant

Sterile Product: Sterility pending.

108. Any sampling and testing plans is described in written procedures that includes the method of sampling and the number of units per batch to be tested; such written procedure is followed.

Compliant

109. Acceptance criteria for the sampling and testing conducted by the quality control unit is adequate to assure that batches of drug products meet each appropriate specification and appropriate statistical quality control criteria as a condition for their approval and release. The statistical quality control criteria include appropriate acceptance levels and/or appropriate rejection levels.

Compliant

Contracted with ARL, Frontage Labs, Focus Labs for third-party testing.

110. The accuracy, sensitivity, specificity, and reproducibility of test methods employed by the firm is established and documented. Such validation and documentation may be accomplished in accordance with § 211.194(a)(2).

Compliant

111. Drug products failing to meet established standards or specifications and any other relevant quality control criteria is rejected. Reprocessing may be performed. Prior to acceptance and use, reprocessed material must meet appropriate standards, specifications, and any other relevant criteria.

Compliant

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Stability Testing § 211.166

112. There is a written testing program designed to assess the stability characteristics of drug products. The results of such stability testing are used in determining appropriate storage conditions and expiration dates. The written program is followed and shall include:

Compliant

Reviewed SOP Q22.035, Stability Program v2.

1) Sample size and test intervals based on statistical criteria for each attribute examined to assure valid estimates of stability; Storage conditions for samples retained for testing;

Compliant

2) Reliable, meaningful, and specific test methods;

Compliant

3) Testing of the drug product in the same container-closure system as that in which the drug product is marketed;

Compliant

4) Testing of drug products for reconstitution at the time of dispensing (as directed in the labeling) as well as after they are reconstituted.

N/A

113. An adequate number of batches of each drug product is tested to determine an appropriate expiration date and a record of such data is maintained. Accelerated studies, combined with basic stability information on the components, drug products, and container-closure system, may be used to support tentative expiration dates provided full shelf-life studies are not available and are being conducted. Where data from accelerated studies are used to project a tentative expiration date that is beyond a date supported by actual shelf-life studies, there must be stability studies conducted, including drug product testing at appropriate intervals, until the tentative expiration date is verified or the appropriate expiration date determined.

Compliant

Special Testing Requirements § 211.167

114. For each batch of drug product purporting to be sterile and/or pyrogen-free, there is appropriate laboratory testing to determine conformance to such requirements. The test procedures is in writing and is followed.

Compliant

115. For each batch of ophthalmic ointment, there is appropriate testing to determine conformance to specifications regarding the presence of foreign particles and harsh or abrasive substances. The test procedures are in writing and is followed.

N/A

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116. For each batch of controlled-release dosage form, there is appropriate laboratory testing to determine conformance to the specifications for the rate of release of each active ingredient. The test procedures are in writing and is followed.

N/A

Reserve Samples § 211.170

117. An appropriately identified reserve sample that is representative of each lot in each shipment of each active ingredient is retained. The reserve sample consists of at least twice the quantity necessary for all tests required to determine whether the active ingredient meets its established specifications, except for sterility and pyrogen testing. The retention time is as follows:

Compliant

1) For an active ingredient in a drug product other than those described below, the reserve sample is retained for 1 year after the expiration date of the last lot of the drug product containing the active ingredient.

Compliant

Reserve samples are retained for 5 years.

2) For an active ingredient in a radioactive drug product, except for nonradioactive reagent kits, the reserve sample is retained for:
• Three months after the expiration date of the last lot of the drug product containing the active ingredient if the expiration dating period of the drug product is 30 days or less; or
• Six months after the expiration date of the last lot of the drug product containing the active ingredient if the expiration dating period of the drug product is more than 30 days.

N/A

118. An appropriately identified reserve sample that is representative of each lot or batch of drug product is retained and stored under conditions consistent with product labeling. The reserve sample is stored in the same immediate container-closure system in which the drug product is marketed or in one that has essentially the same characteristics. The reserve sample consists of at least twice the quantity necessary to perform all the required tests, except those for sterility and pyrogens. Except for those for drug products described in (2) below, reserve samples from representative sample lots or batches selected by acceptable statistical procedures are examined visually at least once a year for evidence of deterioration unless visual examination would affect the integrity of the reserve sample. Any evidence of reserve sample deterioration is investigated in accordance with §211.192. The result of the examination is recorded and maintained with other stability data on the drug product. Reserve samples of compressed medical gases need not be retained. The retention time is as follows:

Yes

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Reviewed SOP Q19.006, Sampling of GMP Materials v3. Visually inspected reserve samples.

Firm explained they have sent the sterile product for method suitability; unable to confirm if reserve samples were retained.

1) For a drug product other than those described in paragraphs (2), the reserve sample is retained for 1 year after the expiration date of the drug product.	Compliant
2) For a radioactive drug product, except for nonradioactive reagent kits, the reserve sample is retained for: Three months after the expiration date of the drug product if the expiration dating period of the drug product is 30 days or less; or six months after the expiration date of the drug product if the expiration dating period of the drug product is more than 30 days.	N/A

Penicillin Contamination § 211.176

119. If a reasonable possibility exists that a non-penicillin drug product has been exposed to cross-contamination with penicillin, the non-penicillin drug product is tested for the presence of penicillin. Such drug product is not marketed if detectable levels are found when tested according to procedures specified in Procedures for Detecting and Measuring Penicillin Contamination in Drugs, which is incorporated by reference.	N/A

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Records & Report Requirements 2 / 2 (100%)

Records and Reports § 211.180

120. Any production, control, or distribution record that is required to be maintained in compliance with this part and is specifically associated with a batch of a drug product is retained for at least 1 year after the expiration date of the batch or, in the case of certain OTC drug products lacking expiration dating because they meet the criteria for exemption under § 211.137, 3 years after distribution of the batch.



Reviewed SOP Q19.002 Document Control Procedure, Document Numbering, and Central File Designation v3.

121. Records is maintained for all components, drug product containers, closures, and labeling for at least 1 year after the expiration date or, in the case of certain OTC drug products lacking expiration dating because they meet the criteria for exemption under § 211.137, 3 years after distribution of the last lot of drug product incorporating the component or using the container, closure, or labeling.



122. All records required under this part, or copies of such records, is readily available for authorized inspection during the retention period at the establishment where the activities described in such records occurred. These records or copies thereof is subject to photocopying or other means of reproduction as part of such inspection. Records that can be immediately retrieved from another location by computer or other electronic means is considered as meeting the requirements of this paragraph.



123. Records required under this part may be retained either as original records or as true copies such as photocopies, microfilm, microfiche, or other accurate reproductions of the original records. Where reduction techniques, such as microfilming, are used, suitable reader and photocopying equipment is readily available.



124. Written records required by this part is maintained so that data therein can be used for evaluating, at least annually, the quality standards of each drug product to determine the need for changes in drug product specifications or manufacturing or control procedures. Written procedures is established and followed for such evaluations and includes provisions for:



1) A review of a representative number of batches, whether approved or rejected, and, where applicable, records associated with the batch.



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2) A review of complaints, recalls, returned or salvaged drug products, and investigations conducted under § 211.192 for each drug product.

Compliant

Complaint Handling Q25.038 & S25.40 Pharmacovigilence Reporting.

125. Procedures is established to assure that the responsible o6cials of the firm, if they are not personally involved in or immediately aware of such actions, are notified in writing of any investigations conducted under §§ 211.198, 211.204, or 211.208 of these regulations, any recalls, reports of inspectional observations issued by the Food and Drug Administration, or any regulatory actions relating to good manufacturing practices brought by the Food and Drug Administration.

Compliant

Equipment Cleaning and Use Log § 211.182

126. A written record of major equipment cleaning, maintenance (except routine maintenance such as lubrication and adjustments), and use is included in individual equipment logs that show the date, time, product, and lot number of each batch processed. If equipment is dedicated to manufacture of one product, then individual equipment logs are not required, provided that lots or batches of such product follow in numerical order and are manufactured in numerical sequence. In cases where dedicated equipment is employed, the records of cleaning, maintenance, and use is part of the batch record. The persons performing and double-checking the cleaning and maintenance (or, if the cleaning and maintenance is performed using automated equipment under § 211.68, just the person verifying the cleaning and maintenance done by the automated equipment) shall date and sign or initial the log indicating that the work was performed. Entries in the log is in chronological order.

Compliant

Component, Drug Product Container, Closure, and Labeling Records § 211.184

1 / 1 (100%)

127. These records include the following:

Injections, including infusions

Master Production & Control Records § 211.186

128. To assure uniformity from batch to batch, master production and control records for each drug product, including each batch size thereof, is prepared, dated, and signed (full signature, handwritten) by one person and independently checked, dated, and signed by a second person. The preparation of master production and control records is described in a written procedure and such written procedure is followed.

Compliant

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129. Master production and control records shall include:
1) The name and strength of the product and a description of the dosage form;
2) The name and weight or measure of each active ingredient per dosage unit or per unit of weight or measure of the drug product, and a statement of the total weight or measure of any dosage unit;
3) A complete list of components designated by names or codes su6ciently specific to indicate any special quality characteristic;
4) An accurate statement of the weight or measure of each component, using the same weight system (metric, avoirdupois, or apothecary) for each component. Reasonable variations may be permitted, however, in the amount of components necessary for the preparation in the dosage form, provided they are justified in the master production and control records;
5) A statement concerning any calculated excess of component;
6) A statement of theoretical weight or measure at appropriate phases of processing;
7) A statement of theoretical yield, including the maximum and minimum percentages of theoretical yield beyond which investigation according to § 211.192 is required;
8) A description of the drug product containers, closures, and packaging materials, including a specimen or copy of each label and all other labeling signed and dated by the person or persons responsible for approval of such labeling;
9) Complete manufacturing and control instructions, sampling and testing procedures, specifications, special notations, and precautions to be followed.



Batch Production & Control Records § 211.188

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130. Batch production and control records is prepared for each batch of drug product produced and includes complete information relating to the production and control of each batch. These records shall include:
a) An accurate reproduction of the appropriate master production or control record, checked for accuracy, dated, and signed; Documentation that each significant step in the manufacture, processing, packing, or holding of the batch was accomplished, including:
1) Dates;
2) Identity of individual major equipment and lines used;
3) Specific identification of each batch of component or in-process material used;
4) Weights and measures of components used in the course of processing;
5) In-process and laboratory control results;
6) Inspection of the packaging and labeling area before and after use; A statement of the actual yield and a statement of the percentage of theoretical yield at appropriate phases of processing; Complete labeling control records, including specimens or copies of all labeling used;
7) Description of drug product containers and closures;
8) Any sampling performed;
9) Identification of the persons performing and directly supervising or checking each significant step in the operation, or if a significant step in the operation is performed by automated equipment under § 211.68, the identification of the person checking the significant step performed by the automated equipment.
10) Any investigation made according to § 211.192.
11) Results of examinations made in accordance with § 211.134.

Unknown or Partially Compliant

Nonsterile Product: Batch record reviewed was pending reconciliation (testing batch). Required elements present on the batch record template.

Sterile Product: Testing batch record reviewed; sampling results pending.

Production Record Review § 211.192

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131. All drug product production and control records, including those for packaging and labeling, is reviewed and approved by the quality control unit to determine compliance with all established, approved written procedures before a batch is released or distributed. Any unexplained discrepancy (including a percentage of theoretical yield exceeding the maximum or minimum percentages established in master production and control records) or the failure of a batch or any of its components to meet any of its specifications is thoroughly investigated, whether or not the batch has already been distributed. The investigation shall extend to other batches of the same drug product and other drug products that may have been associated with the specific failure or discrepancy. A written record of the investigation is made and includes the conclusions and followup.



Laboratory Records § 211.194

1 / 1 (100%)

132. Laboratory records include complete data derived from all tests necessary to assure compliance with established specifications and standards, including examinations and assays, as follows:

Injections, including infusions

134. Complete records is maintained of any testing and standardization of laboratory reference standards, reagents, and standard solutions.



135. Complete records is maintained of the periodic calibration of laboratory instruments, apparatus, gauges, and recording devices required by § 211.160(b)(4).



136. Complete records are maintained of all stability testing performed in accordance with § 211.166.



Nonsterile Product: Stability testing for the Sildenafil cream has begun (T0 / Release testing) and was put into the sterility program.

Sterile Product: Method suitability in process.

Distribution Records § 211.196

137. Distribution records contain the name and strength of the product and description of the dosage form, name and address of the consignee, date and quantity shipped, and lot or control number of the drug product. For compressed medical gas products, distribution records are not required to contain lot or control numbers.



No products have been distributed to date (nonsterile or sterile). Reviewed Distribution SOP; records will be generated and retained according to the record retention SOP. Bravado does not distribute medical gases.

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Complaint Handling

Complaint Files § 211.198

138. Written procedures describing the handling of all written and oral complaints regarding a drug product is established and followed. Such procedures include provisions for review by the quality control unit, of any complaint involving the possible failure of a drug product to meet any of its specifications and, for such drug products, a determination as to the need for an investigation in accordance with § 211.192. Such procedures include provisions for review to determine whether the complaint represents a serious and unexpected adverse drug experience which is required to be reported to the Food and Drug Administration in accordance with §§310.305 and 514.80 chapters.

Under R&D phase. SOP and process reviewed.

Compliant

139. A written record of each complaint is maintained in a File designated for drug product complaints. The File regarding such drug product complaints is maintained at the establishment where the drug product involved was manufactured, processed, or packed, or such File may be maintained at another facility if the written records in such Files are readily available for inspection at that other facility. Written records involving a drug product is maintained until at least 1 year after the expiration date of the drug product, or 1 year after the date that the complaint was received, whichever is longer. In the case of certain OTC drug products lacking expiration dating because they meet the criteria for exemption under § 211.137, such written records are maintained for 3 years after distribution of the drug product.

Yes

1) The written record includes the following information, where known: the name and strength of the drug product, lot number, name of complainant, nature of complaint, and reply to complainant.

Compliant

2) Where an investigation under § 211.192 is conducted, the written record includes the findings of the investigation and followup. The record or copy of the record of the investigation is maintained at the establishment where the investigation occurred in accordance with § 211.180(c).

Compliant

3) Where an investigation under § 211.192 is not conducted, the written record includes the reason that an investigation was found not to be necessary and the name of the responsible person making such a determination.

Compliant

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Returned Drug Products & Salvaging

Returned Drug Products § 211.204

140. Returned drug products is identified as such and held. If the conditions under which returned drug products have been held, stored, or shipped before or during their return, or if the condition of the drug product, its container, carton, or labeling, as a result of storage or shipping, casts doubt on the safety, identity, strength, quality or purity of the drug product, the returned drug product is destroyed unless examination, testing, or other investigations prove the drug product meets appropriate standards of safety, identity, strength, quality, or purity. A drug product may be reprocessed provided the subsequent drug product meets appropriate standards, specifications, and characteristics. Records of returned drug products is maintained and includes the name and label potency of the drug product dosage form, lot number (or control number or batch number), reason for the return, quantity returned, date of disposition, and ultimate disposition of the returned drug product. If the reason for a drug product being returned implicates associated batches, an appropriate investigation is conducted in accordance with the requirements of §211.192. Procedures for the holding, testing, and reprocessing of returned drug products is in writing and is followed.



Currently in R&D phase.

Drug Product Salvaging § 211.208

141. Drug products that have been subjected to improper storage conditions including extremes in temperature, humidity, smoke, fumes, pressure, age, or radiation due to natural disasters, fires, accidents, or equipment failures is not salvaged and returned to the marketplace. Whenever there is a question whether drug products have been subjected to such conditions, salvaging operations may be conducted only if there is (a) evidence from laboratory tests and assays (including animal feeding studies where applicable) that the drug products meet all applicable standards of identity, strength, quality, and purity and (b) evidence from inspection of the premises that the drug products and their associated packaging were not subjected to improper storage conditions as a result of the disaster or accident. Organoleptic examinations is acceptable only as supplemental evidence that the drug products meet appropriate standards of identity, strength, quality, and purity. Records including name, lot number, and disposition is maintained for drug products subject to this section.



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Media summary



Photo 1



Photo 2



Photo 3



Photo 4



Photo 5



Photo 6

From: Shannon Kennedy VP, CSO + Head of Quality

To: File

Date: 16Jan2026 (Updated 15Apr2026)

Re: Response to the Audit by Gates Healthcare conducted December 8-10, 2025.

Introduction

Between Monday 08Dec2025 and Wednesday 10Dec2025, Gates Healthcare representatives Michelle Woosley, PharmD, MBA and Mala Cullipher, RPh, CPh conducted a 503B Outsourcing Facility Inspection of the Bravado Pharmaceuticals (BP) policies/procedures/systems. The report was updated with CAPAs and provided to Bravado on 18Dec2025. At the time of the inspection, BP working on a sterile and a nonsterile product. No product distribution had been initiated.

Status of Products in Development

Sterile – NAD+ 100 mg/mL – This product was awaiting completion of method validation activities at a 3rd party laboratory, ARL Bio Pharma. A master batch record was provided for review during the inspection. Once validation was completed, process validation batches were compounded and placed on stability.

Non-Sterile – 3.6% Sildenafil Cream – Manufacturing of non-sterile product validation batches was in progress. This first of these batches was produced on Friday 05Dec2025 and, as a result, accountability had not been calculated, and the batch record had not yet been reviewed. The in-process batch record was provided for review upon request of the inspectors, with the explanation of its status. Batch records were reviewed, but batches did not pass all required specifications. An investigation was conducted and the batches discarded. New validation batches are scheduled to be produced in May upon completion required CAPAs.

Inspection Scope

The following areas were evaluated during the inspection:

- Quality Control Unit
- Personnel Qualifications
- Equipment Requirements
- Component & Drug Product Containers/Closures
- Production and Process Controls
- Compounding Laboratory Design & Staff Training/Competencies
- Components – Sterile
- Equipment, Containers, and Closures – Sterile
- Facilities & Equipment Systems – Sterile
- Environmental Monitoring and Controls of Compounding Areas
- Production System – Non-Sterile and Sterile Compounding
- Additional Production and Process Controls – Sterile Compounding

- Labeling and Packaging Operations
- Drug Product Inspection & Expiry Dating
- Warehouse & Distribution Procedures
- Facilities & Equipment Systems – Sterile – No observations
- General Requirements
- Product Testing & Release
- Records & Report Requirements
- Complaint Handling
- Returned Drug Products & Salvaging

Audit Observations

The following is a summary of the findings and responses to those items deemed as "unknown or partially compliant" or "non-compliant". The item being evaluated is in bold, followed by the inspector's observations in regular font. Bulleted items provide updates to the items addressed that were added in response to the observations. Please note that the following categories had no observations and thus are not addressed in this section.

- Quality Control Unit
- Personnel Qualifications
- Facilities & Equipment Systems – Sterile
- Production System – Non-Sterile and Sterile Compounding
- Additional Production and Process Controls – Sterile Compounding
- Labeling and Packaging Operations
- Complaint Handling
- Returned Drug Products & Salvaging

Equipment Requirements

#30. Equipment used in the manufacture, processing, packing, or holding of a drug product is of appropriate design, adequate size, and suitably located to facilitate operations for its intended use and for its cleaning and maintenance.

Sterile Cleanroom: Facility lacks a Containment Ventilated Enclosure (CVE) in the ISO 7 Classified buffer room for weighing out and mixing nonsterile APIs to prevent contamination. Based on USP <797>, Section 4.2.6 Facilities preparing Category 2 or Category 3 CSPs from nonsterile starting components, presterilization procedures must be performed in a containment ventilated enclosure (CVE) to minimize the risk of airborne contamination.

Sterile Cleanroom: Particle counter is only used for baseline particle count, but not throughout the compounding process. This is required according to 21 CFR Part 211.42(c)(10)(iii) to assess risk of contamination during aseptic processing. Continuous monitoring is the gold standard for ensuring stringent environmental control during and throughout critical operations to prevent batch contamination.

CORRECTIVE ACTION PENDING 12-18-2025: CAPA-25006 has been initiated to evaluate the facility to ensure that the equipment, facility, installation, and design are appropriate for aseptic processing.

Target Completion Date: 16Jan2026

- Continuous monitoring with the particle counter during all compounding process activities is now required and documented on an EM monitoring form.
- Bravado Pharmaceuticals respectfully notes that, as a registered 503B Outsourcing Facility, our operations are governed by FDA CGMP regulations under 21 CFR Parts 210 and 211, and not by USP <797>, which applies to 503A pharmacy compounding. Accordingly, the USP <797> §4.2.6 citation referenced in this observation does not constitute an applicable regulatory requirement for our facility. At the time of the inspection, Bravado was operating in full compliance with the applicable CGMP standards governing our cleanroom and buffer room environments.

  However, Bravado acknowledges the spirit of the auditor's concern regarding particulate control during API weighing activities. As our facility was already planning an extended operational pause during the stability study waiting period — during which no compounding activities would occur. We elected to use this downtime proactively and have ordered a HEPA-filtered enclosure to be installed in the ISO 7 buffer room during this shutdown period. This will both address the auditor's observation and better position the facility for future product development.

  Following installation of the enclosure, the cleanroom will undergo recertification by a qualified contractor to ensure all environmental parameters, including air pressure differentials, HEPA filter integrity, air changes per hour, etc. meet the required specifications before any compounding activities resume. No production or testing operations will occur in the affected space until recertification is complete and documented.

Component & Drug Product Containers/Closures

#42. Components and drug product containers and closures shall at all times be handled and stored in a manner to prevent contamination.

In the warehouse location, although items are labeled as released or quarantined, tubs, holding tanks, and boxes containing quarantined materials are intermingled with released items. Released and quarantined components, containers and closures must be physically separated and organized in clearly designated holding areas to prevent mixups.

According to 211.42 Design and Construction features, "Any buildings used in the manufacture, processing, packing or holding of a drug product shall be of suitable size, construction and location to facilitate cleaning, maintenance, and proper operations."

Firm must define areas and clearly label designated areas for Quarantine, Hold, Rejected and Sequestered materials and store such materials in these distinct locations to prevent mix-ups.

CORRECTIVE ACTION PENDING 12-18-2025:CAPA-25001 has been initiated to evaluate how to re-organize the current warehouse space to allow for proper separation / segregation of materials to prevent mix-ups.

Target Completion Date: 16Jan2026

- CAPA-25001 – The warehouse was reorganized to ensure physical segregation of released and quarantined materials while still allowing personnel to maneuver through the space. The CAPA was closed on 19Jan2026.

#44. Each container or grouping of containers for components or drug product containers, or closures is identified with a distinctive code for each lot in each shipment received.

This code is used in recording the disposition of each lot. Each lot is appropriately identified as to its status (i.e., quarantined, approved, or rejected).

Observed one API tub for sildenafil was not labeled as 'Released or Quarantine' sitting on lab shelf; no deviation written at the time of the inspection. This would increase the change of mix-ups as it is not labeled by quality as released to production. It was explained to inspector, MC that the label may have fallen off. Advised to do a change control of the procedure and document in SOP to place the label in a location which is secure.

Recommendation: Status identification of all containers released to production must be clearly marked.

CORRECTIVE ACTION PENDING 12-18-2025: Deviation opened during inspection to address deficiency.

- DID-25013 was initiated on 08Dec2025 and closed on 16Dec2026. The tag was located and reaffixed to the container during the inspection. CAPA1-DID-25013 was initiated on 16Dec2015 to determine a more effective way of affixing the labels; it was closed on 06Mar2026. Closure was delayed due to multiple deliveries of large quantities of material and personnel's desire to test the new method and ensure it would hold through multiple moves of the containers.

#48. Representative samples of each shipment of each lot is collected for testing or examination. The number of containers to be sampled, and the amount of material to be taken from each container, is based upon appropriate criteria such as statistical criteria for component variability, confidence levels, and degree of precision desired, the past quality history of the supplier, and the quantity needed for analysis and reserve where required by § 211.170.

Reviewed SOP Q19.006, Sampling of GMP Materials v3. Section 4.2 indicated the sample amounts recommended by the ANSI table is considered a minimum & QA determines the amount of sample for each applicable component based on the amount of material received.

Sterile Product: Method verification for representative sample is completed by viewing COA for NAD plus which describes identity testing completed by repackager using USP <197>, but review of the COA by Quality is not well documented by the firm.

No deficiencies noted with the nonsterile (sildenafil) materials.

Firm states the FTIR machine is in need of repair.

- FTIR has been repaired. A protocol for re-qualification was written, approved by QA and executed.
- PIC has been reviewing the CoA for all incoming raw materials. He will initial and date each CoA upon completion of his review.

#52. Each lot of a component, drug product container, or closure with potential for microbiological contamination that is objectionable in view of its intended use is subjected to microbiological tests before use.

Requested Water activity verification for Sildenafil API used in non-sterile compounding-not in Monograph provided. Microbiological testing before use in compounding must occur according to 211.84.

CORRECTIVE ACTION PENDING 12-18-2025: CAPA-25003 has been initiated to conduct a risk assessment on the need for microbial testing of Sildenafil Citrate as guided by FDA Guidance, Microbiological Quality Considerations in Non-sterile Drug Manufacturing, and 21CFR211.84(d)(4). Actions will be performed based on the outcome of risk assessment.

Target Completion Date: 02Jan2026

- CAPA-25003 was closed on 19Jan2026 and determined micro testing should be performed. CAPA-25007 was initiated to complete USP<61> for TAMC and TYMC and USP<62> testing for C. albicans, P. aeruginosa, and S. aureus. (Testing was requested for the same organisms as required for the drug product.) The results from ARL Bio Pharma were released on 11Feb2026 and the CAPA closed the same day as all tests met specification.

#54. Components, drug product containers, and closures approved for use is rotated so that the oldest approved stock is used first. Deviation from this requirement is permitted if such deviation is temporary and appropriate.

There does not appear to be a FEFO methodology in the warehouse as released and quarantined material is on the same side of the room.

CORRECTIVE ACTION PENDING 12-18-2025: CAPA-25001 has been initiated to evaluate how to re-organize the current warehouse space to allow for ease of material status identification.

Target Completion Date: 16Jan2026

- At the time of inspection, we had only a single shipment (all the same lot) of each raw material on-site. Thus, FEFO methodology was not applicable.
- CAPA-25001 – The warehouse was reorganized to ensure physical segregation of released and quarantined materials. This will also be useful if we have more than one lot/shipment of a given material. The CAPA was closed on 19Jan2026.

#55. Components, drug product containers, and closures is retested or reexamined, as appropriate, for identity, strength, quality, and purity and approved or rejected by the quality control unit in accordance with § 211.84 as necessary, e.g., after storage for long periods or after exposure to air, heat or other conditions that might adversely affect the component, drug product container, or closure.

Per SOP Q19.006, Sampling of GMP Materials v3, retained samples of drug products should be visually inspected annually for deterioration; retained samples of other materials should be reviewed at least every two years. No indication in the SOP related to retesting or reexamination of raw materials after storage for long periods of time or other conditions that might impact the materials.

This 503B OSF has mostly R&D and ongoing testing and no production at this time. Bravado has not yet had the need to implement the requirements of this procedure as the materials intended for marketed / commercial products have not reached its routine inspection time per SOP Q19.006.

- Retesting/reexamination requirements are being added to the SOP Q19.006 in v.4.

#61. Does the facility have or provide medical gases? If so, medical gas containers and closures must meet the following requirements:

Facility has nitrogen tank medical gas for Filter used for Filter Integrity testing. SOP M25.028 demonstrates bubble point testing performed manually, however firm has not updated to use of Nitrogen for Filter integrity testing and all the requirements for use of medical gases.

Recommendation: Update SOP to meet standards.

CORRECTIVE ACTION PENDING 12-18-2025: CAPA-25005 has been initiated to review the use of Nitrogen in the facility and procedures will be created or updated, as needed.

Target Completion Date: 02Jan2026

CAPA-25005 was closed on 19Jan2026. The review found that bubble point testing is performed in the general laboratory, post-use for the filter, with a calibrated regulator to measure the pressure. The filter is re-wetted with the appropriate solution immediately

prior to testing and discarded afterward. (The vendor does a pre-test and provides the result on the CoA for each filter. Filters are received sterile.) The gas has no product contact and is not used in the compounding of the drug product. Thus, the N_2 should not be considered a medical gas and testing requirements do not apply.

Production and Process Controls

#63. Written production and process control procedures is followed in the execution of the various production and process control functions and is documented at the time of performance. Any deviation from the written procedures is recorded and justified.

Facility is in preliminary phases of production, still performing R&D functions for the 503B side.

Sterile Compounding Observation: Pharmacist demonstrating simulation of media fill was noted to simulate aseptic filling of amber vials without a needle. This is an objectionable practice. Please review aseptic guidance by the FDA.

CORRECTIVE ACTION PENDING 12-18-2025: CAPA-25004 has been initiated to review the practices within the aseptic operations. Additional actions will be assigned to implement changes and improvements identified.

Target Completion Date: 16Jan2026

- Regarding the use of a filling needle during manual aseptic filling, Bravado respectfully notes that current FDA guidance does not explicitly mandate the use of a filling needle for manual filling operations, provided that the process ensures sterility, prevents contamination, and is appropriately validated. Bravado does not concede that the absence of a filling needle constitutes a deficiency under applicable CGMP requirements. However, in the interest of continuous improvement and rigorous scientific documentation, Bravado commits to evaluating the current filling configuration to the extent possible during the next smoke study which is projected for June 2026, and to update our processes accordingly based upon the results.
- Validation batches are currently on stability and are bring tested to ensure product quality and stability.

#64. Written production and control procedures include the following, which are designed to assure that the drug products produced have the identity, strength, quality, and purity they purport or are represented to possess:

b) Components for drug product manufacturing is weighed, measured, or subdivided as appropriate. If a component is removed from the original container to another, the new container is identified with the following information:

1) Component name or item code;

2) Receiving or control number;

3) Weight or measure in new container;

4) Batch for which component was dispensed, including its product name, strength, and lot number

c) Weighing, measuring, or subdividing operations for components is adequately supervised. Each container of component dispensed to manufacturing is examined by a second person to assure that:

1) The component was released by the quality control unit;

2) The weight or measure is correct as stated in the batch production records;

3) The containers are properly identified. If the weighing, measuring, or subdividing operations are performed by automated equipment under § 211.68, only one person is needed to assure paragraphs (c)(1), (c)(2), and (c)(3) of this section.

Manual weighing supervised by PIC, however weigh balances not located in CVE for sterile or non-sterile weighing.

Nonsterile compounding suite is a dedicated suite for sildenafil cream only. Facility is choosing to not place a CVE inside the nonsterile lab where weighing is taking place.

CORRECTIVE ACTION PENDING 12-18-2025: CAPA-25004 has been initiated to review the practices within the aseptic operations. Additional actions will be assigned to implement changes and improvements identified.

Target Completion Date: 16Jan2026

- Bravado Pharmaceuticals respectfully notes that, as a registered 503B Outsourcing Facility, our operations are governed by FDA CGMP regulations under 21 CFR Parts 210 and 211. The requirement for a Containment Ventilated Enclosure (CVE) during weighing operations is not explicitly mandated under applicable CGMP standards for a facility of our classification, particularly in the context of our dedicated non-sterile sildenafil cream suite. The decision not to place a CVE in the applicable weighing area was a deliberate and considered facility design choice. The suite is used exclusively for a single non-hazardous product, minimizing cross-contamination risk. No regulatory citation applicable to our 503B classification explicitly requires a CVE in this configuration.
- In regard to the sterile suite, the value of additional protection during weighing and mixing operations was noted. A balance enclosure PEC was ordered, but delivery was delayed and is not anticipated at the end of April. Following installation, the room will be re-certified, after which weighing and compounding activities will resume in this area.

#68 To assure batch uniformity and integrity of drug products, written procedures is established and followed that describe the in- process controls, and tests, or examinations to be conducted on appropriate samples of in-process materials of each batch. Such control procedures are established to monitor the output and to validate the performance of those manufacturing processes that may be responsible for causing variability in the characteristics of in-process material and the drug product. Such control procedures shall include, but are not limited to, the following, where appropriate:

1) Tablet or capsule weight variation;

2) Disintegration time;

3) Adequacy of mixing to assure uniformity and homogeneity;

4) Dissolution time and rate;

5) Clarity, completeness, or pH of solutions.

6) Bioburden testing.

For non-sterile compounding testing of Sildenafil Vaginal Cream 30 gram tube for final production, facility has a sample thief (long tube); all placed in stainless steel tanks. The Sildenafil MBR was approved on 04DEC2025. A copy of the approved MBR was provided for review during the audit.

QC In-Process: visual inspection, sample thief checks various things--assay, final bulk, full testing spectrum. Bioburden testing is not complete for this batch # 25026 and there are not notes in the EBR under Batch Accountability.

Signed Dec 4, 2025.

- The inspectors were informed at the time of the review that the accountability had not yet been completed because batch production had only finished Friday 05Dec2025, the

workday immediately before the start of the inspection (Monday 08Dec2025). Batch accountability was completed and the batch record reviewed.

#70. In-process materials is tested for identity, strength, quality, and purity as appropriate, and approved or rejected by the quality control unit, during the production process, e.g., at commencement or completion of significant phases or after storage for long periods.

For Sterile NAD plus injection which is still in R&D phase, Potency testing T0-T90, etc is not complete yet. No Microbial Enumeration tests have been completed for Sildenafil cream at the time of this inspection.

Sildenafil Batch 25026 was completed on 05DEC2025 and it was noted that the EBR was incomplete because it was pending batch reconciliation, PIC review, and QA review. Microbial samples were taken from the bulk cream to be sent to an outside laboratory for testing. Microbial testing takes approximately 3 weeks to complete.

CORRECTIVE ACTION PENDING 12-18-2025: All sildenafil batch testing results will be reviewed and verified that it meets pre-established product specification before the product will be released for distribution.

- Sterile NAD stability testing is on-going. All T0 and T30 testing met specification for the 5°C storage condition. Testing includes, but is not limited to, assay NAD, benzyl alcohol assay, sterility, endotoxin, etc.
- Sildenafil batch 25026 EBR was completed and reviewed by Bravado personnel. Batch disposition was determined based upon the results of the chemical and microbiological testing.

#73. Does the facility prepare non-sterile compounded products or utilized a non-sterile to sterile process? If so, appropriate written procedures, designed to prevent objectionable microorganisms in drug products not required to be sterile, is established and followed.

Nonsterile Product: Water content of the sildenafil API (USP <61, 62>) and baseline AET data on the API. Microbial enumeration test pending from ARL labs for Sildenafil 3.6% R&D Batch #25026.

Microbial testing is performed according the FDA guidance, Microbiogical Quality Considerations in Non-Sterile Drug Manufacturing (Draft September 2021) and USP <1111>, Microbiogical Quality Considerations in Non-Sterile Products, requirements for the non-sterile product. Microbial samples have been taken from the bulk cream to be sent to an

outside laboratory for testing. Microbial testing takes approximately 3 weeks to complete.

CORRECTIVE ACTION PENDING 12-18-2025: All results of the sildenafil testing batch will be reviewed and verified that it meets pre-established product specification before the product will be released for distribution.

- PPQ samples for the non-sterile product were tested by an independent lab. While testing confirmed negative results for S. aureus, P. aeruginosa, and C. albicans, not all samples met pre-established specifications for total microbial count. Bravado takes these results seriously and responded accordingly. Formal investigations (INV-26001 for the micro results and INV-26002 for manufacturing policies and procedures) were completed and process changes/improvements were identified. In recognition of the significance of these results and in keeping with Bravado's commitment to product quality and patient safety, the decision was made to repeat all three validation batches in their entirety following implementation of the CAPAs. No non-sterile sildenafil product will be released for distribution until all three repeat validation batches have been successfully manufactured with the revised processes, tested, reviewed, and formally approved by QA.

#74. Does the facility prepare sterile compounded products and utilized sterile compounding processes? If so, appropriate written procedures, designed to prevent microbiological contamination of drug products purporting to be sterile, is established and followed. Such procedures includes validation of all aseptic and sterilization processes.

Observed sterile processes and procedures within the cleanroom. PIC observed in the cleanroom and noted to move in and out of the PEC 5 area frequently without consistently disinfecting gloves. Staging was lacking which caused excessive movement around the ISO 7 space and into the PEC 5 hood. Recommended a review of the formulation procedure to improve efficiency and reduce risk of contamination.

During the observed smoke study, process does not include a needle at the end of the tubing from the repeater pump into the vials. This may pose a risk to the finished product.

CORRECTIVE ACTION PENDING 12-18-2025: CAPA-25004 has been initiated to review the practices within the aseptic operations. Additional actions will be assigned to implement changes and improvements identified. Target Completion Date: 16Jan2026

- Regarding the movement of the PIC during the cleanroom observation, the observation was conducted under non-routine practices with only the PIC in the cleanroom (and the inspector with her escort observing through the window). Under normal compounding conditions, all sterile operations are performed with two trained personnel working in coordinated tandem which helps to minimize unnecessary movement, reduce PEC exit/re-entry, and help ensure routine re-sanitization of the gloves is performed.
- To strengthen our processes, Bravado hired a consultant (Mitch Garber from MG Aseptic and Quality Assurance Consulting) to review sterile procedures with the PIC and Bravado staff and recommend potential improvements. The consultant was on-site 12Jan2026.
- Regarding the use of a filling needle during manual aseptic filling, please see our update to #63, which is not repeated here for the sake of brevity.

#75. Written procedures is established and followed prescribing a system for reprocessing batches that do not conform to standards or specifications and the steps to be taken to ensure that the reprocessed batches will conform with all established standards, specifications, and characteristics.

Reprocessing discussed with Quality Lead. No current procedure for reprocessing which should include defined criteria as to when reprocessing is appropriate versus documenting a batch deviation. Instances of reprocessing have occurred without impact to the API mixture or finished preparation. Deviation/investigation into the incident not provided.

CORRECTIVE ACTION PENDING 12-18-2025: Deviation DID-25016 was opened to document the batch failure and any actions to be taken to prevent future recurrence. Target Completion Date: 22Dec2025

- The auditor was informed at the time of the visit by the Quality Lead that no re-processing had occurred during her tenure at Bravado.
- The conclusion reached by the auditor was not aligned with the deviation. Per the deviation, "The failure did not affect the process, but did impact the batch. The batch production was halted and the batch discarded." Re-processing was not allowed.

#76. Reprocessing is not performed without the review and approval of the quality control unit.

R&D phases at this time. Recommend a Reprocessing SOP if not available.

CORRECTIVE ACTION PENDING 12-18-2025:CAPA-25002 has been initiated to create or revise procedure to indicate that Bravado's policy on reprocessing. Target Completion Date:

- CAPA-25002 was closed on 19Jan2026 after a review of procedures as reprocessing was covered by SOP M19.001 v. 3.1 for batch production and SOP S19.008 for damaged materials.
- After the closure, it was determined that we should separate client project from Bravado projects so SOP M19.001 was updated. M19.001 v. 3.1 which was provided for review during the inspection states the following (copied from the SOP):

Reprocessing

2.1. In the event a particular batch does not conform to established specifications and requires reprocessing, written procedures shall be established in accordance with the applicable sponsor's directive to ensure that the reprocessed batch will conform to all established standards, specifications, and characteristics.

2.2. QA and the client will review and approve all reprocessing procedures prior to use.

SOP M19.001 v. 4 was updated to include the following language (copied from the SOP):

Reprocessing

2.1. In the event a particular batch does not conform to established specifications and requires reprocessing, written procedures shall be established in accordance with the applicable sponsor's directive to ensure that the reprocessed batch will conform to all established standards, specifications, and characteristics. Bravado QA and the client will review and approve all reprocessing procedures prior to use.

2.2. Re-processing will not be allowed for Bravado sponsored batches, unless the following are completed:

2.2.1. A risk assessment which includes a thorough investigation into the root cause of the nonconformity.

2.2.2. A formal procedure for the re-processing is pre-approved by QA.

2.2.3. The re-processed batch undergoes full, rigorous testing to ensure it meets all specifications.

#80. Labels and other labeling materials for each different drug product, strength, dosage form, or quantity of contents is stored separately with suitable identification. Access to the storage area is limited to authorized personnel.

Nonsterile Product: Visually verified tubing labels and secondary packaging for sildenafil cream. Primary packing labels are pre-printed in advance on empty tubes.

Sterile Product: NAD+ product labels are still in development. Currently using cut labeling for testing batches.

- For the non-sterile sildenafil cream, primary and secondary labels are pre-printed on empty tubes and cartons, respectively. Labels are visually verified for accuracy prior to use.
- For the sterile NAD+ product, cut labeling was used exclusively for testing and method suitability batches during the pre-production phase. This labeling was stored separately from commercial labeling materials in a controlled and access-restricted area. The NAD+ production label design has since been developed and approved. Labels will be visually verified before use. A formalized batch record for sterile product labeling, including full accountability documentation, has been written and is awaiting finalization pending qualification of the Smart Jet Core Printer.

#83-2) Use of appropriate electronic or electromechanical equipment to conduct a 100-percent examination for correct labeling during or after completion of finishing operations; or

Nonsterile Product: No electronic or electromechanical equipment utilized; manual process.

Sterile Product: Labeling not documented on NAD+ Batch Record (testing batch); the Smart Jet Core Printer to be used for the sterile production batch is new and has not been brought online to date.

- Please note that labeling documentation was a separate form that was not requested during the inspection. In order to improve our process and ensure compliance, a more formalized record has been developed and is awaiting qualification of the Smart Jet Core Printer to finalize.
- The Smart Jet Core Printer was a new piece of equipment that had not yet been brought online at the time of the inspection. Qualification of this equipment is currently in progress and is projected to be completed before the end of May. This printer will be used to print lot numbers and dates on labeling materials for which all other information is pre-printed.

#83-3) Use of visual inspection to conduct a 100-percent examination for correct labeling during or after completion of finishing operations for hand-applied labeling. Such examination is performed by one person and independently verified by a second person.

Nonsterile Product: Visually observed the sildenafil cream pre-printed tubes are 100% visually verified for accuracy.

Unable to confirm the examination is performed by two people as per the SOP; facility did not produce a batch during the inspection.

Sterile Product: No current written or active process for label visual inspection for the sterile injection (pre-production phase).

- SOP M25.021, "Visual Inspection and Application of Product Labels" was included in the SOP list provided to the inspectors but was not requested for review during the inspection. This SOP outlines Bravado's procedure, requiring 100% visual inspection of labeling materials.

#84. Printing devices on, or associated with, manufacturing lines used to imprint labeling upon the drug product unit label or case is monitored to assure that all imprinting conforms to the print specified in the batch production record.

Sterile Product Only: SOP M25.045 Operation, Cleaning, and Maintenance of the Smart-Jet Core Printer was provided; not in operation at this current time; new piece of equipment.

- The Smart Jet Core Printer was a new piece of equipment that had not yet been brought online at the time of the inspection. Qualification of this equipment is currently in progress and is projected to be completed before the end of May.

Compounding Laboratory Design & Staff Training/Competencies

#10. Perform hand hygiene:

- ***Clean underneath fingernails under warm running water using a disposable nail cleaner.***
- ***Keeping your hands above the level of your elbows, wash hands starting at the fingers and working down the forearms to the elbows with soap and water for at least 30 seconds. Time the washing using a clock or timer located near and visible when at the sink.***
- ***Do not use a brush to scrub your skin, this will create more skin shedding.***
- ***Do not shake water off your hands. Keep hands above the level of your elbows so water does not run down and drip off your fingers.***
- ***Using low-lint disposable towels or wipers, dry completely from your hands down to***

elbows.

Observed: PIC did not perform hand hygiene down to his elbows; only to his wrists.

 # 13. Donning garb.

- ***Don dedicated shoes or shoe covers.***
- ***Don dedicated sterile scrubs and bunny suit or equivalent garb that prevents skin exposure.***
- ***Don a surgical mask.***
- ***Don a head cover and/or hood to cover all hair and ears. Check in the mirror to ensure all hair is contained and covered.***
- ***Don shoe covers/knee-high booties over each shoe while stepping over the line of demarcation (LOD), taking care that the shoe does not touch the floor on the clean side of the LOD and the covered shoe does not touch the floor on the dirty side of the line of demarcation.***
- ***Repeat with the other shoe.***

Observed: PIC donned a sterile coveralls. Had difficulty with not allowing the coverall feet to touch the ground before putting it on. Recommended usage of a bench and more practice to ensure sterility. The coveralls are being donned on the "clean" side of the line of demarcation.

- Bravado maintains a rigorous and comprehensive cleanroom personnel competency program. The first step of this program is the performance of hand hygiene and gowning with a glove fingertip test after each replicate. Each individual must pass this test three consecutive times before he/she is authorized to perform any compounding activities in the cleanroom. This program applies to all compounding personnel without exception, including the PIC and requires re-certification at least once per year.
- Per the suggestion of the inspector, a stainless-steel stool was added to the "clean" side of the anteroom that will allow personnel to sit while gowning.
- Hand-hygiene and gowning process was reviewed with the PIC as part of the consultation with Mitch Garber from MG Aseptic and Quality Assurance Consulting 12Jan2026.

Components – Sterile

 # 2. Each lot of components must be tested to verify identity and evaluated for conformity with appropriate specifications before use unless: the component is an approved finished human drug product; the component was purchased directly from a manufacturer who has registered and listed with FDA under section 510 of the FD&C Act without repacking or other alteration since initial manufacture, or was purchased from a distributor that certifies that the component has not been subject to repacking or other alteration since initial manufacture; the label of each lot of the component has been examined to verify that the component meets required specifications before use; and the shipment's package integrity has been verified upon receipt before use.

Identity testing for API has not been completed as per USP <197> for use in production. Firm relies on the COA.

- Bravado acknowledges that at the time of inspection, API identity testing had not yet been completed. The NAD+ 100 mg/mL sterile validation batches were subsequently compounded and released to the stability program on an at-risk basis, but no batches have been produced that will be released for distribution. Prior to distribution of any product, Bravado will ensure that identity testing is completed, as well as full confirmation of drug product conformation, and approved by Bravado QA.

3. Components (e.g., bulk active ingredients and excipients, but not an approved finished drug product), must be tested to verify identity and evaluated for conformity with appropriate specifications, and, if necessary, depending on intended use, endotoxin level and sterility before use in compounding. Alternatively, a COA can be accepted from the supplier and evaluated to determine whether the lot can be used, provided the reliability of the supplier's analyses has been established at appropriate intervals (i.e., no less frequently than annually for active ingredients and every two years for other components) through appropriate steps to confirm the supplier's test results for those tests relevant to the specifications established for the compounded drug product, and to confirm that the ingredient meets the applicable USP or NF monograph, if one exists; at least one identity test has been conducted to confirm that the component is the one specified in the purchase order; each container or grouping of containers of components is examined to verify appropriate labeling regarding contents; and the shipment's package integrity must be verified upon receipt before use.

At least one identity has not been completed for API (NAD+).

- API identity testing will be completed prior to batch production. Please see the response above.

Equipment, Containers, and Closures – Sterile

#5. Appropriate criteria for containers and closures is established to ensure that drug product containers and closures used for compounded drug products are suitable for each particular drug product for which they will be used.

In R&D phase. No study in extractables and leachables.

- At the time of the inspection, Bravado was in the pre-production phase, and a formal E&L study had not yet been initiated. Bravado recognizes that a completed and documented E&L program is a prerequisite to commercial product release and that appropriate container closure suitability criteria must be established and verified before the product is distributed. Accordingly, the extractables and leachables data for the vials and septa are currently under review to design the appropriate testing program. based on applicable FDA guidance and USP <661> and <1664> requirements as appropriate for the intended product and container closure system.
- Completion of the E&L program is incorporated into the overall NAD+ product development timeline and will be required as a condition of product release authorization. No NAD+ product will be certified for commercial distribution until the E&L study has been completed and approved by QA.

#6. Appropriate procedures are established for testing the containers and closures at the time they are selected to determine whether they meet the criteria for use; the tests and results must be documented.

Dry heat oven run reviewed for glassware. Not documented on the batch record.

- Oven runs are documented in a logbook specific to the instrument. Per the SOP, each run is assigned a unique identifier which was also recorded in the batch record, providing the required traceability. The batch record will be updated to include additional details from the dry heat oven run.

#7. As part of the selection process integrity testing of the drug product container closure system is performed to verify its ability to maintain the quality of the finished drug product and sterility over the expiry period. Integrity testing should be performed again if the

supplier or specifications of the container/closure is changed.

CCIT has not been completed for the sterile product to date because they are waiting for the method of suitability test to be complete from ARL. This is slated to be conducted as per their contract with ARL. Unable to locate an SOP on this process.

- CCIT is a product quality testing parameter that is performed as part of the stability program for sterile drug products and outsourced to an approved vendor. As such, CCIT is governed by Bravado's Stability Program SOP Q22.035 Version 2 (effective 30Oct2025) which explicitly identifies Container Closure Integrity Testing as a required stability test for sterile products under Section 5.2.3.11.

  The absence of a dedicated standalone CCIT SOP does not represent a procedural gap, as the requirement is fully captured within the stability program framework where it appropriately resides alongside all other sterile product quality testing parameters.

  CCIT is currently being tested at ARL Bio Pharma who performs the test per USP <1207> as part of the on-going stability testing.

#8. Procedures for storage of sterilized containers or closures is established to minimize the risk of contamination and to maintain sterility. Retesting or re- examination required if exposed to conditions that may affect the integrity of the containers/closures.

No comments given by inspector.

- All sterile materials are stored in their original containers, and all packaging is inspected prior to use to ensure sterility as part of routine procedure for all materials entering the clean room.

Environmental Monitoring and Controls of Compounding Areas

#9. Procedures include establishing the validity of the microbiological media including the preparation, sterilization, and growth potential of the media used in performing tests, including environmental and personnel monitoring.

Utilizes a positive control during media fill (TSB) but not for surface sampling or gown sampling plates.

- Growth promotion testing is performed on contact plates by ARL Bio Pharma for Bravado. These plates are used for air, surface, and gown sampling, as well as glove fingertip testing.

Drug Product Inspection & Expiry Dating

#92. Packaged and labeled products is examined during finishing operations to provide assurance that containers and packages in the lot have the correct label.

Sterile Product: A review of 100% of the NAD plus Injection labels has not been accounted for on the Batch record for product sent for Method suitability.

- For method suitability, a temporary label was used and only the number of labels required was printed.
- A formalized batch record for labeling of sterile products, including accountability, has been written. It is waiting approval of the Smart Jet Printer qualification before finalizing.

#95. To assure that a drug product meets applicable standards of identity, strength, quality, and purity at the time of use, it shall bear an expiration date determined by appropriate stability testing described in § 211.166.

Nonsterile Product: Sildenafil cream has established expiration date; Sterile Product: In R&D

phase at this time; stability testing still pending.

- Stability testing is currently on-going for the sterile product. The 30d timepoint was completed in early April.

#96. Expiration dates is related to any storage conditions stated on the labeling, as determined by stability studies described in § 211.166.

Nonsterile Product: Sildenafil cream has established expiration date; Sterile Product: In R&D phase at this time; stability testing still pending.

- Stability testing is currently on-going for the sterile product. The 30d timepoint was completed in early April.

#98. Expiration dates shall appear on labeling in accordance with the requirements of § 201.17 of this chapter. Homeopathic drug products is exempt from the requirements of this section.

Nonsterile Product: Sildenafil cream has established expiration date; Sterile Product: In R&D phase at this time; stability testing still pending.

- Stability testing is currently on-going for the sterile product. The 30d timepoint was completed in early April.

Warehouse & Distribution Procedures

#103. Written procedures is established, and followed, describing the distribution of drug products. They shall include:

1) A procedure whereby the oldest approved stock of a drug product is distributed first. Deviation from this requirement is permitted if such deviation is temporary and appropriate.

2) A system by which the distribution of each lot of drug product can be readily determined to facilitate its recall if necessary.

The facility has a GTIN set-up that will allow them to create a barcode for each batch and lot number. The facility is still developing their distribution procedures while being in the pre-production phase. S25.015, Distribution of 503B Products is lacking details on product tracking and tracing of distributed lots, BUDs quantity, etc. for traceability and recalls. Currently, the firm is keeping manual records of all processes and procedures. Lacking electronic document control.

CORRECTIVE ACTION PENDING 12-18-2025: The information can be found in Appendix A: lot distributed, quantity distributed, consignee, date shipped, tracking number, to allow for product tracking and tracing. The procedure will be revised to provide further clarify of the requirement within the body of the procedure.

- S25.015 was updated to include directions for use of Appendix A.

General Requirements

#104. The establishment of any specifications, standards, sampling plans, test procedures, or other laboratory control mechanisms required by this subpart, including any change in such specifications, standards, sampling plans, test procedures, or other laboratory control mechanisms, is drafted by the appropriate organizational unit and reviewed and approved by the quality control unit. The requirement in this subpart is followed and is documented at the time of performance. Any deviation from the written specifications, standards, sampling plans, test procedures, or other laboratory control mechanisms is recorded and justified.

Sterile Product: Environmental sampling such as Viable air sampling and surface sampling is completed by Production personnel. Production cannot monitor their own work. Best for QC to conduct the sampling. According to Q19.009, QA is responsible for Material Control compliance as stated in line 3 regarding Sampling.

- The individual who was performing EM sampling was not production personnel. He was a technician that was trained in cleaning and EM sampling, but not production. Sampling was completed (and will continue to be done) with QA and PIC oversight. This was explained to the inspectors when they were on-site.

Product Testing & Release

#106. For each batch of drug product, there is appropriate laboratory determination of satisfactory conformance to final specifications for the drug product, including the identity and strength of each active ingredient, prior to release. Where sterility and/or pyrogen testing are conducted on specific batches of short-lived radiopharmaceuticals, such batches may be released prior to completion of sterility and/or pyrogen testing, provided such testing is completed as soon as possible.

Reviewed SOP M25.037, Quarantine & Release of Compounded Finished Products v2.

Nonsterile Product: Sildenafil Cream batches will be tested according to pre-established specifications. The first batch of Sildenafil Cream was completed on 05DEC2025 and the audit was on 08DEC2025. All results will be reviewed and verified that it meets pre-established product specification before the product will be released for distribution.

Sterile Product: Pre-production phase; NAD+ injection formulation has been sent to the contract lab for testing.

- All drug products produced at Bravado are tested per a QA pre-approved specification. Test results are reviewed and approved by QA prior to product release.

#107. There is appropriate laboratory testing, as necessary, of each batch of drug product required to be free of objectionable microorganisms.

Sterile Product: Sterility pending.

- Stability testing is on-going. T=0 timepoint passed sterility testing for all three pre-production batches.

Records & Report Requirements

#130. Batch production and control records is prepared for each batch of drug product produced and includes complete information relating to the production and control of each batch. These records shall include:

a) An accurate reproduction of the appropriate master production or control record, checked for accuracy, dated, and signed; Documentation that each significant step in the manufacture, processing, packing, or holding of the batch was accomplished, including:

1) Dates;

2) Identity of individual major equipment and lines used;

3) Specific identification of each batch of component or in-process material used;

4) Weights and measures of components used in the course of processing;

5) In-process and laboratory control results;

6) Inspection of the packaging and labeling area before and after use; A statement of

the actual yield and a statement of the percentage of theoretical yield at appropriate phases of processing; Complete labeling control records, including specimens or copies of all labeling used;

7) Description of drug product containers and closures;

8) Any sampling performed;

9) Identification of the persons performing and directly supervising or checking each significant step in the operation, or if a significant step in the operation is performed by automated equipment under § 211.68, the identification of the person checking the significant step performed by the automated equipment.

10) Any investigation made according to § 211.192.

11) Results of examinations made in accordance with § 211.134.

Nonsterile Product: Batch record reviewed was pending reconciliation (testing batch). Required elements present on the batch record template.

Sterile Product: Testing batch record reviewed; sampling results pending.

- Non-sterile batch record reconciliation and batch record were completed for bath 25026 (the record reviewed during the inspection). Sterile product stability testing is on-going.

#136. Complete records are maintained of all stability testing performed in accordance with § 211.166.

Nonsterile Product: Stability testing for the Sildenafil cream has begun (T0 / Release testing) and was put into the sterility program.

Sterile Product: Method suitability in process.

- Method suitability is completed. Stability testing is in progress for sterile. All records are retained per SOP Q19.002, Document Control Procedures, Document and Protocol Number Assignment, and Central File Designation.

#137. Distribution records contain the name and strength of the product and description of the dosage form, name and address of the consignee, date and quantity shipped, and lot or control number of the drug product. For compressed medical gas products, distribution records are not required to contain lot or control numbers.

No products have been distributed to date (nonsterile or sterile). Reviewed Distribution SOP; records will be generated and retained according to the record retention SOP. Bravado does not distribute medical gases.

- No distribution to-date.

Registered Outsourcing Facilities

Facilities Registered as Human Drug Compounding Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act (FD&C Act)

Updated as of 4/16/2026

- Information Concerning Outsourcing Facility Registration (/drugs/compounding/questions-and-answers-outsourcing-facility-registration)
- Outsourcing Facility Product Reporting Information (/drugs/compounding/information-outsourcing-facilities#reporting)

This table lists the outsourcing facilities that have submitted registration information that has been determined to be complete by the data lock date for the latest weekly update of the table.

Search: brav

Show 10 entries

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Facility	Contact	Initial Registration Date [1]	Most Recent Registration Date [1]	Last Inspection [2]	Form 483 Issued? [3]	Recall Conducted? [9]	Action Based on Last Inspection [4,5]	Intends to Compound Sterile Drugs From Bulk Substances [6]
Bravado Pharmaceuticals, LLC, Lutz, FL	Brian McMillan [redacted]	2/28/2025	1/10/2026	Not yet inspected	N/A	N/A	N/A	Yes

Showing 1 to 1 of 1 entries (filtered from 92 total entries)

Previous 1 Next

Feedback

Notes

1. The "initial date of registration as an outsourcing facility" is the date the facility was first registered (i.e., the date FDA determined that the initial registration information submitted for the facility was complete, and the establishment fee was paid in full).

   Under section 503B(b) of the FD&C Act, after the initial registration, a facility that elects to continue to be registered with FDA as an outsourcing facility must re-register annually. A facility that elects to register (or re-register) with FDA as an outsourcing facility must pay an annual establishment fee. The "date of most recent registration as an outsourcing facility" reflects the date FDA determined the most recently submitted registration information was complete and the annual establishment fee for that fiscal year paid in full.

   Unless a previously registered outsourcing facility re-registers and pays the annual establishment fee in full during the registration period (between October 1 and December 31 of each calendar year), the facility will be removed from the list of registered outsourcing facilities on January 1 of the next calendar year.

2. Once an outsourcing facility is registered, the facility will be added to the list of facilities FDA intends to inspect according to a risk-based schedule. FDA plans to inspect outsourcing facilities within a reasonable period of time following initial registration, once it is confirmed that the facility has initiated drug production and distribution. However, the exact timing of the inspections can be affected by a number of variables, including the number of outsourcing facility registrants, other inspection priorities, and the operational status of the newly registered outsourcing facility.

   Inspections identified in this table are associated with the facility at the listed address. A company may own or operate more than one registered outsourcing facility. FDA's web page Compounding: Inspections, Recalls, and other Actions (/node/363232) may contain information about compounding facilities under the same ownership as the listed registered outsourcing facility.

   Inspections may take place over several days, weeks or longer. The date of the inspection is the date a Form FDA 483 listing the investigators' observations was issued. If no FDA Form 483 was issued, the date is the last day of the inspection.

3. A Form FDA 483 is issued when investigators observe any significant objectionable conditions. It does not constitute a final agency determination of whether any condition is in violation of the FD&C Act or any relevant regulations.
4. This table does not include State Board of Pharmacy actions, if any. To determine whether a registered outsourcing facility has been the subject of a state enforcement action, check with the State Board of Pharmacy for the state in which the facility is located. Some states post disciplinary or other actions on their web sites.
5. "Closed" means the inspection has been closed without further action. "Open" means FDA has not determined whether further action will be taken. If an action has been taken, it will be listed. Possible FDA actions include warning letter, seizure or injunction.
6. The information in this column was provided by the registered outsourcing facility at the time of registration and has not been verified by FDA. "N/A" indicates the registered outsourcing facility has not provided this information.
7. This outsourcing facility was the subject of at least one previous inspection relating to compounding that resulted in a Form FDA 483, warning letter or other action. For information about such inspections and resulting actions, visit Compounding: Inspections, Recalls, and other Actions (/node/363232).
8. A remote regulatory assessment (RRA) is an examination of an FDA-regulated establishment and/or its records, conducted remotely, to evaluate compliance with applicable FDA requirements. These assessments assist in protecting human and animal health, inform regulatory decisions and verify certain information submitted to the agency.
9. Based on inspectional findings, the inspection revealed significant issues. As a result, the outsourcing facility may have either initiated a recall on their own following conversation(s) with the FDA investigator or FDA recommended a recall at the conclusion of the inspection or both. Additionally, the outsourcing facility may have conducted multiple recalls or recalled multiple drugs.

Was this page helpful? * (required)

Yes

No

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12

12A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10) ■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10)

Section 1: General Information

Facility Name: Oxus America, Inc.

Physical Address: 175 Kay Industrial Drive

City: Orion Twp. State: MI Zip: 48359

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 248-475-0925 Website: www.oxusamerica.com

Name of Designated Representative (DR): Wayne Clason

Licensing Company Email: sales@oxusamerica.com DR Email: wclason@oxusamerica.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Veterinarians ■ Others: HME Providers	☐ Dangerous Drugs ☐ Controlled Substances ■ [3]Medical Products (medical devices, equipment, supplies, gases) ☐ Others:	■ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☐ Others:

Section 2: <u>ONLY COMPLETE THIS SECTION IF THE COMPANY IS WHOLESALING</u> [a]Medical Products (medical devices, equipment, <u>supplies and gases</u>). Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A <u>practicing</u> health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 3 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 4: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Zeochem, LLC.
Address: 1600 West Hill Street City: Louisville State: KY Zip: 40210

Name: Zatkoff Seals & Packaging
Address: 23230 Industrial Park Dr. City: Farmington Hills State: MI Zip: 48335

Name: Boca Bearing
Address: 1420 Neptune Dr. Suite A City: Boynton Beach State: FL Zip: 33426

Name: Milfast Industrial Supply
Address: 56406 Precision Dr. City: Chesterfield State: MI Zip: 48051

Section 5: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Michigan
Parent Company (if any): n/a
Corporation/Organization Name: Oxus America, Inc.
Mailing Address: 175 Kay Industrial Drive
City: Orion Twp. State: MI Zip: 48359
Telephone: 248-475-0925 Email: sales@oxusamerica.com
Contact Person Name: Jessica Shopp

Section 7: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 8: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Oxus America, Inc.

Facility Name

GARY C ABUSAMRA

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

29 JL 26

Date

Board Use Only	Date Received: 8/3/26	Amount: $1170

Section 9: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 10: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale [a]Medical Products (medical devices, equipment, supplies, gases). (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Products (medical devices, equipment, supplies, gases), supply a copy of proof of insurance (NAC 639.6957).** The Medical Products wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 9)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20NRS%20639.500%20-%20Effective%2001.07.2026%20-%20Wholesaler%20-%20Post%20on%201.26.26.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

175 Kay Industrial Drive
Orion Township, MI 48359

July 24, 2026

To the Nevada State Board of Pharmacy:

Oxus America, Inc. manufactures and distributes medical device component parts. We do not manufacture, distribute, or sell finished medical devices, prescription medical devices, pharmaceuticals, or any items that are dispensed pursuant to a prescription.

Specifically, Michigan's Pharmacy Practice Act (Public Act 368 of 1978, Article 7) regulates:

- Prescription drugs
- Devices "dispensed pursuant to a prescription"

Component parts do not fall under these definitions.

Under Michigan law, including the regulatory authority of the Department of Licensing and Regulatory Affairs (LARA) and the Michigan Board of Pharmacy, licensure is required only for entities engaged in the manufacture or distribution of prescription drugs or prescription-controlled medical devices. Because Oxus America, Inc. does not engage in those regulated activities, no Michigan pharmacy or drug-related license applies to our business operations.

Michigan does not issue a license category for manufacturers or distributors of non-prescription medical device component parts; therefore, we are not required to hold, and cannot provide, a Michigan Board of Pharmacy resident license. Oxus America, Inc. remains in good standing with the State of Michigan.

To demonstrate our corporate legitimacy and strict adherence to quality and federal standards, we have enclosed the following supporting documents:

- Michigan Certificate of Existence issued by the Michigan Department of Licensing and Regulatory Affairs as evidence that Oxus America, Inc. is validly in existence under the laws of this state.
- ISO 13485 Certificate demonstrating Oxus America, Inc. operates on a certified quality management system for medical device-related manufacturing activities.
- Oxus White Paper – Navigating Regulations for Aftermarket Service Parts

We respectfully request that the Nevada Board of Pharmacy accepts this explanation and the attached supporting documentation to satisfy the resident state license verification requirement.

Sincerely,

Gary C. Abusamra

CEO, Oxus America, Inc.



FDA U.S. FOOD & DRUG ADMINISTRATION

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Establishment Registration & Device Listing

FDA Home | Medical Devices | Databases

New Search | Back To Search Results

Establishment:
Oxus America, Inc.
Business Trade Name:
Oxus

175 Kay Industrial Drive
Orion Township, MI 48359
Registration Number: 3008841036
FEI Number*: 3008841036
Status: Active
Date Of Registration Status: 2026

Owner/Operator:
Oxus America Inc
175 Kay Industrial Drive
Orion Township, MI 48359
Owner/Operator Number: 10033183

Official Correspondent:
Gary C Abusamra
175 Kay Industrial Drive
Orion Township, MI 48359
Phone: 248-4750925

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

✓

verified
M.H 3/3/26

From: CDRH Registration and Listing
To: rlenarcic@oxusamerica.com
Subject: Registration Number 3008841036: Successful 2026 Medical Device Establishment Registration
Date: Tuesday, November 25, 2025 5:34:46 PM
Attachments: Header.jpg
SignatureBlockLogo.png

Dear Gary Abusamra:

This e-mail provides confirmation that the annual registration for the following medical device establishment has been successfully completed for 2026:

Registration Number: 3008841036
Owner Operator Number: 10033183
Oxus America, Inc.
175 Kay Industrial Drive
Orion Township, MI 48359
UNITED STATES

If you do not see a registration number assigned to the establishment and your establishment previously had one, please send an email to reglist@cdrh.fda.gov and include the registration number you believe is assigned to your establishment. We will review and determine if a duplicate registration has been created for your establishment.

Your registration is valid until December 31, 2026. Registration for 2027 will be conducted between October 1 and December 31, 2026.

Please note that registering your device facility and listing your devices does not, in any way, constitute FDA approval of your facility or your devices.

Should you have any questions, please send an e-mail to the CDRH Registration and Listing Helpdesk at reglist@cdrh.fda.gov.

CDRH Registration and Listing Helpdesk
Imports & Registration and Listing Team
Division 2 Establishment Support
Office of Regulatory Programs
Office of Product Evaluation and Quality
Center for Devices and Radiological Health
U.S. Food and Drug Administration

Tel: 301-796-7400, Option 1
Email: reglist@cdrh.fda.gov

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
Oxus America, Inc.
Business Trade Name:
Oxus

175 Kay Industrial Drive
Orion Township, MI 48359
Registration Number: 3008841036
FEI Number*: 3008841036
Status: Active
Date Of Registration Status: 2026

Owner/Operator:
Oxus America Inc[6]
175 Kay Industrial Drive
Orion Township, MI 48359
Owner/Operator Number: 10033183[7]

Official Correspondent:
Gary C Abusamra
175 Kay Industrial Drive
Orion Township, MI 48359
Phone: 248-4750925

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Page Last Updated: 08/03/2026

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U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10033183&OwnerOperatc

Oxus America, Inc.
175 Kay Industrial Drive
Lake Orion, MI 48359
Tax ID 27-2416220

Stockholder	% Ownership
Oxus, Ltd.	30.6%
Gary Abusamra	19.1%
Wright & Filippis	18.3%
Robert Boehnlein	6.7%
Andrew Voto	5.8%
TaeSoo Lee	5.2%
Loren Thompson	4.6%
Richard Knoll	3.1%
Harvinder Singh	3.0%
Yungseon Baik	2.3%
Sujung Lee	1.2%
	100.0%

Officers and Directors

Gary Abusamra	President/CEO

UNITED STATES OF AMERICA

The State of Michigan

Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to certify:

Entity Name: OXUS AMERICA, INC.
Entity ID#: 800729367
Entity Type: Domestic Profit Corporation
Initial Filing Date: 04/23/2010
Delayed Effective Date:
Formation Jurisdiction: Michigan
Act Formed Under: 284-1972 Business Corporation Act

That the above referenced entity was validly incorporated and said corporation is validly in existence under the laws of this state.

This certificate is issued in conformity with the Act it is formed under, to attest to the fact that the company is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

LICENSING AND REGULATORY AFFAIRS
Corporations, Securities & Commercial Licensing Bureau
TUEBOR
CIRCUMSPICE

In testimony whereof, I have hereunto set my hand, in the City of Lansing, on August 7, 2026.

Linda Clegg

Linda Clegg, Director
Corporations, Securities & Commercial Licensing Bureau

Certificate Number: 88338
Verify this certificate at: www.michigan.gov/corpverifycertificate

bsi.

By Royal Charter

Certificate of Registration

QUALITY MANAGEMENT SYSTEM - ISO 13485:2016

This is to certify that:

Oxus, Inc.
175 Kay Industrial Drive
Orion Township
Michigan
48359
USA

Holds Certificate Number: FM 567931

and operates a Quality Management System which complies with the requirements of ISO 13485:2016 for the following scope:

Design, manufacture, service and distribution of oxygen concentrators including their associated components and accessories.

For and on behalf of BSI:

Graeme Tunbridge, Senior Vice President Global Regulatory & Quality

Original Registration Date: 2011-02-09
Latest Revision Date: 2026-01-26

Effective Date: 2026-02-09
Expiry Date: 2029-02-08

MGMT.SYS
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4016

Sales Tax License

Michigan Department of Treasury
Business Taxpayer Services
P.O. Box 30778
Lansing, MI 48909
www.michigan.gov/taxes

OXUS AMERICA INC
175 KAY INDUSTRIAL DR
LAKE ORION, MI 48359-1833

Notice Date:	November 22, 2025
Account Number:	27-2416220
Letter ID:	10044820766
Contact Us:	517-636-6925

Below is your Sales Tax License. The licensee is required to ensure the sales tax license is displayed or readily available on premises. Treasury will no longer be mailing multiple licenses for businesses with more than one location. To obtain another Sales Tax License and 24/7 access to your business information please visit mto.treasury.michigan.gov.

The account number on the sales tax license is your business Federal Employer Identification Number (FEIN). If you do not have an FEIN, Treasury has assigned you a 9-character account number beginning with "TR".

You must notify the Michigan Department of Treasury of any changes to your business ownership, address or FEIN. To update any existing business information please visit Michigan Treasury Online (MTO) at mto.treasury.michigan.gov.

Note: The expiration date for the sales tax license coincides with the calendar year it is issued for.

CUT ALONG THIS LINE

164 (Rev. 4-19)

STATE OF MICHIGAN **DEPARTMENT OF TREASURY**

Sales Tax License

OXUS AMERICA INC
175 KAY INDUSTRIAL DR
LAKE ORION, MI 48359-1833

Account Number: 27-2416220
Expiration Date: December 31, 2026

Issued under authority of P.A. 167 of 1933, as amended.

For Office Use Only
BP Number: 573289

OXUSAME-01 SKINGSBURY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/8/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Acrisure Great Lakes Partners Insurance Services, LLC
223 West Grand River Ave #1
Howell, MI 48843

CONTACT NAME: Lynne Stainsby
PHONE (A/C, No, Ext): FAX (A/C, No):
E-MAIL ADDRESS: lstainsby@acrisure.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Hartford Fire Insurance Company	19682
INSURER B:	Hartford Casualty Insurance Company	29424
INSURER C:	Accident Fund Insurance Company of America	10166
INSURER D:	Lloyd's Syndicate 33 - Hiscox Syndicate 0033	
INSURER E:		
INSURER F:		

INSURED
OXUS America, Inc.
175 Kay Industrial Drive
Orion Township, MI 48359

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY							1,000,000
	CLAIMS-MADE X OCCUR	X		35UUNAV0AAD	5/20/2026	5/20/2027		300,000
								10,000
								1,000,000
	X							2,000,000
B	AUTOMOBILE LIABILITY							1,000,000
	ANY AUTO			35UENBL9EGH	5/20/2026	5/20/2027		
	X OWNED AUTOS ONLY	X						
	X HIRED AUTOS ONLY	X						
B	UMBRELLA LIAB X OCCUR							2,000,000
	X EXCESS LIAB CLAIMS-MADE			35RHUAV9BWX	5/20/2026	5/20/2027		
	X RETENTION $ 10,000						Aggregate	2,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N / N/A		100028495	5/14/2026	5/20/2027	E.L. EACH ACCIDENT	1,000,000
							E.L. DISEASE - EA EMPLOYEE	1,000,000
							E.L. DISEASE - POLICY LIMIT	1,000,000
A	Products Liability			35UGAAL6DSS	5/20/2026	5/20/2027	Occurrence	2,000,000
D	Product Recall			CHR2535333	11/30/2025	11/30/2026	Each Claim	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

For Informational Purposes Only

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 35BSBJN6408

Application/License No. _____

Oxus America Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 175 Key Industrial Drive, Lake Orion, MI 48359 (Address of Applicant/Principal), as PRINCIPAL, and Hartford Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is _____ (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on July 21, 2026 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 21st day of July, 2026.

APPLICANT/PRINCIPAL

Oxus America Inc.

Authorized Representative

Gary C Abusamra, CEO

SURETY COMPANY

Hartford Fire Insurance Company

Surety Company's Representative

Kathleen McCann, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

35BSBJN6408

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 21st day of July, 2026.

APPLICANT/PRINCIPAL

Oxus America Inc.

_____
Authorized Representative

SURETY COMPANY

Hartford Fire Insurance Company

_____
Surety Company's Representative

Kathleen McCann, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

Countersigned by:

_____
Nevada Resident Agent

Posted February 20, 2020

POWER OF ATTORNEY

Direct Inquiries, Bond Authenticity and Claims to:
THE HARTFORD
BOND, T-14
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: 888-266-3488 *or fax:* 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: ACRISURE GREAT LKS PTR INS SVC LLC
Agency Code: 35-350306

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint
Kathleen McCann

its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by, and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:
Bond No. 35BSBJN6408
Naming Oxus America Inc. as Principal,
and Nevada State Board of Pharmacy as Obligee,
in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Phyllis A. Clark, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } **ss.** Lake Mary

On this 30th day of March, 2026, before me personally came Joelle L. LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone
My Commission HH 644184
Expires June 20, 2029

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of July 21, 2026.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Oxus America, Inc — MDEG License # (if applicable): _____

Physical Address: 175 Kay Industrial Dr

City: Orion Twonship — State: MI — Zip: 48359

Mailing Address (if different from physical address): _____

City: _____ — State: _____ — Zip: _____

Telephone: 248-475-0925 — Website: oxusamerica.com

Licensing Company Email: sales@oxusamerica.com

Section 2: Personal Information

First: Ryan — Middle: Scott — Last: Lenarcic

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☒ M ☐ F ☐ X

Mailing Address: 175 Kay Industrial Dr

City: Orion Township — State: MI — Zip: 48359

Telephone: 248-475-0925 — Email: rlenarcic@oxusamerica.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Warren National University		04/21/2006	
Address	**City**	**State**	**Zip**
200 West 17th Street	Cheyenne	WY	82001-4412
Diploma/Degree obtained, if any			
Bachelor of Science in Quality Control			

School Name		From - To (MM/YY – MM/YY)	
Rochester High School		09/91-06/94	
Address	**City**	**State**	**Zip**
1361 Walton Blvd	Rochester Hills	MI	48309
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/19-07/26	[redacted]	Clarkston	MI	[redacted]
06/16-05/19		Oxford	MI	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Oxus America			02/15-07/26	
Business Address		**City**	**State**	**Zip**
175 Kay Industrial Dr		Orion Township	MI	48359
Phone	**Title**		**Number of Employed Hours**	
248-475-0925	Quality & Regulatory Affairs Manager		4,000	
Description of Duties				
Provide leadership to support global regulatory registrations, notification and pre-market submission requirements, including ensuring the preparation of regulatory documents with appropriate governmental regulatory agencies.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____ **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2026-07-23
Date

I, Ryan Lenarcic, **certify that as the MDEG Administrator for**

Oxus America, Inc,

that I (initial that you have read and meet the following requirements):

1. RSL Have a high school diploma or its equivalent;
2. RSL Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. RSL Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. RSL Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ryan, Lenarcic
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2026-07-23
Date

Board Use Only	Date Received: 8/3/26

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Oxus America Inc.

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 175 Kay Industrial Drive

City: Orion Township State: Mi Zip: 48359

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 248-475-0925 Website: www.oxusamerica.com

Licensing Company Email: sales@oxusamerica.com

Section 2: Personal Information

First: Wayne Middle: Douglas Last: Clason

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or IT[redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Metamora State: Mi Zip: [redacted]

Telephon[redacted] Email: wclason@oxusamerica.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✔	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Lakeville Memorial Highschool		08/96-06/99	
Address	City	State	Zip
12455 Wilson Rd.	Otisville	Mi	48463
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/17-present	[redacted]	Metamora	Mi	[redacted]
05/14-01/17		Lapeer	Mi	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Oxus America Inc.			10/21-present	
Business Address		**City**	**State**	**Zip**
175 Kay Industrial Drive		Orion Township	Mi	48359
Phone	**Title**		**Number of Employed Hours**	
248-475-0925	Operations Manager		14000	
Description of Duties				
Direct and coordinate operations to meet organizational goals including Safety, Quality, Regulatory, and Productivity metrics. Oversee scheduling and staffing production operations.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

07/22/2024
Date

I, Wayne Douglas Clason, **certify that as the designated representative for**

Oxus America Inc,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. WC I am at least 21 years of age;
3. WC I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. WC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. WC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. WC I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. WC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

WAYNE CLASON

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/22/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

WAYNE CLASON

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/22/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Michigan, ss. County of Oakland

I, WAYNE CLASON, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

07/22/2026

Date

Subscribed and Sworn to before me this 22nd day of July, 2026.

Notary Public Signature Kristhal Portugal

K. Portugal, Notary Public
County of Oakland, State of Michigan (Seal)
My Commission Expires February 25, 2030

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Y

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Oxus America, Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 175 Kay Industrial Dr

City Orion Township State MI Zip 48359

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 248-475-0925 Website www.oxusamerica.com

Licensing Company Email accounts@oxusamerica.com

Section 2: Personal Information

First Gary Middle Charles Last Abusamra

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Addr [redacted]

City Rochester Hills State MI Zip [redacted]

Telephone [redacted] Email gabusamra@oxusamerica.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Michigan State University		9/95 - 5/97	
Address	**City**	**State**	**Zip**
811 W Square Lake Rd.	Troy	MI	48098
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Purdue University		9/80 - 8/85	
Address	**City**	**State**	**Zip**
	West Lafayette	IN	
Diploma/Degree obtained, if any			
BSME			

School Name		From - To (MM/YY – MM/YY)	
Mishawaka High School		9/76 - 5/80	
Address	**City**	**State**	**Zip**
1202 Lincolnway E	Mishawaka	IN	46544
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/09 - 7/26	[redacted]	Rochester Hills	MI	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
Oxus America, Inc.		4/10 - 7/26	
Business Address	**City**	**State**	**Zip**
175 Kay Industrial Dr.	Orion Township	MI	48359
Phone	**Title**		
248-475-0925	CEO		
Description of Duties			
Leadership of company.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	30OCT25	MI	Southfield	Oakland
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
02-25-0002-9095		American Arbitration Association		
Reason/Charge				
Failure to pay				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Plaintiff			Arbitration	
Name of Business/Industry/Entity				
SSR Lighting				

Provide explanation below:

Settlement agreement in arbitration as a result of breech on contract (failure to pay) by a customer.

IBRAHIM SALAMEY
Notary Public - State of Michigan
County of Oakland
My Commission Expires Sep 14, 2030
Acting in the County of OAKLAND

Original Signature (electronic, copies or stamps not accepted)

2/5/26
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

GARY C ABUSAMRA

Print Name (First, Last)

Gary C Abusamra — 21 JL 26

Original Signature (electronic, copies or stamps not accepted) — Date

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Please have this section completed in the presence of a Notary Public.

State of MICHIGAN, ss. County of OAKLAND

I, GARY C ABUSAMRA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Gary C Abusamra — 21 JL 26

Original Signature — **Date**

Subscribed and Sworn to before me this 21st day of JULY 2026

Notary Public Signature

IBRAHIM SALAMEY
Notary Public - State of Michigan
County of Oakland
My Commission Expires Sep 14, 2030
Acting in the County of OAKLAND

(Seal)

TERM SHEET For SETTLEMENT at MEDIATION 	**American Arbitration Association** **Oxus America, Inc.** **v.** **SSR Lighting Technologies, LLC** **Case No. 02-25-0002-9095**

The above matter has been facilitated with the assistance of Jerome F. Rock, and the Parties have agreed to the following as the necessary and essential terms in full settlement of all claims presented in this matter filed with the American Arbitration Association.

Any dispute regarding the interpretation of this Term Sheet will be decided by the Mediator, acting as arbitrator, his decision, by agreement of the parties herein, will be binding on the parties, and such ruling may be entered in any court of competent jurisdiction. This agreement is specifically made subject to and incorporates the provisions of the Federal Arbitration Act.

The above matter shall be withdrawn from the AAA docket with the effect of the case being dismissed, with prejudice and without costs, interest or attorney fees to any party upon payment of the settlement amount and satisfaction of other terms stated herein. The parties intend this to be a legally binding and enforceable settlement.

The parties hereby release, acquit and forever discharge each other from any and all liability, claims, actions, debts, contracts, covenants, obligations, causes of action, suits, choses in action, joinders, damages, losses, costs, expenses, contributions, judgments, demands and rights whatsoever, in law or in equity, known or unknown, now existing or directly or indirectly accruing prior to the date of this Agreement, which relates to, in whole or in part, directly or indirectly to the claims plead by any of the released parties together with each other's officers, directors, owners, agents, insurers, employees and other affiliated persons.

None of the parties admit any liability and have agreed to enter into this agreement solely to avoid the future expense, inconvenience and distraction of burdensome and protracted arbitration or litigation and to be free of any future claims that were asserted or could have been asserted in the referenced matter.

The parties agree that they will not take any action or make any statements, verbal or written, to any third-party that disparages or defames the other with regard to the subject matter related to the claims presented in these proceedings.

Counsel may prepare a formal Settlement Agreement, but if the parties choose to redraft this document as a more formal agreement, the substantive terms of which will not vary from those stated herein without the written consent of all parties. Notwithstanding the possibility of creating

another document, this is not merely an agreement to make an agreement, but this Term Sheet for Settlement is a complete and entire contract which may be enforced as written.

This Settlement contemplates confidentiality of settlement terms and such additional terms as stated below:

1. This matter is settled for the Principal Obligation of $300,000.00 (Three Hundred Thousand and 00/100). No interest shall accrue on this Principal Obligation amount.

2. SSR Lighting Technologies, LLC (SSR) will pay Oxus America, Inc. (Oxus) the amount of $100,000.00 (One Hundred Thousand and 00/100) within 30 days of the execution of this Agreement.

3. Upon payment of the $100,000, Oxus shall provide the intellectual property (IP) identified in SSR's IP and Documentation Handover Checklist, attached hereto as Exhibit A.

4. Beginning with the Quarter ending December 31, 2025, and continuing each quarter thereafter, SSR will provide Quarterly Reports of sales of the trailer light assemblies manufactured by Oxus (the Product) during the period. SSR will forthwith pay to Oxus 80% of the net sales during that period (returns of the Product being the only deduction to gross sales). The Quarterly payments will reduce the Principal Obligation.

5. SSR agrees to provide Oxus the exclusive right to manufacture the Product for SSR starting upon the date of execution of this Agreement and continuing three (3) years after the date of SSR's second order. The parties shall engage in good faith negotiations to determine commercially reasonable pricing and terms for the Product, including, but not limited to, cash at the time of the order.

6. The balance of the Principal Obligation at the quarter ending December, 2027 will become immediately due to Oxus.

7. James Schleckser and Scott Taylor shall sign Personal Guarantees for the remainder of the Principal Obligation that exists on December 31, 2027.

8. Oxus will prepare a Consent Judgement for the balance of the Principal Obligation plus statutory interest which will be signed by the Manager of SSR, as well as the Personal Guarantors named above. Oxus will provide not less than 2 weeks notice to SSR and the Personal Guarantors prior to entry of the Consent Judgment.

9. Oxus and SSR will forthwith notify the Case Manager of the American Arbitration Association that the matter has been Settled.

Execution. This Agreement is executed by counsel and binding on behalf of their respective clients. This Agreement may be signed and dated by each party separately, and the combined signature pages consisting of all the parties shall be deemed the fully executed version of this Agreement. The date referenced as the date of execution of this Agreement will be the last date signed by a party.

Date: 10/30/25

Benjamin Low, Esq.
Counsel for Claimant Oxus America, Inc.

Date: 30 OCT 25

Gary Abusamra, President
Oxus America, Inc.

Date: 10/30/25

Evan Chall, Esq.
Counsel for Respondent
SSR Lighting Technologies, LLC

Date: 10/30/25

James Schleckser, Manager,
SSR Lighting Technologies, LLC

Date: 10/30/25

James Schleckser, Individually

Date: 10/30/25

Scott Taylor, Individually

Date: Oct 30, 2025

Jerome F. Rock, Mediator

IP and Documentation Handover Checklist

This checklist identifies the intellectual property and documentation deliverables that Oxus must provide to enable transfer of production.

Category	Item / Deliverable	Description	Provided (Y/N)	Notes / File Format
Product Design & Engineering	Bill of Materials (BOM)	Complete component list with part numbers		
	Schematics & Circuit Diagrams	Native and PDF versions (e.g., Altium, OrCAD)		
	PCB Layout & Gerber Files	All layers, drills, pick-and-place, assembly drawings		
	Mechanical Drawings / CAD Models	3D models (STEP/IGES/SolidWorks) and 2D drawings		
	Molds used for case and light units	Physical molds and prints		
	Cable and connector designs and specifications	Prints, BOM		
	Strain relief design and specifications	Prints, BOM		
	Firmware Source Code	Full source code, compiler versions, build instructions		

	Test Procedures & Fixtures	Functional and in-circuit test specs, jig designs		
	Exploded Assembly Drawings	Sub-assembly references, wiring harnesses, etc.		
Manufacturing Process Documentation	Process Flow & Work Instructions	Step-by-step build, inspection, and QA processes		
	Tooling / Fixture CAD Files	For jigs, molds, or custom tooling		
	Machine Setup Data	SMT programs, reflow profiles, or CNC parameters		
	Packaging Specifications	Box design, inserts, labels, barcodes		
	Assembly Line Layout (optional)	For efficient replication by new CM		
Software & Data Assets	Firmware Build Environment	Compiler, dependencies, and makefiles		
	Programming Tools or Scripts	Used for flashing, testing, or calibration		
	End-of-Line Test Software	Binary and source versions if owned		
	Calibration or Config Files	Any data needed for functional tuning		
IP & Legal Documentation	IP Ownership Confirmation	Assignment or 'work-for-hire' documentation		
	Third-Party Licenses	Open-source or proprietary components		
	Trademark / Branding Guidelines	Use of logos, artwork, and labels		
	Confidentiality / NDA	Confirm expiration or transfer		

	Status			
Quality & Compliance	Test Reports	Reliability, EMC, safety, environmental tests		
	Certification Records	UL, FCC, CE, RoHS, REACH, etc.		
	Quality Inspection Checklists	Incoming, in-process, and outgoing QA		
	Traceability Data	Component lot tracking, serial numbers		
Administrative & Control	Revision Control History	Version tracking for hardware, firmware, and tooling		
	Engineering Change Orders (ECOs/ECNs)	List and description of all design changes		
	Yield and Failure Reports	Data from pilot runs or production		
	Spare Parts & Consumables List	For maintenance of tooling and test equipment		
Transfer & Handover Obligations	Native Files Delivery	All editable, non-password-protected files		
	Update Requirement	CM to maintain up-to-date versions		
	Transfer Rights	License for you and future CMs to use materials that may be transferred		

Oxus America, Inc.					
Active Employee Listing					
As of 7/22/2026					
Full name	**Employee type**	**Organization (level 1)**	**Status**	**Full-time/part-time**	**Exempt/non-exempt**
Abusamra, Gary C	Employee	FIN Finance	Active	Full Time	Exempt
Ahmed, MD	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Alvarez, Seiri	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Arias, Josue	Employee	IND Indirect Labor	Active	Full Time	Non-Exempt
Arroyo-Perez, Marisol	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Arumugham, Sangeetha	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Avery, Nicholas	Employee	ENG Engineering	Active	Full Time	Non-Exempt
Baird, Brandon	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Ballentine, Ronnie	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Bartz, Troy	Employee	ENG Engineering	Active	Full Time	Exempt
Bermudez, Jessica	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Blue-Flannigan, Kina	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Brackett, Gail	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Bradsher, Jonathan	Employee	IND Indirect Labor	Active	Part Time	Non-Exempt
Bradsher, Kathryn	Employee	HRM Human Resources	Active	Part Time	Exempt
Brandon, Keosha	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Brock, Jenette	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Broner, Amaris	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Brown, Melissa	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Bullock, Jasmine	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Burgess, Heather	Employee	SAL Sales	Active	Full Time	Non-Exempt
Bush, Dilan	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Calvillo-Reyes, Yulissa	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Cartagena, Kattiana	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Castro, Jezzebelle M	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Chambers, Justin	Employee	OPS Ops Supervision	Active	Full Time	Exempt
Cherrick, Jennifer	Employee	FIN Finance	Active	Full Time	Non-Exempt
Clason, Wayne D	Employee	OPS Ops Supervision	Active	Full Time	Exempt
Congdon, Kimberly	Employee	QLT Quality	Active	Full Time	Non-Exempt
Council, Trevor	Employee	OPS Ops Supervision	Active	Full Time	Non-Exempt
Cruz McKinney, Eylissea L	Employee	DIR Direct Labor	Inactive	Full Time	Non-Exempt
Culler, Anthony	Employee	OPS Ops Supervision	Active	Full Time	Non-Exempt
Curtis, Michael B	Employee	ENG Engineering	Active	Full Time	Non-Exempt
Danaj, Sarah N	Employee	ENG Engineering	Active	Full Time	Exempt
Davidenko, Igor	Employee	ENG Engineering	Active	Full Time	Exempt
Dowell, Keon	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Easley, Ronnie	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Edwards, Jay L	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Erickson, Keith	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Ervin, Seneca	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Etson, Brian P	Employee	PUR Purchasing	Active	Full Time	Exempt
Farquharson Jr, Bernard	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Ferrell-Hutchins, Maija	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Fligger, Hope	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Fortier, Mary J	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Frank, Ashley	Employee	PUR Purchasing	Active	Full Time	Exempt
Fregoli, Paolo	Employee	ENG Engineering	Active	Part Time	Non-Exempt
Fuhst, Ryan	Employee	ENG Engineering	Active	Full Time	Non-Exempt
Fyfe, Kaitlyn	Employee	HRM Human Resources	Active	Full Time	Exempt
Gaiter, Kevin E	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Galindo, Tania-Areli	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Gallaty, Wyatt	Employee	ENG Engineering	Active	Full Time	Exempt

Oxus America, Inc.					
Active Employee Listing					
As of 7/22/2026					
Full name	**Employee type**	**Organization (level 1)**	**Status**	**Full-time/part-time**	**Exempt/non-exempt**
Garcia Alfaro, Alma	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Garcia, Gabriela	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Garcia, Juan	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Gardner, Paul	Employee	OPS Ops Supervision	Active	Full Time	Exempt
Gibson, Carlos	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Gilbert, Mamie	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Gleeson, Jon	Employee	ENG Engineering	Active	Full Time	Exempt
Goff, Ivy	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Gomez Rios, Ma De La Cruz	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Gonzalez Garcia, Lilean	Employee	OPS Ops Supervision	Active	Full Time	Non-Exempt
Gonzalez, Vilmarie	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Gould, Kathy	Employee	QLT Quality	Active	Full Time	Non-Exempt
Griffin, Teresa	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Grover, Sandra	Employee	HRM Human Resources	Active	Full Time	Exempt
Gustilo, Cesar	Employee	IND Indirect Labor	Active	Full Time	Non-Exempt
Haeck, Amie	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Hall, Mark A	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Harrabi, Marilyn	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Herron, Derrick	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Hill, Kito S	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Hull, Kimberly A	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Irvine, Jasmine	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Jackson, Keith A	Employee	IND Indirect Labor	Active	Full Time	Non-Exempt
Jenney, Kyle	Employee	ENG Engineering	Active	Full Time	Exempt
Jones, Lynn	Employee	FIN Finance	Active	Full Time	Exempt
Katz, Dawn R	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Keith, Steven E	Employee	PUR Purchasing	Active	Full Time	Exempt
Kimbrough, Don A	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Kincey, Carl	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
King, Gregory m	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Laboy Rivera, Glediarys M	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
LaPorte, Christian	Employee	FIN Finance	Active	Full Time	Exempt
Lee, Juhun	Employee	QLT Quality	Active	Full Time	Exempt
Lenarcic, Ryan	Employee	QLT Quality	Active	Full Time	Exempt
Lipscomb, Thomas	Employee	OPS Ops Supervision	Active	Full Time	Exempt
Little, Christina	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Longiotti, Kyle	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Madison, Jeremiah	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Madison, Kalah	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Mager, Alexandra	Employee	PUR Purchasing	Active	Full Time	Non-Exempt
Marquez, Tamara	Employee	HRM Human Resources	Active	Full Time	Non-Exempt
Mehundrew, Roy	Employee	QLT Quality	Active	Full Time	Exempt
Meir, Ashley	Employee	IND Indirect Labor	Active	Full Time	Non-Exempt
Mello, Alaina	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Mena, Ines	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Morgan, Kenden	Employee	IND Indirect Labor	Active	Full Time	Non-Exempt
Morgan, Stephanie L	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Nkwantabisah, Francis	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Noch, Michelle	Employee	FIN Finance	Active	Full Time	Exempt
Obie, Johnny	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Odell, Shaun	Employee	PUR Purchasing	Active	Full Time	Exempt
Olvera, Brisa g	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt

Oxus America, Inc.					
Active Employee Listing					
As of 7/22/2026					
Full name	**Employee type**	**Organization (level 1)**	**Status**	**Full-time/part-time**	**Exempt/non-exempt**
Olvera-Alvarado, Melisa J	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Osgood, Andrew	Employee	ENG Engineering	Active	Full Time	Exempt
Paquin Jr, Todd L	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Paquin, Brittani	Employee	QLT Quality	Active	Part Time	Non-Exempt
Paquin, Robert A	Employee	OPS Ops Supervision	Active	Full Time	Exempt
Patton, Monique	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Prater, Alyssa M	Employee	OPS Ops Supervision	Active	Full Time	Exempt
Prevo, Jaime	Employee	SAL Sales	Active	Full Time	Non-Exempt
Racine, David M	Employee	ENG Engineering	Active	Full Time	Exempt
Reed, Timothy	Employee	ENG Engineering	Active	Full Time	Exempt
Reid-Long, Brittany	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Rimer, Johnathan	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Rivera, Glenda J	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Rivera-Ruiz, Keishliany	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Robinson, Crystal	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Rodriguez, Elizabeth	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Rollins, Roniqua	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Rumbo, Dulce	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Sanborn, Samantha	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Sangster, Kimberly F	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Santiago, Alex	Employee	IND Indirect Labor	Active	Full Time	Non-Exempt
Saravanan, Aswaath	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Scharret, Stefan J	Employee	SAL Sales	Active	Full Time	Exempt
Shopp, Jessica	Employee	SAL Sales	Active	Full Time	Exempt
Short, Ka'Leis J	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Simpson, Harold	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Spears, Damon	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Spears, Delores A	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Stephens, Rajene	Employee	IND Indirect Labor	Active	Full Time	Non-Exempt
Taylor, Moses	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Thompson, Collin	Employee	ENG Engineering	Active	Full Time	Exempt
Thompson, Loren	Employee	ENG Engineering	Active	Full Time	Exempt
Urbaniuk, Wieslawa	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Vettraino, Michael	Employee	ENG Engineering	Active	Full Time	Exempt
Voto, Andrew	Employee	ENG Engineering	Active	Full Time	Exempt
Ward, Rhonda	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Ward, Tiffany	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Washington, Seaira	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Webber, Samuel	Employee	ENG Engineering	Active	Part Time	Non-Exempt
Wells, Jennette	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
West, Jamie	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
White, Sean	Employee	QLT Quality	Active	Full Time	Non-Exempt
Whittington, Ashley	Employee	DIR Direct Labor	Inactive	Full Time	Non-Exempt
Wiebe, Steven	Employee	OPS Ops Supervision	Active	Full Time	Exempt
Williams, Jonathan	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Williams, Leviticus	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Willingham, Soniqua	Employee	DIR Direct Labor	Active	Full Time	Non-Exempt
Wyant, Don	Employee	IND Indirect Labor	Active	Full Time	Non-Exempt
Zerwick, Joseph	Employee	ENG Engineering	Active	Full Time	Non-Exempt
153	Total				

Oxus America, Inc.
175 Kay Industrial Drive
Lake Orion, MI 48359
Tax ID: 27-2416440

Name	Relationship
Aerotek	Staffing Agency
Nesco	Staffing Agency
Qualified Staffing	Staffing Agency
Engauge	Staffing Agency
C&S Engineering	Outside Engineering Services
Seaglass	Outside Engineering Services
Kelly Services	Outside Engineering Services
Johnson Services Group	Outside Engineering Services

White Paper:

Navigating Regulations for Aftermarket Service Parts



TABLE OF CONTENTS

A. Introduction 3
B. Product Description 4
C. Background 4
D. Discussion Points For Regulatory Requirements 4
E. Conclusion 8
I. Key Takeaways 8
II. References: 8

Author: Ryan S. Lenarcic

Quality & Regulatory Affairs Manager

Oxus America

Oxusamerica.com

Revision C: July 15, 2025



A.INTRODUCTION

Oxus is an engineering, manufacturing, and service company specializing in medical devices and gas separation technology. We design and manufacture our products in Auburn Hills, Michigan. As an ISO 13485 certified and FDA registered OEM supplier, we understand the technical challenges of product realization. We have supported our customers in bringing to market an assortment of challenging products, from industrial design and engineering, through process design and manufacturing

Oxus is releasing this white paper to inform and provide rationale that will aid industry and our customers in determining whether Oxus Service Parts meet regulatory requirements. The context of this white paper addresses the United States Food and Drug Administration (FDA) 21 C.F.R. sections 800 – 898 and the Regulation European Union 2017/745 Medical Device Regulation (EU MDR). Future considerations for additional regulatory standards are welcome for discussion and will update this white paper as appropriate. This document contains Oxus' interpretation and thoughts surrounding key clauses identified in the regulations.

The decision of whether a service part is or is not applicable for sale in market should be based on consideration of all applicable discussion points and, if applicable, the consideration for software.

This white paper is not intended to propose or implement policy changes regarding service parts or the applicable statutory and regulatory requirements for entities purchasing Oxus service parts. Rather, the intent of this white paper is to facilitate interpretation and rationale to aid in the navigation of regulatory requirements.

B. PRODUCT DESCRIPTION

Oxus offers a selection of engineered high quality service parts for respiratory equipment. These products support the HME Industry in the cost-effective maintenance of their respiratory fleet. Products include Stationary Sieve replacements, Portable Oxygen Concentrator (POC) Sieve replacements, Stationary Valve Replacements, High Pressure Pump replacements, Repair Kits, and Rebuild Kits.

C. BACKGROUND

Environmental considerations for the recycling of materials drives Oxus to develop world class refurbishment processing of medical device components. These components serve a vital role in meeting and exceeding customer and statutory requirements throughout the industry. The products produced by Oxus are distributed worldwide, and while these do not meet the definition of a finished medical device, there are still questions surrounding the applicability of regulatory compliance with the FDA and EU MDR.

Oxus makes an important distinction between the category of a medical device and a service part component; which of these two categories a product falls within may determine the applicability and enforcement of regulatory requirements such as those regarding quality systems, Certificate of Conformity, premarket notification, adverse event reporting, Unique Device Identifiers, and registration and listing.

For purposes of this white paper, a **medical device** means any instrument, apparatus, appliance, software, implant, reagent, material or other article intended by the manufacturer to be used, alone or in combination, for human beings for diagnosis, prevention, monitoring, prediction, prognosis, treatment or alleviation of disease. **Service parts** are components of a device and are defined as any raw material, substance, piece, part, software, firmware, labeling, or assembly which is intended to be included as part of the finished, packaged, and labeled device. **Refurbishment** restores a medical device component to the OEM's original specifications or to be "like new." The component may be brought to specifications if the change(s) made to the component do not significantly change the finished device's performance or safety specifications or intended use/purpose. These activities include repair of components, installation of software/hardware updates that do not change the intended use of the original device, and replacement of worn parts.

D. DISCUSSION POINTS FOR REGULATORY REQUIREMENTS

The following section includes Oxus' thoughts on guiding principles and are designed to help entities determine Oxus Service part components applicability to regulatory requirements.

1. **Service part components do not meet the definition of a medical device** – The intention of MDR 2017/745, Article 23, Parts and components, paragraph (1) is to allow the replacement of defective or worn components without impact to the CE Mark. This is only achieved if the part is identical or similar to the OEM integral component and the new component does not change the performance, safety characteristics, and/or the intended purpose of the medical device.

4057

Changes to the OEM performance, safety, or intended purpose would result in a new CE Mark and cancel the existing CE Mark. This Whitepaper outlines how Oxus verifies, validates, documents, and makes available to the competent authorities, the evidence that ensures OEM CE Mark is retained when using Oxus' OEM similar replacement component.

The components supplied by Oxus do not meet the definition of a Medical Device as outlined in Regulation (EU) 2017/745, Article 2 and Section 201(h) of the Food, Drug & Cosmetic Act (FD&C Act). Oxus does agree that components supplied meet Article 23 (1) as they are specifically intended to replace an identical or similar integral component of a device that is defective or worn in order to maintain or restore the function of the device without changing its performance or safety characteristics.

2. **Evaluate whether any changes to a device require a new 510(k)** – Any changes made to a component of a medical device are considered pursuant to 21 CFR 807.81(a)(3) and the concepts in the FDA guidance documents:

- Deciding When to Submit a 510(k) for a Change to an Existing Device[1]
- Deciding When to Submit a 510(k) for a Software Change to an Existing Device[2].

3. **The burden of proof on the supplier of replacement parts that the replacement part does not impair the safety and performance of the device–** Oxus is able to provide clear and concise data to meet the burden of proof that the replacement part does not impair the safety and performance of the device.

For replacement components, Oxus adheres to, as applicable, the requirements of EU MDR 2017/745 Annex I *General Safety and Performance Requirements*, Annex II *Technical Documentation*, and Annex III *Technical Documentation on Post-Market Surveillance*.

Supporting evidence of our claim can be found in the Design History Files (DHF), Device Master Record (DMR), and other subsequent technical documentation including, but not limited to, the following items:

- Design and Development Plans
- Hazard Analysis and Risk Management Summary
- Risk Management Plan
- Design / Assembly Quality Plan
- Master Verification and Validation Plan
- Manufacturing Transition Plan
- Regulatory Plan
- Device Specifications
- Critical Component and Sourcing Strategies
- DFMEA / PFMEA
- Device Specification Protocols / Reports
- Process Validation Protocols / Reports
- Test Software Validation Protocols / Reports
- Biocompatibility Testing

Oxus 100% serializes all products with traceability to Final Test Report, Date of Manufacture, and critical component lot information.

4. **EU MDR 2017/745 Annex IV and Annex V - Declaration of Conformity, CE Certificate, Data Sheets, and User Manuals are not required for Service Parts** – An EU declaration of conformity (Annex IV), CE Certificate (Annex V), Data Sheets, and User Manuals are required when making a medical device available in the market. The components supplied by Oxus do not meet the definition of a Medical Device as outlined in Regulation (EU) 2017/745, Article 2. Rather, the components supplied by Oxus meet Article 23 (1) as they are specifically intended to replace an identical or similar integral

component of a device that is defective or worn to maintain or restore the function of the device without changing its performance or safety characteristics.

Registration of devices, Economic Operators, and UDI marking / reporting, in accordance with Annex VI, are not required for the components provided by Oxus as the products meet Article 23 (1) requirements and are not a finished medical device.

To support our EU customers, upon request, we provide a Compatibility Statement to verify this information. For reference, Oxus' statement is "Oxus America declares that products offered by Oxus America are equivalent in performance to OEM components regarding the function of the device that they are installed in. Additionally, Oxus declares that when properly installed, these products do not alter the device's function, intended purpose, or adversely affect the safety and performance of the original device. Oxus products are fully Engineered and tested in accordance with OEM products with test results available by item serial number upon request.".

5. **MDR Article 13 - General Obligations of Importer is not applicable** – With regards to MDR Regulations, specifically pertaining to General obligations of importers (Article 13), the service parts provided by Oxus are components of a medical device; thus, are regulated by Article 23 (Parts and components). Oxus complies with the need for information when items defined by Article 2, item 1 as 'medical devices' are applicable. Pertinent information is available upon request.

6. **MDR Article 17 – Single-Use devices and their reprocessing is not applicable** – It is key to confirm proper application of the definition of reprocessing for single-use as compared to reusable devices to ensure compliance with the regulation. As discussed on the Official Website for the EU[7], "...for the first time at EU level, the MDR in its Article 17 sets out specific rules on single-use devices (SUDs) and their reprocessing. The MDR defines 'Single-use devices' as devices 'intended to be used on one individual during a single procedure and 'Reprocessing' as 'a process carried out on a used device in order to allow its safe reuse including cleaning, disinfection, sterilization and related procedures, as well as testing and restoring the technical and functional safety of the used device."

When establishing the requirements for the reprocessing and further reuse of **single-use devices** (SUDs), Regulation (EU) 2017/745 (MDR) on medical devices uses explicitly the term reprocessing.

When establishing requirements for **reusable devices**, the Regulation does not explicitly use the term reprocessing and refers to 'the appropriate processes for allowing reuse, including cleaning, disinfection, packaging and, where appropriate, the validated method of re-sterilization appropriate to the Member State or Member States in which the device has been placed on the market'.

While single-use devices are intended by the manufacturer to be used only one time, reusable devices are intended by the manufacturer to be reused after appropriate procedures such as cleaning, disinfection and sterilization have been carried out. Therefore, MDR establishes different responsibilities and requirements for reprocessing single-use devices and reusable devices.

In the *Study on the implementation of Article 17 of Regulation (EU) 2017/745 on medical devices on the EU market*[6] dated February 2024, it was noted that among the 30 surveyed countries, 17 have prohibited the reprocessing of SUDs (Austria, Bulgaria, Cyprus, the Czech Republic, Estonia, Finland, France, Greece, Hungary, Italy, Latvia, Liechtenstein, Lithuania, Malta, Norway, Romania, Slovakia). In contrast, 10 countries (Belgium, Croatia, Denmark, Germany, Iceland, Ireland, the Netherlands, Poland, Spain, Sweden) allow reprocessing. The remaining three countries (Luxembourg, Portugal, Slovenia) have yet to take a decision.

This further emphasizes the importance of providing component materials with the distinction between use in SUDs versus reusable devices. The replacement components provided by Oxus, in the aftermarket service catalog, are solely for **reusable devices** and do not meet the definition of a Single-

use device, as defined by Article 2 (8), as they are not used in a single procedure. This allows organizations in the EU to provide safe, effective, environmentally conscious, and low-cost alternatives to maintain their reusable devices in the market. Oxus provides the appropriate testing, validation, evidence, and data to support safety and security of patients.

7. FDA's review of service and refurbishment. Oxus takes an active role with the evaluation and discussion on the role of the FDA with discerning remanufacturing from servicing. As discussed in the FDA Final Guidance Document Remanufacturing of Medical Devices, Guidance for Industry and Food and Drug Administration Staff [3] Medical devices encompass a vast array of products with different technologies, product lifecycles, complexity, intended users, and environments of use. Many devices are reusable and need preventive maintenance and repair during their useful life. For these devices, proper servicing is critical to their continued safe and effective use. However, there is a lack of clarity regarding the distinction between "servicing" and "remanufacturing" of a device. Most notably, remanufacturing has implications for the regulatory responsibilities of entities performing these activities.

Oxus utilizes a refurbishment model which restores a medical device component to the OEM's original specifications or to be "like new." The component may be brought to specifications if the change(s) made to the component do not significantly change the finished device's performance or safety specifications or intended use/purpose. Oxus does not remanufacture materials which would impact performance, safety, or intended use/purpose of a medical device.

Furthermore, Servicing Report: FDA Report on the Quality, Safety, and Effectiveness of Servicing of Medical Devices (May 2018) [4] discusses the intent of industry to pursue the following actions:

FDA Recommendation	Oxus Compliance
Promote the Adoption of Quality Management Principles.	Oxus meets this requirement currently as an ISO 13485 and Medical Device Single Audit Program (MDSAP) certified OEM
Clarify the Difference Between Servicing and Remanufacturing	Oxus meets this requirement by utilizing an Engineering approach with verification and validation that products do not significantly change the finished device's performance or safety specifications, or intended use/purpose
Strengthen Cybersecurity Practices Associated with Servicing of Medical Devices	Oxus follows procedures in the premarket design and development of medical devices, and during their surveillance and response to identified cybersecurity vulnerabilities and exploits of marketed products. Oxus addresses cybersecurity risks throughout the product lifecycle.
Foster Evidence Development to Assess the Quality, Safety and Effectiveness of Medical Device Servicing	Oxus promotes the creation of an environment of learning and continual improvement for medical device servicing industry that delivers quality, safe, and effective service. Oxus engages in servicing activities and collects comprehensive information on device types, number of devices serviced, frequency of service-related complaints, and frequency of service-related adverse events

E. CONCLUSION

Navigating the regulatory pathways within the FDA and EU MDR can be difficult and complex to ensure compliance. As an OEM manufacturer, we understand the importance of ensuring compliance to Regulatory Requirements specific to the areas we serve and appreciate any concerns our customers may have. Oxus has provided the requisite interpretation of the primary clauses pertaining to service parts and components, identifying the rationale for providing service parts to US and EU customers without negatively affecting regulatory and statutory requirements. As the products provided by Oxus are not medical devices, the import / export requirements are met by Oxus and their customers with the data held by Oxus.

I. Key Takeaways

- Oxus Service parts do not meet the definition of a medical device
- Oxus retains burden of proof for safety and performance
- Oxus provides customers a Compatibility Statement

II. References:

1 Deciding When to Submit a 510(k) for a Change to an Existing Device - https://www.fda.gov/regulatory-information/search-fda-guidance-documents/deciding-when-submit-510k-change-existing-device

2 Deciding When to Submit a 510(k) for a Software Change to an Existing Device - https://www.fda.gov/regulatory-information/search-fda-guidance-documents/deciding-when-submit-510k-software-change-existing-device

3 Remanufacturing of Medical Devices Final Guidance for Industry and Food and Drug Administration Staff - https://www.fda.gov/regulatory-information/search-fda-guidance-documents/remanufacturing-medical-devices

4 Servicing Report: FDA Report on the Quality, Safety, and Effectiveness of Servicing of Medical Devices (May 2018) - https://www.fda.gov/media/113431/download

5 EU MDR 2017/745 - https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32017R0745

6 European Commission: European Health and Digital Executive Agency, Areté, Gesundheit Österreich GmbH, S&P Global, Windisch, F. et al., Study on the implementation of Article 17 of Regulation (EU) 2017/745 on medical devices on the EU market – Final report, Publications Office of the European Union, 2024, https://data.europa.eu/doi/10.2925/210943

7 Official website for the European Union, Reprocessing of devices https://health.ec.europa.eu/medical-devices-topics-interest/reprocessing-devices_en

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		■ Nevada ☐ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ■ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: AZ CARE PHARMACY LLC

Physical Address: 7180 CASCADE VALLEY CT STE:280

City: LAS VEGAS State: NV Zip: 89128

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 725-710-9120 Website: _____

Name of Designated Representative (DR): KARDAM PANJABI

Licensing Company Email: azcarelv@gmail.com DR Email: azcarelv@gmail.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	■ Others: SPECIALTY DRUGS	☐ Warehouse
☐ Veterinarians		■ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

6/19/2026
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Mckesson
Address: 495 S 107TH AVE City: TOLLESON State: AZ Zip: 85353

Name: Cencora
Address: 5566 ARROW HIGHWAY City: MONTCLAIR State: CA Zip: 91763

Name: FFF
Address: 44000 WINCHESTER RD City: TEMECULA State: CA Zip: 92590

Name: CARDINAL
Address: 7000 CARDINAL PLACE City: DUBLIN State: OH Zip: 43017

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: KARDAM PANJABI
Business Name: AZ CARE PHARMACY LLC
Business Address: 7180 CASCADE VALLEY CT STE:280
City: LAS VEGAS State: NV Zip: 89128
Telephone: 7257109120 Email: AZCARELV@GMAIL.COM

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

AZ CARE PHARMACY LLC

Facility Name

KARDAM PANJABI

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

06/16/2026

Date

Board Use Only	Date Received: 6/29/26	Amount: $1000 CC

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **AZ Care pharmacy LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 05/27/2025, and in good standing in this State.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation or qualification document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 06/24/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202606246780292

You may verify this certificate online at https://www.nvsilverflume.gov/home

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

AZ Care pharmacy LLC

Nevada Business Identification # NV20253361415
Expiration Date: 05/31/2027

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/13/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202605136679854
You may verify this certificate online at https://www.nvsilverflume.gov/home

STATE OF NEVADA

FRANCISCO V. AGUILAR
Secretary of State

C. MURPHY HEBERT
Chief Deputy Secretary of State

DEANNA L. REYNOLDS
Deputy Secretary for Commercial Recordings

OFFICE OF THE
SECRETARY OF STATE

Business Entity - Filing Acknowledgement

05/13/2026

Work Order Item Number:	W2026051300905 - 5216204
Filing Number:	20265738043
Filing Type:	Annual List
Filing Date/Time:	05/13/2026 11:43:56 AM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: E49209952025-7
Entity Name: AZ Care pharmacy LLC
Entity Status: Active
Expiration Date: None

Non-Commercial Registered Agent
Kardam Panjabi
[redacted] Henderson, NV [redacted] USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Commercial Recording

401 N. Carson Street
Carson City, NV 89701

1 State of Nevada Way
Las Vegas, NV 891

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application

☑ ANNUAL ☐ AMENDED (check one)

List of Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

AZ Care pharmacy LLC
NAME OF ENTITY

NV20253361415
Entity or Nevada Business Identification Number (NVID)

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

☐ Corporation
☐ This corporation is publicly traded, the Central Index Key number is:

☐ Nonprofit Corporation (see nonprofit sections below)

☑ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership

☐ Business Trust

☐ Corporation Sole

Filed in the Office of	Business Number
FVAguilar	E49209952025-7
Secretary of State	Filing Number
State Of Nevada	20265738043
	Filed On
	05/13/2026 11:43:56 AM
	Number of Pages
	2

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.
☐ 001 - Governmental Entity
☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. $501(c)

For nonprofit entities formed under NRS Chapter 82 and 80:Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No - no additional form is required
☐ Yes - the "Charitable Solicitation Registration Statement" is required.
☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE Managing Member:

Name	Country
KARDAM PANJABI	USA

Address	City	State	Zip/Postal Code
[redacted]	--Select--	NV	[redacted]

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X KARDAM PANJABI
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Subscriber, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Title	Date
Managing Member	05/13/2026

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	06-30-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	10-14-2025

AZ CARE PHARMACY
7180 CASCADE VALLEY CT STE 280
LAS VEGAS, NV 891280481

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	06-30-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	10-14-2025

AZ CARE PHARMACY
7180 CASCADE VALLEY CT STE 280
LAS VEGAS, NV 891280481

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	06-30-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	10-14-2025

AZ CARE PHARMACY
7180 CASCADE VALLEY CT STE 280
LAS VEGAS, NV 891280481

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 06/04/2025
Amount: $ 525.00
License #: PH04733

AZ Care Pharmacy
7180 Cascade Valley Court Suite 280
Las Vegas NV 89128

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacy
Effective Date:08/27/2025
Expires:10/31/2026

AZ Care Pharmacy
7180 Cascade Valley Court Suite 280
Las Vegas NV 89128

License #
PH04733
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA

STATE BOARD OF PHARMACY

Pharmacy

Expires: 10/31/2026
STATUS: Active

License Type: Pharmacy
License #: PH04733
Effective Date: 08/27/2025
DEA #:
Managing Pharmacist : Hao Pham

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

AZ Care Pharmacy
7180 Cascade Valley Court Suite 280
Las Vegas NV 89128

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 101915651

Application/License No. _____

AZ Care Pharmacy LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 7180 Cascade Valley Ct Ste 280 Las Vegas, NV 89128 (Address of Applicant/Principal), as PRINCIPAL, and Merchants National Bonding, Inc. (Surety Company), a corporation organized under the laws of the state of Iowa (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 6700 Westown Parkway, West Des Moines, IA 50266 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 18, 2026 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 18th day of June, 20 26.

APPLICANT/PRINCIPAL

COMPANY

AZ Care Pharmacy LLC

Authorized Representative

SURETY

Merchants National Bonding, Inc.

Surety Company's Representative

Dee Ann Spilsbury, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Amaya Alice Jones

Witness Narine Benikyan-Abdoian

Countersigned by:

Nevada Resident Agent Dee Ann Spilsbury

LP 2079 NV (5/21)

Posted February 20, 2020

MERCHANTS
BONDING COMPANY™

POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa, and MERCHANTS NATIONAL INDEMNITY COMPANY , an assumed name of Merchants National Bonding, Inc., (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Dee Ann Spilsbury

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the By-Laws adopted by the Board of Directors of the Companies.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner - Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 18th day of June , 2026 .

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933
MERCHANTS NATIONAL BONDING, INC. INCORPORATED -o- 2003
MERCHANTS NATIONAL INDEMNITY COMPANY CALIFORNIA

MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.
MERCHANTS NATIONAL INDEMNITY COMPANY

By Larry Taylor
President

STATE OF IOWA
COUNTY OF DALLAS ss.
On this 18th day of June 2026 , before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL), MERCHANTS NATIONAL BONDING, INC., and MERCHANTS NATIONAL INDEMNITY COMPANY; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.

NOTARIAL SEAL IOWA
Penni Miller
Commission Number 787952
My Commission Expires
January 20, 2027

Notary Public

(Expiration of notary's commission does not invalidate this instrument)

I, Elisabeth Sandersfeld, Secretary of MERCHANTS BONDING COMPANY (MUTUAL), MERCHANTS NATIONAL BONDING, INC., and MERCHANTS NATIONAL INDEMNITY COMPANY do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 18th day of June , 2026 .

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933
MERCHANTS NATIONAL BONDING, INC. INCORPORATED -o- 2003
MERCHANTS NATIONAL INDEMNITY COMPANY CALIFORNIA

Secretary

POA 0018 (5/25)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler AZ CARE PHARMACY LLC

Pharmacy/Wholesaler License # (if applicable) PH04733

Physical Address 7180 CASCADE VALLEY CT STE:280

City LAS VEGAS State NV Zip 89128

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 7257109120 Website _____

Licensing Company Email _____

Section 2: Personal Information

First KARDAM Middle _____ Last PANJABI

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City HENDERSON State NV Z[redacted]

Telephone [redacted] Email AZCARELV@GMAIL.COM

Are you a citizen of the United States? ☐ Yes ☑ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF FINLAY		01/09 - 12/10	
Address	**City**	**State**	**Zip**
1000 N Main St	FINLAY	OH	45840
Diploma/Degree obtained, if any			
MBA IN HEALTHCARE MANAGEMENT			

School Name		From - To (MM/YY – MM/YY)	
N.V PASS		06/06 - 06/08	
Address	**City**	**State**	**Zip**
Near Mota Bazar	Vallabh Vidhyanagar	GJ	388120
Diploma/Degree obtained, if any			
BACHELOR OF SCIENCE IN BIOTECH			

School Name		From - To (MM/YY – MM/YY)	
ANGEL		06/04 - 05/06	
Address	**City**	**State**	**Zip**
Jitodiya Rd, near Chavdapura, Aagman Society	ANAND	GJ	388001
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/18 - CURRENT	[redacted]	HENDERSON	NV	[redacted]
01/16 - 04/18		LAS VEGAS	NV	
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
GREENBAY SPECIALTY PHARMACY			03/22 - CURRENT	
Business Address		**City**	**State**	**Zip**
3480 S EASTERN AVE STE:100		LAS VEGAS	NV	89169
Phone	**Title**		**Number of Employed Hours**	
725-254-3210	PHARMACHUTICAL OPERATIONAL ANALYST		8720	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

6/19/2028
Date

I, KARDAM PANJABI, **certify that as the designated representative for**

AZ CARE PHARMACY LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. KP I am at least 21 years of age;
3. KP I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. KP I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. KP I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. KP I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. KP I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

KARDAM PANJABI
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/16/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

KARDAM PANJABI

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/19/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Kardam Panjabi, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/19/2026

Date

Subscribed and Sworn to before me this 19th day of June 2026.

Anaily Guerra

Notary Public Signature

Notary Public - State of Nevada
COUNTY OF CLARK
ANAILY GUERRA
My Appointment Expires
April 18, 2028
No. 24-4081-01

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site AZ CARE PHARMACY LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) PH04733

Physical Address 7180 CASCADE VALLEY CT STE:280

City LAS VEGAS State NV Zip 89128

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 7257109120 Website _____

Licensing Company Email _____

Section 2: Personal Information

First KARDAM Middle _____ Last PANJABI

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City HENDERSON State NV Zip [redacted]

Telephone [redacted] Email AZCARELV@GMAIL.COM

Are you a citizen of the United States? ☐ Yes ☑ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF FINLAY		01/09 - 12/10	
Address	**City**	**State**	**Zip**
1000 N MAIN ST	FINLAY	OH	45840
Diploma/Degree obtained, if any			
MBA IN HEALTHCARE MANAGEMENT			

School Name		From - To (MM/YY – MM/YY)	
N.V PASS		06/06 - 06/08	
Address	**City**	**State**	**Zip**
NEAR MOTA BAZAR	VALLABH VIDHYANAGAR	GJ	388120
Diploma/Degree obtained, if any			
BACHELOR OF SCIENCE BIOTECH			

School Name		From - To (MM/YY – MM/YY)	
ANGEL		06/04 - 05/06	
Address	**City**	**State**	**Zip**
JITODIYA RD, NEAR CHAVDAPURA, AAGMAN SOCIETY	ANAND	GJ	388001
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/18 - CURRENT	[redacted]	HENDERSON	NV	[redacted]
01/16 - 04/18		LAS VEGAS	NV	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
ASP CARE PHARMACY			06/16 - 02/22
Business Address	**City**	**State**	**Zip**
501 S Rancho Dr G46	LAS VEGAS	NV	89106
Phone	**Title**		
702-912-4844	PHARMACHUTICAL OPERATION ANALYST		
Description of Duties			
Monthly meeting with Company's managerial personnel in order to develop and identify risk in business, Strategies development for negotiation of contract with vendors in area, Prepare monthly and quarterly sales and inventory report			

Business Name			From - To (MM/YY – MM/YY)
GREENBAY SPECIALTY PHARMACY			03/22 - CURRENT
Business Address	**City**	**State**	**Zip**
3483 S EASTERN AVE STE:100	LAS VEGAS	NV	89169
Phone	**Title**		
725-254-3210	PHARMACHUTICAL OPERATION ANALYST		
Description of Duties			
Prepare quarterly budget for Pharmacy , Prepare yearly as well as quarterly financial analysis for pharmacy, Implementation of new technology in order to keep track of inventory, Implementation of specialty product lines in pharmacy			

Business Name			From - To (MM/YY – MM/YY)
Jay Maharaj LLC			02/22 - CURRENT
Business Address	**City**	**State**	**Zip**
2711 ALISO CREEK ST	HENDERSON	NV	89044
Phone	**Title**		
419-408-8840	BUSINESS PARTNER		
Description of Duties			
MANAGING CAFE SUPPLIES, SCHEDULING EMPLOYEE SHIFTS			

Business Name			From - To (MM/YY – MM/YY)
FX SUMMERLIN LLC			03/23 - CURRENT
Business Address	**City**	**State**	**Zip**
2711 ALISO CREEK ST	HENDERSON	NV	89044
Phone	**Title**		
419-408-8840	BUSINESS PARTNER		
Description of Duties			
MANAGING CAFE SUPPLIES, SCHEDULING EMPLOYEE SHIFTS			

Business Name			From - To (MM/YY – MM/YY)
PANJABI 13 PROPERTY LLC			04/25 - CURRENT
Business Address	**City**	**State**	**Zip**
2711 ALISO CREEK ST	HENDERSON	NV	89044
Phone	**Title**		
418-408-8840	OWNER		
Description of Duties			
MAINTAINING PROPERTY, TAKING CARE OF MAINTENANCE WORK, COLLECTING RENT			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
AZ CARE PHARMACY LLC			06/25 - CURRENT
Business Address	**City**	**State**	**Zip**
2711 ALISO CREEK ST	LAS VEGAS	NV	89044
Phone	**Title**		
725-710-	OWNER		
Description of Duties			
TAKING CARE OF CONTRACTING WITH VENDOR, HANDELING INVOICE PAYMENTS, RUNNING MARKETING CAMPAIGN			

Business Name			From - To (MM/YY – MM/YY)
PANJABI 13 FURNITURE LLC			02/26 - CURRENT
Business Address	**City**	**State**	**Zip**
2711 ALISO CREEK ST	HENDERSON	NV	89044
Phone	**Title**		
418-408-8840	BUSINESS PARTNER		
Description of Duties			
TAKING CARE OF MARKETING CAMPAIGN, MAINTAINING CONTRACTS WITH SELLERS, PREPARE MONTHLY FINANCIAL REPORTS			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

6/19/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

KARDAM PANJABI

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/19/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of clark

I, Kardam Panjabi, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/19/2026

Date

Subscribed and Sworn to before me this 19th day of June 2026.

Anaily Guerra

Notary Public Signature

Notary Public - State of Nevada
COUNTY OF CLARK
ANAILY GUERRA
My Appointment Expires
April 18, 2028
No. 24-4081-01

(Seal)

AZ Care Pharmacy Employees

Hao Pham – PIC

Myah Sanchez – Pharmacy Tech

Joanna Cazarez – Pharmacy Tech

13B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		■ Nevada ☐ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ■ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Vitality Medical Supplies LLC

Physical Address: 6765 W. Charleston BLVD Ste 150

City: Las Vegas State: NV Zip: 89146

Mailing Address (if different from physical address): 988 S 990 W

City: Hurricane State: UT Zip: 84737

Telephone: (702) 518-5774 Website: _____

Name of Designated Representative (DR): Ryan Yardley

Licensing Company Email: credentialing@msebilling.com DR Email: _____

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	■ Others:	■ Warehouse
☐ Veterinarians		■ Retail pharmacy wholesale distributor
■ Others: Liens & Workers Comp		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Aspen Medical Products
Address: 6481 Oak Canyon City: Irvine State: CA Zip: 92618
Name: BioSkin Orthopedic
Address: 240 E. Hersey St. Suite 2 City: Ashland State: OR Zip: 97520
Name: Breg Inc
Address: 2382 Faraday Avenue Ste 300 City: Carlsbad State: CA Zip: 92008
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: Ryan Yardley
Business Name: Vitality Medical Supplies LLC
Business Address: 6765 W. Charleston Blvd Ste 150
City: Las Vegas State: NV Zip: 89146
Telephone: (702)518-5774 Email: credentialing@msebilling.com

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Vitality Medical Supplies LLC

Facility Name

Ryan Yardley

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

7.23.26

Date

Board Use Only	Date Received: _____	Amount: _____

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational or qualification, as applicable, documents on file in this office for

Vitality Medical Supplies, LLC

Organizational Documents on File	Filing Date
Articles of Organization	04/10/2026

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence Vitality Medical Supplies, LLC, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, and by virtue of the laws of the State of Nevada since 04/10/2026, and is in good standing in this state.

SECRETARY OF STATE

STATE OF NEVADA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/30/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202604306654866
You may verify this certificate online at
https://www.nvsilverflume.gov/home

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Vitality Medical Supplies, LLC

Nevada Business Identification # NV20263560128
Expiration Date: 04/30/2027

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/10/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202604106614423
You may verify this certificate online at https://www.nvsilverflume.gov/home

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/30/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Valley Insurance Brokers
525 W State Street, Suite 5
Hurricane, UT 84737

CONTACT NAME: Micah Gubler
PHONE (A/C, No, Ext): (435)635-9811 FAX (A/C, No): (435)635-9120
E-MAIL ADDRESS: Micah@Valleyinsbrokers.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Landmark American Insurance Company	33138
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Vitality Medical Supplies LLC
6765 W Charleston Blvd
Las Vegas, NV 89146

COVERAGES CERTIFICATE NUMBER: 00024800-251202092212 REVISION NUMBER: 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. *LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. *Not Applicable in WY

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			LHC866889	05/07/2026	05/07/2027	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N / A						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Micah Gubler

(MIC)

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 101852314

Application/License No. _____

Vitality Medical Supplies LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 6765 W Charleston Blvd Las Vegas, NV 89146 (Address of Applicant/Principal), as PRINCIPAL, and Merchants National Bonding, Inc. (Surety Company), a corporation organized under the laws of the state of Iowa (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 6700 Westown Parkway, West Des Moines, IA 50266 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on April 21, 2026 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 21st day of April, 2026.

APPLICANT/PRINCIPAL

COMPANY

Vitality Medical Supplies LLC

Authorized Representative

SURETY

Merchants National Bonding, Inc.

Surety Company's Representative

Christopher D Morrow, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Jeremy Opp

Witness Jacob Broadbent

Countersigned by:

Nevada Non-Resident Agent Taylor Wilstead

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Vitality Medical Supplies LLC MDEG License # (if applicable) _____

Physical Address 6765 W. Charleston BLVD Ste 150

City Las Vegas State NV Zip 89146

Mailing Address (if different from physical address) 988 S 990 W

City Hurricane State UT Zip 84737

Telephone (702) 518-5774 Website _____

Licensing Company Email credentialing@msebilling.com

Section 2: Personal Information

First Ryan Middle _____ Last Yardley

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Addr [redacted]

City Hurricane State UT Zip [redacted]

Telephone (702) 518-5774 Ema [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Denver Technical College		08/1996-04/2000	
Address	City	State	Zip
925 S. Niagra St	Denver	CO	80224
Diploma/Degree obtained, if any			
Physical Therapist Assistant			

School Name		From - To (MM/YY – MM/YY)	
Southern Utah University		08/1994-08/1996	
Address	City	State	Zip
351 W. University Blvd	Cedar City	UT	84720
Diploma/Degree obtained, if any			
BS			

School Name		From - To (MM/YY – MM/YY)	
Weber State University		09/1988-05/1994	
Address	City	State	Zip
3848 Harrison Blvd	Ogden	UT	84713
Diploma/Degree obtained, if any			
AA			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY	Address	City	State	Zip
07/2020-Present	[redacted]	Hurricane	UT	[redacted]
07/2008-07/2020	[redacted]	Hurricane	UT	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
OrthoSport Medical Services Corp.			03/2013- Present
Business Address	**City**	**State**	**Zip**
988 S. 990 W	Hurricane	UT	84737
Phone	**Title**	**Number of Employed Hours**	
435-922-1295	Owner	26,000	
Description of Duties			
Orthopedic sales rep. & distributor for Breg, Aspen, Bioskin Orthopedic products.			

Business Name			From - To (MM/YY – MM/YY)
Mountain Ridge Holdings Inc			11/2019-08/2025
Business Address	**City**	**State**	**Zip**
67 Shadow Breeze Rd	Kaysville	UT	84737
Phone	**Title**	**Number of Employed Hours**	
435-922-1295	Co-Owner	14,000	
Description of Duties			
Started company to purchase and run a Franchise Handel's Homemade Ice Cream stores.			

Business Name			From - To (MM/YY – MM/YY)
Yardley Management Inc			04/2025-Present
Business Address	**City**	**State**	**Zip**
988 S. 990 W	Hurricane	UT	84737
Phone	**Title**	**Number of Employed Hours**	
435-922-1295	Owner	2000	
Description of Duties			
Owns Mt. Ridge St. George- Handel's Homemade Ice Cream franchise in St. George UT			

Business Name			From - To (MM/YY – MM/YY)
Peak Orthopedic Solutions			01/2026-Present
Business Address	**City**	**State**	**Zip**
988 S. 990 W	Hurricane	UT	84737
Phone	**Title**	**Number of Employed Hours**	
435-922-1295	Owner	480	
Description of Duties			
Aspen medical Products distributor for Utah & Nevada - DME equipment			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I, Ryan Yardley, **certify that as the MDEG Administrator for**

Vitality Medical Supplies LLC,

that I (initial that you have read and meet the following requirements):

1. RY Have a high school diploma or its equivalent;
2. RY Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. RY Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. RY Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ryan Yardley
Print Name (First, Last)

Ryan Yardley
Original Signature (electronic, copies or stamps not accepted)

7.23.26
Date

Board Use Only	Date Received:

Outlook

Administrator residence

From [redacted]
Date Thu 8/6/2026 4:01 PM
To MSE Credentialing <credentialing@msebilling.com>

To whom it may concern

As the administrator in the Nevada location for Vitality Medical Supplies, I understand that I need to be in the area for working hours Monday through Friday from 9 to 5.
I have a lease agreement and have rented a location at
[redacted]

I will be staying there during the week and going home on weekends.
This will be a temporary residence while I continue to look for a qualified administrator that lives in Las Vegas. I hope to find a qualified individual in the next 90 days. Please let me know if you have any questions or Feel free to give me a call.

Thank you.

Ryan Yardley



OrthoSport Medical Services
[redacted]

COMMERCIAL LEASE AGREEMENT

State of Nevada — Gross Lease

This Commercial Lease Agreement ("Agreement") is made and entered into this **16th day of July, 2026**, by and between:

Landlord: Dr. Brandon Snead, on behalf of Nevada Sports and Spine

Landlord Email: bsnead@NevadaSportsandSpine.com

Tenant: Ryan Yardley

1. PREMISES

Landlord leases to Tenant, and Tenant leases from Landlord, a portion of the office space located at:

6765 W. Charleston Blvd, Unit 150, Las Vegas, NV 89146

(the "Premises"), consisting of approximately **900 square feet** of office space within the above suite, to be used for the Permitted Use described in Section 3 below.

2. TERM

The term of this Agreement shall begin on **July 16, 2026** and shall continue for a fixed period of twelve (12) months, ending on **July 15, 2027** ("Term"), unless earlier terminated or renewed in writing by both parties.

3.PERMITTED USE

Tenant shall use the Premises solely for **general office use** and for no other purpose without Landlord's prior written consent. Tenant shall comply with all applicable federal, state, and local laws, ordinances, and regulations, including any Clark County business licensing and zoning requirements applicable to the Premises and Tenant's use thereof.

4. RENT

Tenant agrees to pay Landlord a fixed monthly rent of **$2,000.00**, due on the 1st day of each month during the Term, payable to Landlord at an address or method designated by Landlord. This is a Gross Lease: the monthly rent is inclusive of real property taxes, building insurance, and common area maintenance (CAM) charges attributable to the Premises, except as otherwise expressly stated in this Agreement.

A late fee may apply if rent is not received within any grace period specified by Landlord in writing. Late fees shall be reasonable and shall not constitute a penalty under Nevada law.

5.UTILITIES AND SERVICES

Except as otherwise provided in this Gross Lease, Landlord shall be responsible for standard building utilities and services (including electricity, water, sewer, and common area services) attributable to the Premises. Tenant shall be responsible for any utilities or services separately metered to or exclusively used by Tenant, including telephone, internet, and any specialized equipment power needs, unless otherwise agreed in writing.

6. MAINTENANCE AND REPAIRS

Landlord shall maintain the structural elements, common areas, and building systems serving the Premises in good repair. Tenant shall maintain the interior of the Premises in a clean and sanitary condition, and shall be responsible for repair of any damage caused by Tenant's negligence, misuse, or that of its employees, agents, patients, or invitees. Tenant shall not make structural alterations to the Premises without Landlord's prior written consent.

7. INSURANCE AND INDEMNIFICATION

Tenant shall maintain, at itsown expense, commercial general liability insurance covering its use of the Premises, and, if applicable, professional liability insurance appropriate to Tenant's business, with Landlord named as an additional insured where applicable. Tenant shall indemnify and hold Landlord harmless from claims, damages, or liabilities arising fromTenant's useofthe Premises, except to the extent caused by Landlord's negligence or willful misconduct.

8. SIGNAGE

Tenantshallnot install exterior or common-area signage without Landlord's prior written consent and compliance with anyapplicable landlord, property, orClarkCountysignage regulations.

9. ASSIGNMENT AND SUBLETTING

TenantshallnotassignthisAgreementorsubletall orany part of the Premises without the prior written consent of Landlord,which consentshallnotbe unreasonably withheld.

10. RIGHT OF ENTRY

Landlord, orLandlord'sagents, may enter the Premises at reasonable times, with reasonable advance notice to Tenant (except in cases of emergency), to inspect the Premises, perform necessary repairs, or show the space to prospective tenants or purchasers.

11. DEFAULT AND REMEDIES

If Tenant fails to pay rentwhen due, or otherwise defaults under a material term of this Agreement, and such default is not cured within the applicable notice period required under Nevada law, Landlord may pursue all remedies available underNevada law, includingtermination of this Agreement and recovery of unpaid rent and damages.

12. QUIET ENJOYMENT

Solong asTenantis not in defaultunder this Agreement, Tenant shall be entitled to quiet enjoyment of the Premises without interference from Landlord, subject to Landlord's rights of entry and the terms of this Agreement.

13. HOLDOVER

IfTenant remains inpossession of the Premises after expiration of the Term without Landlord's written consent, such holdover shall be treated as a month-to-month tenancy at a rent to be reasonably determined by Landlord, subject to all othertermsof this Agreement, until eitherparty terminates the holdovertenancy uponnotice as provided by Nevada law.

14. AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE

Landlordand Tenant shalleach be responsible forADAcompliancewithin theirrespective scopesof control as required by applicable law, with Tenant responsible for ADA compliance related to Tenant's specific business operations and any tenantimprovements installed by Tenant.

15. GOVERNING LAW

ThisAgreementshallbegovernedbyand construed in accordance with the laws of the State of Nevada.

16. ENTIRE AGREEMENT

ThisAgreement constitutesthe entireunderstanding between the parties and supersedes all prior negotiations, representations, or agreements, whether written or oral. Any modification must be made in writing and signed by both parties.

SIGNATURES

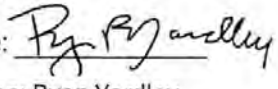
LANDLORD

Signature: 

Print Name: Dr. Brandon Snead, Nevada Sports and Spine

Date: 07/16/2026, 09:08:49 PM CDT

TENANT

Signature: 

Print Name: Ryan Yardley

Date: 07/16/2026, 08:11:03 PM MDT

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Vitality Medical Supplies LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 6765 W. Charleston BLVD Ste 150

City: Las Vegas State: NV Zip: 89146

Mailing Address (if different from physical address): 988 S 990 W

City: Hurricane State: UT Zip: 84737

Telephone: (702) 518-5774 Website:

Licensing Company Email: credentialing@msebilling.com

Section 2: Personal Information

First: Ryan Middle: Last: Yardley

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Addr[redacted]

City: Hurricane State: UT Zip: [redacted]

Telephone: (702) 518-5774 Ema[redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Denver Technical College		08/1996-04/2000	
Address	**City**	**State**	**Zip**
925 S. Niagra St	Denver	CO	80224
Diploma/Degree obtained, if any			
Physical Therapist Assistant			

School Name		From - To (MM/YY – MM/YY)	
Southern Utah University		08/1994-08/1996	
Address	**City**	**State**	**Zip**
351 W. University Blvd	Cedar City	UT	84720
Diploma/Degree obtained, if any			
BS			

School Name		From - To (MM/YY – MM/YY)	
Weber State University		09/1988-05/1994	
Address	**City**	**State**	**Zip**
3848 Harrison Blvd	Ogden	UT	84713
Diploma/Degree obtained, if any			
AA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2020-Present	[redacted]	Hurricane	UT	[redacted]
07/2008-07/2020	[redacted]	Hurricane	UT	

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
OrthoSport Medical Services Corp.			03/2013- Present	
Business Address		**City**	**State**	**Zip**
988 S. 990 W		Hurricane	UT	84737
Phone	**Title**		**Number of Employed Hours**	
435-922-1295	Owner		26,000	
Description of Duties				
Orthopedic sales rep. & distributor for Breg, Aspen, Bioskin Orthopedic products.				

Business Name			From - To (MM/YY – MM/YY)	
Mountain Ridge Holdings Inc			11/2019-08/2025	
Business Address		**City**	**State**	**Zip**
67 Shadow Breeze Rd		Kaysville	UT	84737
Phone	**Title**		**Number of Employed Hours**	
435-922-1295	Co-Owner		14,000	
Description of Duties				
Started company to purchase and run a Franchise Handel's Homemade Ice Cream stores.				

Business Name			From - To (MM/YY – MM/YY)	
Yardley Management Inc			04/2025-Present	
Business Address		**City**	**State**	**Zip**
988 S. 990 W		Hurricane	UT	84737
Phone	**Title**		**Number of Employed Hours**	
435-922-1295	Owner		2000	
Description of Duties				
Owns Mt. Ridge St. George- Handel's Homemade Ice Cream franchise in St. George UT				

Business Name			From - To (MM/YY – MM/YY)	
Peak Orthopedic Solutions			01/2026-Present	
Business Address		**City**	**State**	**Zip**
988 S. 990 W		Hurricane	UT	84737
Phone	**Title**		**Number of Employed Hours**	
435-922-1295	Owner		480	
Description of Duties				
Aspen medical Products distributor for Utah & Nevada - DME equipmentAspen medical Products distributor for Utah & Nevada - DME equipment				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Ryan Yardley, **certify that as the designated representative for**

Vitality Medical Supplies LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. RY I am at least 21 years of age;
3. RY I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. RY I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RY I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RY I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. RY I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Ryan Yardley

Print Name (First, Last)

Ryan Yardley

Original Signature (electronic, copies or stamps not accepted)

7.23.26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ryan Yardley

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) — Date: 7.27.26

Please have this section completed in the presence of a Notary Public.

State of Utah, ss. County of Washington

I, RYAN YARDLEY, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature — **Date:** 7.27.26

Subscribed and Sworn to before me this 27 day of July.

Notary Public Signature

KEISHA WILLIAMS
Notary Public - State of Utah
Comm. No. 748040
My Commission Expires on
Mar 23, 2030

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Vitality Medical Supplies LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 6756 W Charleston BLVD STE 150

City Las Vegas State NV Zip 89146

Mailing Address (if different from physical address) 988 S 990 W

City Hurricane State UT Zip 84737

Telephone (702) 518-5774 Website _____

Licensing Company Email credentialing@msebilling.com

Section 2: Personal Information

First Ryan Middle _____ Last Yardley

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITI [redacted] Sex ☒ M ☐ F ☐ X

Mailing Addr [redacted]

City Hurricane State UT Zip [redacted]

Telephone (702) 518-5774 Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Denver Technical College		08/1996-04/2000	
Address	**City**	**State**	**Zip**
925 S. Niagra St	Denver	CO	80224
Diploma/Degree obtained, if any			
Physical Therapist Assistant			

School Name		From - To (MM/YY – MM/YY)	
Southern Utah University		08/1994-08/1996	
Address	**City**	**State**	**Zip**
351 W. University Blvd	Cedar City	UT	84720
Diploma/Degree obtained, if any			
BS			

School Name		From - To (MM/YY – MM/YY)	
Weber State University		09/1988-05/1994	
Address	**City**	**State**	**Zip**
3848 Harrison Blvd	Ogden	UT	84403
Diploma/Degree obtained, if any			
AA			

School Name		From - To (MM/YY – MM/YY)	
Beaver High School		08/1985-05/1988	
Address	**City**	**State**	**Zip**
195 E. Center St.	Beaver	UT	84713
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2020-Present	[redacted]	Hurricane	UT	[redacted]
07/2008-07/2020		Hurricane	UT	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
OrthoSport Medical Services Corp.			03/2013- Present
Business Address	**City**	**State**	**Zip**
988 S. 990 W	Hurricane	UT	84737
Phone	**Title**		
435-922-1295	Owner		

Description of Duties

Orthopedic sales rep. & distributor for Breg, Aspen, Bioskin Orthopedic products.

Business Name			From - To (MM/YY – MM/YY)
Mountain Ridge Holdings Inc			11/2019-08/2025
Business Address	**City**	**State**	**Zip**
67 Shadow Breeze Rd	Kaysville	UT	84037
Phone	**Title**		
435-922-1295	Co-Owner		

Description of Duties

Started company to purchase and run a Franchise Handel's Homemade Ice Cream stores.

Business Name			From - To (MM/YY – MM/YY)
Yardley Management Inc			04/2025-Present
Business Address	**City**	**State**	**Zip**
988 S. 990 W	Hurricane	UT	84737
Phone	**Title**		
435-922-1295	Owner		

Description of Duties

Owns Mt. Ridge St. George- Handel's Homemade Ice Cream franchise in St. George UT

Business Name			From - To (MM/YY – MM/YY)
Peak Orthopedic Solutions			01/2026-Present
Business Address	**City**	**State**	**Zip**
988 S. 990 W	Hurricane	UT	84737
Phone	**Title**		
435-922-1295	Owner		

Description of Duties

Aspen medical Products distributor for Utah & Nevada - DME equipment

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (If necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

RJ Wally

Original Signature (electronic, copies or stamps not accepted)

8-04-26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ryan Yardley

Print Name (First, Last)

Ryan Yardley

Original Signature (electronic, copies or stamps not accepted)

8-04-26

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, RYAN YARDLEY, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Ryan Yardley

Original Signature

8-04-26

Date

Subscribed and Sworn to before me this 4 day of August.

Notary Public Signature

DIAMOND KENNEDY
Notary Public, State of Nevada
Appointment No. 25-9781-01
My Appt. Expires Aug 10, 2029

(Seal)

Nevada Employee List

Brandon Snead M.D

Ryan Yardley

Isabella Ruggieri

Kiel Dy

FUTURE PARTICIPATION AGREEMENT

This Future Participation Agreement (this "Agreement") is made and entered into as of 08/04/2026 (the "Effective Date"), by and among:

Ryan Yardley, an individual ("Yardley");

Dr. Brandon Snead, an individual ("Dr. Snead"); and

Vitality Medical Supplies, LLC, a Nevada limited liability company (the "Company").

Yardley, Dr. Snead, and the Company are each referred to in this Agreement as a "Party" and collectively as the "Parties."

BACKGROUND

A. The Company was organized as a Nevada limited liability company on April 10, 2026, and its members adopted the Company's Operating Agreement effective as of August 4, 2026 (as it may be amended from time to time, the "Operating Agreement").

B. The Company was formed to operate as a supplier of durable medical equipment ("DME") and related devices, and has been in the process of applying for and expects to be imminently approved for a license for that purpose by the Nevada State Board of Pharmacy.

C. The members of the Company are OrthoSport Medical Services Corp., holding a ninety-nine percent (99%) membership interest, and Yardley, holding a one percent (1%) membership interest. Ryan Yardley is also designated as the Manager of the Company. Although the Parties had originally contemplated a structure in which Dr. Snead would be a member of the Company, it was determined that Dr. Snead could not become a member at the time of the Company's organization for regulatory reasons, and it is confirmed that Dr. Snead holds no membership interest in, and has no ownership or operational role in, the Company as of the Effective Date.

D. The Company's licensure and operation require that a qualified administrator be responsible for the Company's compliance with applicable requirements of the Nevada State Board of Pharmacy. Yardley serves as the primary administrator of the Company's Nevada operation, and his service in that role is a necessary condition to the Company's licensure and continued authority to operate.

E. Dr. Snead is the owner of the building at 6765 W Charleston Blvd., Suite 150, Las Vegas, Nevada, 89146, at which the Company conducts its operations (the "Premises"), and Dr. Snead leases space to the Company at the Premises under a separate written commercial lease agreement (the "Lease"). Except in his capacity as landlord under the Lease, Dr. Snead is not involved in, and is to remain unentangled from, the business and operations of the Company as of the Effective Date. The Company has leased that space at least partly to address the special additional need for a DME supplier in that part of the community.

F. The Parties desire to set forth their respective commitments regarding the operation of the Company, the covenants of Dr. Snead during the period prior to any future participation, and the conditions and process by which Dr. Snead may, in the future, become a member of and administrator for the Company, all on the terms and subject to the conditions set forth in this Agreement.

NOW, THEREFORE, in consideration of the mutual covenants and agreements set forth in this Agreement, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

AGREEMENT

1. **Operational Covenants.**

a. **Yardley's Operational Commitments**. Yardley shall serve as the primary administrator of the Company's Nevada operation and shall be responsible for the Company's compliance with the applicable requirements of the Nevada State Board of Pharmacy necessary to maintain the Company's license in good standing. Yardley shall hire, train, and maintain at least one qualified individual to serve as a backup administrator so that the Company can be operated on a continuous and ongoing basis and can continue to satisfy its licensure and administrator requirements. Yardley shall use commercially reasonable efforts to operate the Company and work toward achieving the performance target described in Section 2.

b. **Dr. Snead's Limited Role**. Except in his capacity as landlord under the Lease, Dr. Snead shall have no ownership, management, or operational role in the Company unless and until the participation process described in this Agreement is completed. Dr. Snead shall remain hands-off and unentangled from the business and operations of the Company, and shall not hold himself out as an owner, member, manager, administrator, agent, or representative of the Company.

c. **Dr. Snead's Compliance Covenants**. During the term of this Agreement and prior to the completion of the participation process described in Sections 4 and 5, Dr. Snead shall not: (i) order, prescribe, or dispense DME through the Company; (ii) refer, or direct the referral of, any DME business or patients to the Company; or (iii) treat patients out of, or from, the Company's premises or operation.

d. **Purpose of Covenants**. The Parties acknowledge and agree that the covenants set forth in this Section 1 are intended to maintain the Company's compliance with applicable law and the requirements of the Nevada State Board of Pharmacy, to preserve the separation between Dr. Snead's role as landlord and the business of the Company, and to make Dr. Snead's future participation in the Company possible on a compliant basis.

2. **Performance Reporting and Participation Trigger**.

a. **Annual Performance Reporting.** During the term of this Agreement, the Company shall provide Dr. Snead with a written report of the financial performance of the Company's Nevada operation not less than annually. Each report shall include a reasonable summary of the operation's revenue, expenses, and net profit for the applicable period, in sufficient detail to reasonably apprise Dr. Snead of the operation's progress toward the Profit Target described in Section 2(c).

b. **Enhanced Reporting**. Beginning with the first fiscal year in which the Nevada operation achieves net profit after expenses of at least Five Hundred Thousand Dollars ($500,000), the Company shall provide the reports described in Section 2(a) on at least a quarterly basis thereafter until the earlier of the achievement of the Profit Target or the termination of the reporting obligation under Section 3.

c. **Profit Target**. For purposes of this Agreement, the "Profit Target" shall be deemed achieved when: (i) the Company's Nevada operation generates net profit after expenses of at least Five

Hundred Thousand Dollars ($500,000) in a single fiscal year; and (ii) following the close of that fiscal year, the Nevada operation continues to generate net profit after expenses of at least Five Hundred Thousand Dollars ($500,000), measured on a trailing-twelve-month basis, for a continuous period of not less than six (6) months. For purposes of this Section 2, "net profit after expenses" shall be determined from the books and records of the Company, maintained in accordance with the accounting methods used by the Company in preparing its federal income tax returns, consistently applied.

d. **Trigger Notice**. Promptly following the achievement of the Profit Target, the Company shall so notify Dr. Snead in writing and shall provide reasonable financial information confirming that the Profit Target has been met (the "Trigger Notice"). Delivery of the Trigger Notice entitles Dr. Snead to initiate the participation process described in Sections 4 and 5.

3. **Term and Termination**.

a. **Term**. This Agreement shall commence on the Effective Date and shall continue in effect until terminated in accordance with this Section 3.

b. **Reporting Term**. The Company's reporting obligations under Section 2 shall continue for an initial term of five (5) years from the Effective Date and shall automatically renew for successive one (1) year terms thereafter until the participation process has been completed as provided for in Sections 4 and 5 of this Agreement, or until this Agreement is terminated as provided in this Section 3.

c. **Termination by Dr. Snead**. Dr. Snead may terminate this Agreement at any time upon written notice to the other Parties. The Parties acknowledge and agree that: (i) if Dr. Snead delivers such notice before the Company has delivered a Trigger Notice under Section 2(d), such termination shall constitute Dr. Snead's election not to pursue participation in the Company, and upon such termination all rights of Dr. Snead to initiate or complete the participation process described in Sections 4 and 5 shall immediately and permanently terminate; and (ii) if Dr. Snead delivers such notice after the Company has delivered a Trigger Notice but before the participation process has been completed, such termination shall likewise constitute a waiver of his participation rights, unless the Parties agree otherwise in writing.

d. **Termination by Mutual Agreement**. Except as provided in Section 3(c), this Agreement may be terminated only by the mutual written agreement of the Parties.

e. **Effect of Termination**. Upon termination of this Agreement, the Parties shall have no further obligations under this Agreement, except that: (i) the covenants set forth in Section 1(c) shall survive for so long as Dr. Snead is the landlord under the Lease or otherwise as necessary to preserve the Company's regulatory compliance; and (ii) any provision that by its nature is intended to survive termination shall so survive.

4. **Participation Preparation**.

a. **Participation Election Notice**. At any time following delivery of the Trigger Notice, Dr. Snead may elect to initiate the participation process by delivering written notice of such election to the other Parties (the "Participation Election Notice"). Delivery of the Participation Election Notice commences the preparation process described in this Section 4, which must be completed before Dr. Snead may be admitted as a member of, or serve as an administrator for, the Company under Section 5.

b. **Cessation of Clinical Practice; Inactive License Status**. As a condition to his participation, Dr. Snead shall cease treating patients and shall apply to the Nevada State Board of Medical Examiners to place his Nevada medical license on inactive status. Dr. Snead may maintain his medical license on inactive status but shall not, while serving in any role with the Company, practice medicine or prescribe in the State of Nevada. Dr. Snead shall provide the Company with reasonable evidence of the change of his license to inactive status.

c. **Administrator Qualification and Board Approval**. Dr. Snead shall satisfy the requirements of the Nevada State Board of Pharmacy applicable to service as an administrator of the Company's Nevada operation, and the Parties shall cause to be prepared and filed with the Board all applications, notices, and supporting materials necessary for the Board to approve Dr. Snead as an administrator of the Company. The Company and Yardley shall reasonably cooperate with, and provide information reasonably necessary to, Dr. Snead's qualification and approval under this Section 4(c).

d. **Continuity of Operation**. Until Dr. Snead has been approved by the Nevada State Board of Pharmacy and has assumed an administrator role, Yardley shall continue to serve as the primary administrator of the Company's Nevada operation, and the Company shall at all times maintain at least one qualified administrator so that its license remains in good standing and its operation continues without interruption.

e. **Sequencing**. The Parties acknowledge and agree that Dr. Snead's cessation of clinical practice, the placement of his medical license on inactive status, and his approval as an administrator by the Nevada State Board of Pharmacy are conditions precedent to the formalization of his membership interest under Section 5, and that the transactions contemplated by Sections 4 and 5 are intended to occur in a coordinated sequence that preserves the Company's licensure and regulatory compliance at all times.

5. **Formalizing Participation**.

a. **Admission as a Member**. Upon satisfaction of the conditions set forth in Section 4, Dr. Snead shall be admitted as a member of the Company holding a fifty percent (50%) membership interest, in accordance with the admission procedures of Article IV of the Operating Agreement. Such admission shall be effected by, among other things, Dr. Snead's execution and delivery of the New Member Acknowledgment and Joinder required under the Operating Agreement, approval of the admission by the members as required under Section 4.01 of the Operating Agreement, and the Manager's update of the Company's capitalization records to reflect the issuance. The Parties acknowledge and agree that Dr. Snead's admission to a fifty percent (50%) membership interest will proportionately dilute the existing membership interests of OrthoSport Medical Services Corp. and Yardley to a combined fifty percent (50%) interest, and that under this Agreement Dr. Snead shall acquire no interest in OrthoSport Medical Services Corp. or any of its assets or operations.

b. **Assumption of Administrator Role**. Concurrently with or promptly following his admission as a member, and subject to his approval by the Nevada State Board of Pharmacy under Section 4(c), Dr. Snead shall assume the role of primary administrator of the Company's Nevada operation.

c. **Valuation**. For purposes of determining Dr. Snead's buy-in, the fair market value of the Company shall be determined in accordance with the valuation provisions of Section 5.03(a) of the Operating Agreement. The value of Dr. Snead's contributions to the Company other than cash—including the business-development value attributable to his enabling the Company to operate at the Premises and

in its market area—shall be determined in accordance with the valuation of non-cash contributions provisions of Section 3.03(c) of the Operating Agreement.

d. **Buy-In Consideration**. The consideration payable by Dr. Snead for his fifty percent (50%) membership interest shall equal fifty percent (50%) of the fair market value of the Company determined under Section 5(c), less a credit for the value of Dr. Snead's non-cash contributions determined under Section 5(c). The remaining balance, if any, shall be (i) paid in cash, (ii) through the Company's withholding of a portion of the distributions or profits otherwise payable to Dr. Snead over a reasonable period, or (iii) through a combination of the foregoing, in each case as the Parties shall agree in a separate writing at the time the participation process is initiated.

e. **Cooperation and Further Assurances.** The Parties shall cooperate in good faith and execute and deliver such resolutions, joinders, amendments to the Operating Agreement and its exhibits, and other documents and instruments as are reasonably necessary to effect Dr. Snead's admission as a member and assumption of the administrator role in accordance with this Section 5.

6. **Insurance**.

a. **Coverage Following Admission**. From and after Dr. Snead's admission as a member under Section 5, each of Yardley and Dr. Snead shall obtain and maintain in force a life insurance or key-person insurance policy insuring his life in a total amount of not less than One Million Dollars ($1,000,000), for so long as each remains a member of the Company.

b. **Allocation of Proceeds**. Each policy required under Section 6(a) shall be arranged so that, of the total One Million Dollars ($1,000,000) in coverage: (i) Five Hundred Thousand Dollars ($500,000) is payable to the insured member's spouse or family, as the insured member may designate; and (ii) Five Hundred Thousand Dollars ($500,000) is payable to the Company. Should the policies be written for more than One Million Dollars, then the proceeds shall be payable in the same proportion as provided for in subsections (i) and (ii) of this Section 6(b).

c. **Evidence of Coverage**. Each of Yardley and Dr. Snead shall, upon reasonable request, provide the Company and the other with reasonable evidence that the coverage required under this Section 6 is in force.

7. **Succession**.

a. **Automatic Succession to Membership Interests**. Notwithstanding anything to the contrary in the Operating Agreement, following the admission of Dr. Snead as a member of the Company, upon the death of Yardley or Dr. Snead, the deceased member's individual membership interest in the Company shall pass automatically and immediately to his surviving spouse.

b. **Immediate Full Membership; No Formalities**. The surviving spouse shall succeed to the deceased member's individual membership interest automatically upon death, without any requirement of approval, consent, admission, joinder, spousal acknowledgment, purchase, redemption, valuation, or other action or formality of any kind. Effective immediately upon the death of the deceased member, the surviving spouse shall be admitted as, and shall have all of the rights, powers, and privileges of, a full member of the Company with respect to such membership interest, including all economic, voting, governance, and management rights, and shall step directly into the shoes of the deceased member with respect to that interest, in each case free of any transfer restriction, right of first refusal, buy-out, call or

put right, substitute-member admission requirement, spousal limitation, or other restriction or procedure that would otherwise apply under the Operating Agreement.

c. **Coordination with Operating Agreement; Consent**. The Parties acknowledge and agree that the automatic succession provided in this Section 7 is contrary to, and is intended to override and operate as an exception to, the provisions of the Operating Agreement that would otherwise apply upon the death of a member, including without limitation the death and incapacitation provisions of Section 5.02(a) (under which the Company would otherwise purchase or redeem the deceased member's Membership Units), the transfer and substitute-member provisions of Article V, and the spousal acknowledgment and admission provisions of Sections 4.01 and 4.02. Each of the members of the Company, and the Company, by executing this Agreement and the corporate resolution described in Section 7(d), consents to this Section 7 and agrees that it shall control over any contrary provision of the Operating Agreement.

d. **Implementing Resolution**. Concurrently with the formalization of Dr. Snead's participation under Section 5, the Company shall adopt a corporate resolution, in substantially the form attached to this Agreement as **Exhibit A**, executed by all members whose consent is required (including any unanimous consent required under Section 13.07(b) of the Operating Agreement), that adopts this Agreement and specifically approves the departures from the Operating Agreement set forth in this Section 7. Such resolution shall, at a minimum, expressly: (i) approve the automatic and immediate succession of each deceased member's individual membership interest to his surviving spouse, with full membership rights and without any approval, admission, joinder, spousal acknowledgment, purchase, redemption, valuation, or other formality; (ii) waive and disapply, as to the interests described in this Section 7, the death and incapacitation provisions of Section 5.02(a), the transfer and substitute-member provisions of Article V, and the spousal acknowledgment and admission provisions of Sections 4.01 and 4.02 of the Operating Agreement; (iii) approve and consent, on behalf of the Company and each member, to the agreement to arbitrate disputes under Section 8(d) of this Agreement; and (iv) approve and consent to the waiver of trial by jury under Section 8(d)(v) of this Agreement, including as such provisions apply to each surviving spouse succeeding to a membership interest under this Section 7. The Parties shall further execute such consents and amendments to the Operating Agreement as are necessary to give full effect to this Section 7.

8. **Miscellaneous Provisions**.

a. **Notices**. All notices, requests, consents, elections, and other communications required or permitted under this Agreement (each, a "Notice") shall be in writing and shall be deemed duly given: (i) when delivered personally; (ii) when sent by email to the email address specified below (or to such other email address as a Party may designate by Notice given in accordance with this Section), provided that no automated "undeliverable" or similar rejection message is received by the sender; (iii) one (1) business day after deposit with a nationally recognized overnight courier, with charges prepaid; or (iv) three (3) business days after being mailed by certified or registered mail, return receipt requested, postage prepaid. A Notice sent by email after 5:00 p.m. in the recipient's local time zone, or on a day that is not a business day, shall be deemed given on the next business day. The Parties expressly agree that email is an acceptable and sufficient means of delivering any Notice under this Agreement, including the Trigger Notice under Section 2(d) and the Participation Election Notice under Section 4(a).

i. To Yardley: 988 S 990 W, Hurricane UT 84737
Email: yardley.ryan@gmail.com

ii. To Dr. Snead: 6765 W. Charleston Blvd Ste #150 Las Vegas NV 89146
Email: bsnead@nevadasportsandspine.com

iii. To the Company: 6765 W. Charleston Blvd Ste #150 Las Vegas NV 89146
Email: credentialing@msebilling.com

b. **Relationship of the Parties**. Nothing in this Agreement shall be construed to create a partnership, joint venture, agency, or employment relationship among the Parties. Except as expressly provided in this Agreement and, upon his admission, in the Operating Agreement, no Party shall have any authority to act for or to bind any other Party.

c. **Governing Law**. This Agreement shall be governed by, and construed in accordance with, the laws of the State of Nevada, without giving effect to any choice-of-law or conflict-of-law provision or rule that would cause the application of the laws of any jurisdiction other than the State of Nevada.

d. **Dispute Resolution**.

i. **Negotiation and Mediation**. In the event of any dispute, claim, or controversy arising out of or relating to this Agreement, the Parties shall first attempt in good faith to resolve the matter through negotiation and, if not so resolved, through non-binding mediation, for a period of not less than thirty (30) days and not more than sixty (60) days from the date any Party gives written notice of the dispute. The Parties may, by mutual written agreement, elect to shorten, extend, or opt out of the negotiation and mediation process set forth in this Section 8(d)(i).

ii. **Binding Arbitration**. Any dispute, claim, or controversy not resolved pursuant to Section 8(d)(i) shall be finally resolved by binding arbitration administered by a nationally recognized arbitration provider, such as the American Arbitration Association (AAA) or JAMS, in accordance with its commercial arbitration rules in effect at the time the arbitration is commenced. The arbitration shall be seated in Clark County, Nevada, and judgment on the award rendered by the arbitrator may be entered in any court of competent jurisdiction.

iii. **Costs and Fees**. Except as otherwise provided in this Section, each Party shall bear its own costs and expenses of the arbitration, including its own attorneys' fees, and the Parties shall share equally the fees and expenses of the arbitrator and the arbitration provider. Notwithstanding the foregoing, upon motion by any Party, the arbitrator shall have the discretion to award, shift, or reallocate the costs and expenses of the arbitration, including arbitrator and administrative fees and reasonable attorneys' fees, among the Parties as the arbitrator deems appropriate.

iv. **Provisional and Injunctive Relief**. Notwithstanding Sections 8(d)(i) and 8(d)(ii), any Party may apply to a court of competent jurisdiction located in Clark County, Nevada for a temporary restraining order, preliminary injunction, or other provisional or equitable relief necessary to preserve the status quo or prevent irreparable harm pending the outcome of negotiation, mediation, or arbitration, without first exhausting the procedures in Section 8(d)(i) and without waiving the agreement to arbitrate. Each Party acknowledges that a breach or threatened breach of the covenants in Section 1 or Section 7 may cause irreparable harm for which monetary damages would be an inadequate remedy, and that the non-breaching Party or the Company shall be entitled to seek such relief without the necessity of posting a bond or proving actual damages.

v. **Waiver of Jury Trial**. TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, EACH PARTY IRREVOCABLY WAIVES ANY RIGHT TO A TRIAL BY JURY IN ANY ACTION, PROCEEDING, OR COUNTERCLAIM, WHETHER BASED IN CONTRACT, TORT, OR OTHERWISE, ARISING OUT OF OR RELATING TO THIS AGREEMENT. THIS WAIVER APPLIES TO ANY JUDICIAL PROCEEDING PERMITTED UNDER SECTION 8(D)(IV) OR OTHERWISE NOT SUBJECT TO ARBITRATION.

e. **Entire Agreement**. This Agreement, together with the Operating Agreement and the Lease as they relate to the subject matter addressed in each, constitutes the entire agreement among the Parties with respect to its subject matter and supersedes all prior and contemporaneous agreements, understandings, negotiations, and discussions, whether written or oral, relating to that subject matter. In the event of a conflict between this Agreement and the Operating Agreement with respect to the matters expressly addressed in this Agreement, this Agreement shall control as among the Parties.

f. **Amendment**. This Agreement may be amended, modified, or supplemented only by a written instrument signed by each of the Parties.

g. **Waiver**. No waiver of any provision of this Agreement shall be effective unless made in writing and signed by the Party against whom the waiver is to be enforced. No failure or delay by any Party in exercising any right under this Agreement shall operate as a waiver of that right, and no single or partial exercise of any right shall preclude any further exercise of that or any other right.

h. **Assignment**. No Party may assign this Agreement or any of its rights or obligations under this Agreement without the prior written consent of the other Parties, except that this Agreement shall be binding upon and inure to the benefit of the Parties and their respective heirs, successors, permitted assigns, and, as provided in Section 7, surviving spouses.

i. **Severability**. If any provision of this Agreement is held to be invalid, illegal, or unenforceable, the remaining provisions shall continue in full force and effect, and the Parties shall negotiate in good faith to modify this Agreement so as to effect their original intent as closely as possible in an acceptable manner.

j. **Further Assurances**. Each Party shall execute and deliver such further documents and instruments, and take such further actions, as may be reasonably necessary or appropriate to carry out the purposes and intent of this Agreement.

k. **Counterparts; Electronic Signatures**. This Agreement may be executed in counterparts, each of which shall be deemed an original and all of which together shall constitute one and the same instrument. Delivery of an executed counterpart by email or other electronic transmission, and execution by electronic signature, shall be effective as delivery of an original executed counterpart.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the Members have executed this Future Participation Agreement as of the date first above written.

Vitality Medical Supplies, LLC.
A Nevada limited liability company

By: Ryan Yardley, Manager

Dated: 08/04/2026

Ryan Yardley, An Individual

By: Ryan Yardley

Dated: 08/04/2026

Dr. Brandon Snead, an Individual

By: Dr. Brandon Snead

Dated: 08/04/2026

EXHIBIT A – FORM OF CORPORATE RESOLUTION OF VITALITY MEDICAL SUPPLIES, LLC

UNANIMOUS WRITTEN CONSENT AND RESOLUTION OF THE MEMBERS AND MANAGER OF VITALITY MEDICAL SUPPLIES, LLC

The undersigned, being all of the members (the "Members") and the Manager of Vitality Medical Supplies, LLC, a Nevada limited liability company (the "Company"), acting by unanimous written consent in lieu of a meeting pursuant to the Company's Operating Agreement (as amended, the "Operating Agreement") and the Nevada Revised Statutes, hereby adopt the following resolutions and consent to the actions set forth below, effective as of 08/04/2026.

RECITALS

WHEREAS, the Company, Ryan Yardley ("Yardley"), and Dr. Brandon Snead ("Dr. Snead") are parties to that certain Future Participation Agreement dated 08/04/2026 (the "Participation Agreement"), pursuant to which, among other things, Dr. Snead has been admitted as a member of the Company holding a fifty percent (50%) membership interest;

WHEREAS, Section 7 of the Participation Agreement provides for the automatic and immediate succession of each of Yardley's and Dr. Snead's individual membership interest in the Company to his surviving spouse upon his death, with full membership rights and without any formality, notwithstanding certain provisions of the Operating Agreement to the contrary;

WHEREAS, Section 7(d) of the Participation Agreement requires the Company to adopt a resolution, executed by all Members whose consent is required (including any unanimous consent required under Section 13.07(b) of the Operating Agreement), that adopts the Participation Agreement and specifically approves the departures from the Operating Agreement set forth in Section 7 of the Participation Agreement; and

WHEREAS, the Members and the Manager have determined that it is in the best interests of the Company to adopt the Participation Agreement and to approve and consent to the matters set forth below.

RESOLUTIONS

NOW, THEREFORE, BE IT RESOLVED, that the Participation Agreement, and each of the transactions and terms contemplated thereby, be, and hereby are, adopted, ratified, approved, and confirmed in all respects as the act of the Company and the Members;

RESOLVED, that the Members and the Company hereby approve the automatic and immediate succession, upon the death of Yardley or Dr. Snead, of the deceased member's individual membership interest in the Company to his surviving spouse, who shall thereupon be admitted as, and shall have all of the rights, powers, and privileges of, a full member of the Company with respect to such interest, including all economic, voting, governance, and management rights, and without any requirement of approval, consent, admission, joinder, spousal acknowledgment, purchase, redemption, valuation, or other action or formality of any kind;

RESOLVED, that, as to the membership interests described in Section 7 of the Participation Agreement, the Members and the Company hereby waive and disapply (i) the death and incapacitation provisions of Section 5.02(a) of the Operating Agreement, under which the Company would otherwise purchase or

redeem a deceased member's Membership Units; (ii) the transfer and substitute-member provisions of Article V of the Operating Agreement; and (iii) the spousal acknowledgment and admission provisions of Sections 4.01 and 4.02 of the Operating Agreement;

RESOLVED, that the Members and the Company hereby approve and consent to the agreement to arbitrate disputes set forth in Section 8(d) of the Participation Agreement, and agree that such agreement to arbitrate shall be binding upon the Company, each Member, and each surviving spouse succeeding to a membership interest under Section 7 of the Participation Agreement;

RESOLVED, that the Members and the Company hereby approve and consent to the waiver of trial by jury set forth in Section 8(d)(v) of the Participation Agreement, and agree that such waiver shall be binding upon the Company, each Member, and each surviving spouse succeeding to a membership interest under Section 7 of the Participation Agreement;

RESOLVED, that to the extent the foregoing resolutions are contrary to any provision of the Operating Agreement, the Members hereby consent to and approve such departures and agree that the Participation Agreement and these resolutions shall control, and the Members and the Manager are authorized and directed to execute such further consents and amendments to the Operating Agreement as are necessary to give full effect to Section 7 of the Participation Agreement; and

RESOLVED, that the Manager and the officers of the Company be, and each of them hereby is, authorized, empowered, and directed to take all such further actions and to execute and deliver all such further documents and instruments as any of them may deem necessary or appropriate to carry out the purpose and intent of the foregoing resolutions.

This Consent may be executed in counterparts, each of which shall be deemed an original and all of which together shall constitute one and the same instrument, and delivery by electronic transmission shall be effective as delivery of an original.

IN WITNESS WHEREOF, the undersigned have executed this Unanimous Written Consent and Resolution as of the date first written above.

MEMBERS:
OrthoSport Medical Services Corp.

By: Ryan Yardley, President — Dated: 08/04/2026

Ryan Yardley, An Individual

By: Ryan Yardley — Dated: 08/04/2026

Dr. Brandon Snead, An Individual

By: Dr. Brandon Snead — Dated: 08/04/2026

14

14A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Y

Pharmacist Application

Non-Refundable $250 fee

136111

Section 1: Select how will you be obtaining your Nevada Pharmacist Registration

☐ **Examination**

☐ **Score Transfer** (Transfer your NAPLEX SCORE to Nevada within 89 days after taking your exam at https://nabp.pharmacy/ before completing this application.)

■ **Reciprocation** (Complete NABP's Electronic Licensure Transfer Program (e-LTP) application at https://nabp.pharmacy/ before completing this application.)

Are you submitting this application to RETAKE the NAPLEX and/or NVLE? ☐ Yes ■ No

Section 2: General Information

First: Richard Middle: Mathew Last: Korb

Date of Birth: [redacted] SSN or ITIN [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Phoenix State: AZ Zip: [redacted]

Telephone: [redacted] Email [redacted]

Section 3: Employment Information

Pharmacy Name: Molina Healthcare NV Pharmacy License # (if applicable):

Address: 8329 W Sunset Rd Suite 100

City: Las Vegas State: NV Zip: 89113

Telephone: (702) 364-7400 Email: rich.korb88@gmail.com

Section 4: College of Pharmacy Information

School Name: Midwestern University

Address: 19555 N 59th Avenue

City: Glendale State: AZ Zip: 85308

Country/Territory/Province: United States

Graduation Date: 05/30/2014 Degree: ■ PharmD ☐ BS in Pharmacy ☐ Other

Section 5: ONLY COMPLETE this section if you are applying for a Nevada Pharmacist Registration by RECIPROCATION.

Original State of licensure/registration you are reciprocating from must be active and issued by exam (passing the NAPLEX and that state's MPJE or law examination).

State: AZ License #: S020712 Date of Issuance: 07/29/2014 Expiry Date: 10/31/2026

Section 6: List all pharmacist license/registration you have/had in other states. Use another sheet if additional space is needed.								
State	License/ Registration #	Issued Date	Expiry Date	License/Registration Status (check applicable box)				
				Active	Inactive	Expired	Revoked	Surrendered
AZ	S020712	07/29/2014	10/31/2026	X				

Section 7: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 8: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 9: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?	✔	
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	✔	
3. Have you been the subject of a board citation or administrative action whether completed or pending in <u>any</u> state?		✔
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2011	2012	Arizona	Glendale	Maricopa

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
N/A	Midwestern University – College of Pharmacy

Reason/Charge
School-mandated monitoring/support program

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
N/A	N/A

Name of Business/Industry/Entity
Midwestern University

Provide explanation below:

Following the 2010 incident described in my response to Question 2, my pharmacy school required me to participate in a monitoring and support program as a precautionary measure. I fully complied with all requirements and was later formally released after it was determined that I did not require further monitoring or treatment. I have had no impairment issues and have maintained a clean, stable, and incident-free professional record since that time.

R M. Koe

Original Signature (electronic, copies or stamps not accepted)

04/28/2026

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11/14/2010	5/13/2011	Nevada	Las Vegas	Clark County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
10F21759B	Las Vegas Metropolitan Police Department / Clark County District Attorney's Office

Reason/Charge
Arrest for alleged possession of cocaine; no charges filed

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Defendant	N/A

Name of Business/Industry/Entity
N/A

Provide explanation below:

In 2010, while in my first year of pharmacy school, I made a serious error in judgment while visiting Las Vegas with friends and was arrested for alleged possession of a controlled substance. The case was reviewed by the Clark County District Attorney's Office, which issued a formal notice on May 13, 2011, stating that no charges would be filed and the matter was closed with no prosecution or conviction. This incident was a significant turning point for me, and I have had no further issues of any kind. I have maintained a clean, stable, and fully compliant personal and professional record in the years since.

Original Signature (electronic, copies or stamps not accepted)

04/28/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Richard Korb

Print Name

Original Signature, no copies or stamps accepted

04/28/2026

Date

Board Use Only	Date Received: 5/4/26	Amount: $280.00 ✓
	NAPLEX:	NVLE:

CLARK COUNTY
OFFICE OF THE DISTRICT ATTORNEY
Administration Division

STEVEN B. WOLFSON
District Attorney

200 Lewis Avenue • Las Vegas, NV 89101 • 702-671-2500 • Fax: 702-455-2294 • TDD: 702-385-7486

MARY-ANNE MILLER
County Counsel

CHRISTOPHER LALLI
Assistant District Attorney

ROBERT DASKAS
Assistant District Attorney

JEFFREY WITTHUN
Director D.A. Family Support

ORIGINAL

February 9, 2016

KORB, RICHARD

You were arrested or cited on or about **11/14/2010** which resulted in the following charges being sent to the District Attorney's Office for consideration:

Charges: POSSESSION OF COCAINE

This letter is to inform you that on, **05/13/2011** our office has determined not to file formal charges against you at this time. If bail was posted to the Court (not Bail Bondsmen), it will be returned to you, or to the person who posted it, by the Court.

Please be advised that we retain the right to file these charges at a later time if facts and circumstances warrant it.

STEVEN B. WOLFSON
District Attorney

DA File No: [redacted]

15

15A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmaceutical Technician IN TRAINING (PTT) Application

Non-Refundable $50 fee

Rev (03/16/2023)

1/

Section 1: General Information

First: Chenelle Middle: Dionne Last: Carter

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Las Vegas State: NV Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you are enrolled in a PT school or training program.) NAC 639.258

Program/School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Program Director: _____

Signature of Program Director: _____

Section 3: Employment Information

Pharmacy Name: Walgreens #05154 License #: PH01391

Address: 4905 West Tropicana Ave

City: Las Vegas, NV 89103 State: NV Zip: 89103

Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)	Yes	No
1. Are you 18 years of age or older?	✓	
2. Are you a high school graduate or the equivalent?	✓	

High School Name: _____ Graduation Date OR Date GED obtained (mm/yy): 9/2010

Address: _____

City: Riverside State: CA Zip: _____

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 6: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		\
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Section 7: Personal and Professional History		
Before answering the questions below, please INITIAL to the right to attest you have read and understand the following: **WARNING** **You MUST provide truthful and complete responses to the questions on this application. If you omit information or provide false or misleading responses, including any failure to disclose past arrests or expunged convictions, this may be a basis for denial of your application and may result in disciplinary action against any other license or registration you hold from the Board.**	**Initials** CA	
	Yes	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		\
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state even if the case or charge has been dismissed, sealed, acquitted, or expunged?	\	
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		\
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		\

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 7. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
7/1/2010	2/21/2014	CA	Lake Elsinore	Riverside
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
SWF10001429		Riverside County Court		
Reason/Charge				
H11352 P166.22 Transportation/Sell				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

During a time where I was unstable and making the ~~worst~~ descions of my life, that took me into a downward spiral, I was caught transporting crack cocaine and sold it to an officer. I was arrested, Sentenced in 1/21/11 to 5yrs with half, and 3yrs parole. Served 2yrs and 2months, Discharged parole on 2/21/2014. I have not had any new cases or charges since my release from both cases that were combined federal and State. Changed my life completly and have done well since Paid debts back and made many ~~charges~~ amends due to others I needed to

Original Signature (electronic, copies or stamps not accepted)

6/22/26
Date

IPTS002

Inmate Record Summary

Date range from 01/01/1900 to 07/25/2017

Offender Demographics

CDC#:	WB0078	Name:	KRAEMER, CHENELLE D.
Status:	Inactive Adult Felon		
Gender:	Female	Race:	White
Ethnicity:	White	Citizenship:	Unknown
DOB:	[redacted]	Age:	37
Birthplace - City:		State:	Illinois
Height:	5 ft 05 in	Weight:	170 Lbs
Hair:	Red or Auburn	Eyes:	Blue
[redacted]		[redacted]	
[redacted]			
DNA Test:	Buccal Completed	As of Date:	
TABE (Reading):			

Sentencing Overview

This offender is inactive.

Current Incarceration Details

Latest Admission Date:	03/16/2011	Admission Movement:	Admitted Offender with New AOJ
Current Location:	Not Applicable	Bed Assignment:	UNK UNK
Housing Program Assignment:	General Population		
Last Movement Date:	02/21/2014	Type:	Discharged (from Parole)
Movement Reason:	Discharge Non-violent Offn During 13th Mon of Succ. Parole	Prior Location:	100001033
Assignment AM:	Unassigned	PM:	Unassigned
Latest Classification Date:		Custody:	Unclassified
Security Level:		Placement Score:	0
Work/Privilege Group:	A1/A	IHC:	/
Next UCC Date:		Next ICC Date:	

Risk and Needs Assessment

Risk:

CSRA Score:

Needs (from COMPAS):

Substance Abuse:	Not Available	Anti-Social Personality or Temperament:	
Anti-Social Cognition:	Not Available	Financial:	
Employment and/or School:		Residential Instability:	

External Movements 1 - 5 of 5

Date	Time	Reporting Location	Movement Type	Reason	Other Location
02/21/2014	16:35	Victorville 2	Discharged (from Parole)	Discharge Non-violent Offn During 13th	UNKNOWN

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 7k. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/19/20	1/21/21	CA	Riverside	Riverside
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
RIM429913		Riverside Sheriffs		
Reason/Charge				
23152 B DUI				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Went out when I was 22 to a club. Had some drinks. Going home and got pulled over. Arrested. Non formal probation was given. Ran into State case in 2010. Fine $1697 paid off. No longer drink from that.

Original Signature (electronic, copies or stamps not accepted)

6/22/22
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 7. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
8/2002	11/18/2015	CA	Menifee	Riverside
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2:03-CR-01129-SVW-2		United States Dist. Court Los Angeles		
Reason/Charge				
18 USC 472				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

With a friend, she paid with counterfeit money. We were arrested, given probation. Probation was finished 11/18/2015. Any federal arrests are for violations. Sentenced to Probation. Attached is copy of Discharge.
Made mistakes, have served my time and paid my debt back to society. Changed my life and haven't looked back.

Original Signature (electronic, copies or stamps not accepted)

6/22/25
Date

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA PROBATION OFFICE

December 17, 2015

Michelle A. Carey
Chief U.S. Probation Officer

Douglas B. Bys
Deputy Chief U.S. Probation Officer

Ms. Chenelle Dionne Kraemer
[redacted]

Re: EXPIRATION OF SUPERVISION
[redacted]

Dear Ms. Kraemer:

The purpose of this correspondence is to advise you that your term of supervised release expired on November 18, 2015. As such, you are no longer responsible to report to the United States Probation Office in person or in writing.

However, if your offense of conviction resulted from a crime which is registerable with the State of California, you may be required to continue such registration. Please contact your local law enforcement agency for specific registration requirements.

Best of luck to you in the future.

Sincerely,

Joe Torres

JOE TORRES
U .S. Probation Officer
Telephone No. (909) 383-4225

JT/klh

290 North "D" Street, Suite 700, San Bernardino, CA 92401 / 909-383-5521 phone, 909-383-5602 fax

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician in training who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Chenelle Carter

Print Name

Chenelle Carter

Original Signature (electronic, copies or stamps not accepted)

6/22/2026

Date

Board Use Only	Date Received: 6/25/26	Amount: $150 cc

16

16A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

[redacted]

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (01/05/2023)

(This application cannot be used by PA's or APRN's)

Select the Controlled Substance Schedules you are applying to prescribe (optometrists are limited to schedules III, IV, and V.)

☐ Schedule I ☐ Schedule II ☐ Schedule III ☐ Schedule IV ☐ Schedule V

Section 1: Personal Information

First: Nikesh Middle: _____ Last: Seth

Date of Birth: [redacted] SSN or ITIN [redacted] Sex: ☒ M ☒ F ☐ X

Home Address: [redacted]

City: scottsdale State: az Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Degree: MD Practitioner License #: 29666 Specialty: pain management

(You MUST have a current and active practice license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): Sagebrush healthcare

Practice Address: 2435 fire mesa st Suite #: 120

City: Las vegas State: nv Zip: 89128

Telephone: [redacted] Fax: _____ Email: [redacted]

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✔	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2 /3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2014	2018	az	phoenix	maricopa

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
cv2017-012008	superior court of AZ and az medical board

Reason/Charge
violation of az consumer fraud act

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
nikesh seth	na

Name of Business/Industry/Entity
na

Provide explanation below:

In 2018, the Arizona Attorney General's office and the Arizona Medical Board initiated an investigation into my consulting work performed for a pharmaceutical company between 2014 and 2016, specifically examining whether opioids, including Subsys, a fentanyl-containing product, were prescribed to certain patients in a misleading manner in violation of the Arizona Consumer Fraud Act. This matter led to the board and the AG to scrutinize the charts of seven patients, all of whom were under my care as a double board-certified anesthesiologist and pain management specialist; independent reviews by two nationally recognized experts, [redacted] M.D., and [redacted] II, M.D., unequivocally confirmed that I met the applicable standard of care for each patient, that none suffered any medical or financial harm, and that my treatment posed no risk to patients or the public.

Although the court dismissed the case twice for lack of evidence during more than 12 months of litigation, the AG pursued the matter, prompting my attorneys to recommend settlement as the most practical resolution after over 8 years of cumulative legal proceedings. Accordingly, in Aug 2019, I entered into a consent agreement with the Attorney General, explicitly acknowledging only record-keeping improvements were needed while disputing the validity of all patient-care allegations, as I did not agree that the findings of fact were fully supported by evidence; this agreement required me to complete a 10-hour in-person course on controlled substance prescribing, over 25 hours of continuing medical education (CME) in medical record-keeping and prescribing practices, and two years of successful chart audits by a Board-approved agency, all of which I fulfilled, resulting in the probation being lifted by the Board in early 2022 with no ongoing restrictions on my Arizona medical license.

Simultaneously addressing the parallel civil consumer fraud action filed by the State of Arizona, I executed a Consent Judgment on July 29, 2021, after the case had been pending since 2017; this settlement, which pertained to the identical underlying facts investigated by the Medical Board. The agreement did not constitute an admission of wrongdoing, violation of standards of care, or unlawful conduct on my part.As stated above, I did complete all the required chart audits and record keep courses. I have since significantly enhanced my documentation practices and continue to treat patients, including many from this review, without incident or restriction.

6/22/26

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nikesh Seth — Print Name (First, Last)

6/4/26 — Date

Nike Seth — Original Signature (electronic, copies or stamps not accepted)

6/4/26 — Date

Board Use Only: Date Processed: [redacted] Amount [redacted]

Nikesh Dilip Seth

License Number:
29666

License Type:
Medical Doctor

License Status:
Active

Initial License Date:
Jun-03-2026

Expiration Date:
Jun-30-2027

Public Address:
9500 E. Ironwood Sq. Dr. Suite 125

Public City:
Scottsdale

Public State:
Arizona

Public ZIP Code:
85258

Public Country:
United States

Public Phone Number:
(602) 295-6578

Credential:
M.D.

Specialties

Specialty
Pain Management
Anesthesiology

Education History

Institution	Degree/Certificate	Date Enrolled	Date To
Johns Hopkins University	Bachelor of Science	Aug-01-1998	May-23-2002
University of Arizona College of Medicine	Medical Doctor Degree	Jul-29-2002	May-05-2006

Postgraduate Training

Institution	Program Type	Specialty Type	Start Date	End Date
St. Joseph's Hospital and Medical Center	Internship	Internal Medicine	Jun-23-2006	Jun-22-2007
University of Texas Health Science Center at Houston Program	Residency	Anesthesiology	Jul-01-2007	Jun-30-2010
McGaw Medical Center of Northwestern University Program	Fellowship	Pain Medicine	Jul-01-2010	Jun-30-2011

Board Actions

Summary	Attachments
None.	

Current Employment Status / Conditions / Restrictions on License / Prior Malpractice Claims

Summary	Attachments
None.	

Malpractice Information

Summary	Attachments
None.	

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MARK BRNOVICH
ATTORNEY GENERAL
(Firm State Bar No. 14000)
MATTHEW DU MEE (BAR NO. 028468)
SAMUEL P.A. FOX (BAR NO. 035428)
MITCHELL ALLEE (BAR NO. 031815)
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Email: Matthew.duMee@azag.gov
consumer@azag.gov
Attorneys for the State of Arizona

SUPERIOR COURT OF ARIZONA

IN MARICOPA COUNTY

STATE OF ARIZONA, *ex rel.* MARK BRNOVICH, Attorney General, Plaintiff, v. INSYS THERAPEUTICS, INC., et al., Defendants.	Case No.: CV-2017-012008 **CONSENT JUDGMENT** (Assigned to the Hon. Randall Warner)

The State of Arizona, *ex. rel.* Mark Brnovich, the Attorney General, filed its First Amended Complaint in this action on March 2, 2018, alleging that Defendant Nikesh Seth, M.D. ("Dr. Seth") and other parties violated the Arizona Consumer Fraud Act, Arizona Revised Statutes ("A.R.S.") §§ 44-1521 to 44-1534 ("ACFA"). Dr. Seth has been fully advised of his rights in this matter and has waived the same. This Court has jurisdiction over the subject matter and the parties for purposes of entering this Consent Judgment and retains jurisdiction for the purpose of enforcing this Consent Judgment. Dr. Seth has agreed to a voluntary

compromise of disputed claims with the State of Arizona for the sole purpose of ending litigation concerning the matters at issue in the First Amended Complaint. Dr. Seth explicitly denies any unlawful or wrongful conduct, any violations of applicable standards of care, the allegations in the First Amended Complaint, and the Conclusions of Law below. This Consent Judgment shall not be construed as an admission by Dr. Seth of any unlawful or wrongful conduct, violation of applicable standards of care, the allegations in the First Amended Complaint, or the Conclusions of Law below.

PARTIES AND VENUE

1. The Plaintiff is the State of Arizona, *ex rel.* Mark Brnovich, Attorney General, who is authorized to bring this action under the ACFA.

2. Dr. Seth is a medical doctor and a resident of Maricopa County, Arizona, and was at all times relevant to the First Amended Complaint.

3. Defendant Ami Seth (together with Dr. Seth, the "Seth Defendants") was, at all times relevant, the spouse of Defendant Seth, and was named in the underlying action solely for her interest in the marital community. The State does not allege that Defendant Ami Seth violated the ACFA.

4. At all times relevant to the First Amended Complaint, Dr. Seth was acting for and on behalf of his marital community.

5. Venue is proper in Maricopa County, Arizona.

FINDINGS OF FACT

6. Dr. Seth has practiced medicine in Maricopa County since 2011.

7. Dr. Seth's medical practice focuses on pain management and did at all times relevant to the First Amended Complaint.

8. From approximately June 2014 through September 2016, Dr. Seth was paid by Insys Therapeutics, Inc. ("Insys") to speak to medical providers and others about his experience prescribing the drug Subsys.

9. Insys paid Dr. Seth a contractually fixed amount for each speaking engagement, totaling approximately $229,187.50 for the entire time period.

10. During the same timeframe, Dr. Seth prescribed Subsys to some of his patients. The State alleges that Dr. Seth did so as a result of receiving payments from Insys. Dr. Seth contends that he prescribed Subsys to a small subset of his patients where it was his medical judgment that such a prescription was in the patient's best interest.

11. Dr. Seth's patient population fluctuated in size and varied in diagnosis makeup during the years 2011 through 2017, and his prescription of Subsys and other similar products also varied over that time period.

12. After Dr. Seth began speaking for Insys in 2014, the number of Subsys prescriptions he wrote increased.

13. After Dr. Seth stopped speaking for Insys in 2016, the number of Subsys prescriptions he wrote decreased.

CONCLUSIONS OF LAW

14. The State alleges that Dr. Seth's actions described above constitute unfair acts in connection with the sale or advertisement of merchandise in violation of A.R.S. § 44-1522.

15. The State alleges that Dr. Seth should have known that the actions described above were prohibited by the ACFA and, therefore, that Dr. Seth willfully violated the ACFA pursuant to A.R.S. § 44-1531.

16. Pursuant to A.R.S. § 44-1528(A)(3), the Court is authorized to order disgorgement of all gains, profits, and gross receipts acquired through any practice in violation of the ACFA.

17. Pursuant to A.R.S. § 44-1531, the Court is authorized to award civil penalties of up to $10,000 for each willful violation of the ACFA.

18. Pursuant to A.R.S. § 44-1528(A), the Court is authorized to make such orders as may be necessary to enjoin violations of the ACFA.

ORDER

It is ordered, adjudged, and decreed that:

19. Pursuant to the parties' agreement, the Seth Defendants shall disgorge to the State the amount of $229,187.50. All monies paid as disgorgement under this Consent Judgment

shall be deposited in the Consumer Remediation Subaccount of the Consumer Restitution and Remediation Revolving Fund and administered in accordance with A.R.S. § 44-1531.02.

20. Pursuant to the parties' agreement, the Seth Defendants shall pay civil penalties to the State in the amount of $145,000.00. All monies paid as civil penalties under this Consent Judgment shall be deposited in the Consumer Protection-Consumer Fraud Revolving Fund and administered in accordance with A.R.S. § 44-1531.01.

21. The Seth Defendants shall pay $40,000.00 within 30 days of the entry of this Consent Judgment. Thereafter, the Seth Defendants shall pay $25,000.00 per calendar quarter until both the disgorgement award and civil penalties award are paid in full.

22. All monies paid under this Consent Judgment shall be used to satisfy the disgorgement award first and then the civil penalties award until both awards are paid in full.

23. The payments required herein shall be paid in the form of cashier's checks or money orders made payable to "The State of Arizona." Payment shall be delivered, or mailed and postmarked, to:

Consumer Protection and Advocacy Section
The Office of the Arizona Attorney General
Attn: Stephanie Paine
2005 N. Central Ave, Suite 100
Phoenix, AZ 85004

24. Pursuant to the parties' agreement, and in order to prevent future violations of the ACFA:

a. Dr. Seth is prohibited from engaging in any conduct that violates the ACFA as it is currently written or as it may be amended in the future.

b. Dr. Seth is prohibited from engaging in or receiving any remuneration of any kind whatsoever from Prescription Drug makers, sellers, or promoters from the sale, advertisement, marketing, or promotion of Prescription Drugs for ten calendar years beginning on the date of the Court enters this Consent Judgment. For purposes of this provision, "Prescription Drug" means any chemical compound which may be used on or administered to humans to help diagnose, treat, cure, mitigate, or prevent disease or

other abnormal conditions, and which legally requires a medical prescription to dispense. This provision prohibits Dr. Seth from taking consulting fees, advisory fees, or any similar fees from makers, sellers, or promoters of Prescription Drugs. This provision does not prohibit or limit Dr. Seth from providing to patients and posting in his office patient-education information concerning Prescription Drugs, provided that any such activities do not involve remuneration of any kind whatsoever. This provision also does not prohibit Dr. Seth from receiving funds as a passive investor in any pharmacy, provided that Dr. Seth does not send any prescriptions to a pharmacy in which he which he has a greater than 1% ownership interest and prescriptions written by Dr. Seth are not filled at a pharmacy in which he has a greater than 1% ownership interest. This provision also does not prohibit Dr. Seth from receiving remuneration from the prescription of non-controlled substances by his business. This provision also does not prohibit or limit Dr. Seth from accepting for himself and his office staff de minimis items of value from Prescription Drug representatives, including in-office lunches, pens, and other office supplies, provided that the de minimis items do not total more than $500 a year from any Prescription Drug maker, seller, or promoter.

25. Nothing in this Consent Judgment will be construed as an approval by the Attorney General, the Court, the State of Arizona, or any agency thereof of the Seth Defendants' past, present, or future conduct. The Seth Defendants shall not represent or imply that the Attorney General, the Court, the State of Arizona, or any agency thereof has approved or approves of the Seth Defendants' actions or any of the Seth Defendants' past, present or future business practices.

26. The Seth Defendants warrant and represent that there is not any pending case, proceeding, or other action seeking reorganization, arrangement, adjustment, liquidation, dissolution, discharge, or recomposition of the Seth Defendants or their debts under any law relating to bankruptcy, insolvency, reorganization, or the relief of debtors, or seeking the appointment of a receiver, trustee, custodian, or other similar official for the Seth Defendants. The Seth Defendants further warrant and represent that they will not file, or cause to be filed,

any such case, proceeding, or other action prior to ninety-one (91) days after complete payment of all amounts due under this Consent Judgment. If the Seth Defendants do file or cause to be filed such a case, proceeding, or other action prior to the expiration of that time, then the State will have the right, at its sole discretion, to treat that as a material breach of this Consent Judgment, reopen proceedings, and proceed with this case as though this Consent Judgment had not been entered, provided that the Seth Defendants will be entitled to an offset for any amount the Seth Defendants already paid to the State under this Consent Judgment.

27. The Seth Defendants must provide the State with written notice within fifteen (15) days of the Seth Defendants filing or causing to be filed any case, proceeding, or other action seeking reorganization, arrangement, adjustment, liquidation, dissolution, discharge, or recomposition of the Seth Defendants or their debts under any law relating to bankruptcy, insolvency, reorganization, or the relief of debtors, or seeking the appointment of a receiver, trustee, custodian, or other similar official prior to complete payment of all amounts due under this Consent Judgment. If the Seth Defendants fail to provide the notice as required, the State will have the right, at its sole discretion, to treat that as a material breach of this Consent Judgment, reopen proceedings, and proceed with this case as though this Consent Judgment had not been entered, provided that the Seth Defendants will be entitled to an offset for any amount the Seth Defendants already paid to the State under this Consent Judgment.

28. In the event of a material breach of this Consent Judgment, in addition to all other remedies available under Arizona law and the penalties specifically provided under A.R.S. § 44-1532, the State may, in its sole discretion, reopen proceedings and continue with this case as though this Consent Judgment had not been entered, provided that the Seth Defendants will be entitled to an offset for any amount actually paid to the State.

29. The effective date of this Consent Judgment is the date that it is entered by the Court.

30. Jurisdiction is retained by this Court for the purpose of entertaining an application by the State for enforcement of this Consent Judgment.

. . .

31. Pursuant to Rule 54(b) of the Rules of Civil Procedure, the Court has determined that there is no just reason for delay, and it is therefore directed that judgment as provided in this Consent Judgement shall be entered.

DATED _____, 2021.

_____
The Honorable Randall Warner
Judge of the Superior Court

CONSENT TO JUDGMENT

32. The Seth Defendants acknowledge that they were served with a copy of the Summons and First Amended Complaint, have read and fully understands the foregoing Consent Judgment, understand the legal consequences involved in signing it, and are aware of their rights in this matter and have waived the same.

33. The Seth Defendants acknowledge that they are subject to the jurisdiction of the Court and consent to the entry of the foregoing judgment.

34. The Seth Defendants state that, other than what is contained herein, no promise of any kind or nature whatsoever was made to induce them to enter into this Consent Judgment and declare that they have entered into this Consent Judgment voluntarily.

35. This Consent Judgment is entered as a result of a compromise and a settlement agreement between the parties. Only the State may seek enforcement of this Consent Judgment. Nothing herein is intended to create a private right of action by other parties; however, this Consent Judgment does not limit the rights of any private party to pursue any remedies allowed by law.

36. The Seth Defendants acknowledge that their acceptance of this Consent Judgment is for the purpose of settling the ongoing consumer fraud lawsuit filed by the State, and further . . .

acknowledge that this Consent Judgment does not preclude any agency or officer of this State or subdivision thereof from instituting other civil proceedings as may be appropriate.

37. This Consent to Judgment may be executed in counterparts and be delivered by facsimile or electronic transmission, or a copy thereof, such constituting an original counterpart hereof, all of which together will constitute one and the same document.

DATED this _july 20th_____ 2021.

By: _____
Nikesh Seth, M.D.

By: _____
Ami Seth

APPROVED AS TO FORM AND CONTENT:

MARK BRNOVICH
Attorney General

By: _____
Matthew du Mee
Assistant Attorney General
Attorneys for State of Arizona

Mitchell Stein Carey Chapman, PC

By: _____
Barry D. Mitchell
Kathleen E. Brody
Attorneys for the Seth Defendants

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✔	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2016	2016	UT	Layton	Davis county
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
NA		DOPL		
Reason/Charge				
NP practicing without renewing her license				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Nikesh Seth			NA	
Name of Business/Industry/Entity				
Peak health and wellness				

Provide explanation below:

In 2016 I was a minority partner in a medical clinic in Utah called Peak Health and Wellness. In 2016, the clinic was investigated by the Utah Board when they noticed that a nurse practitioner that our practice had hired did not renew her medical nurse practitioner license but was still seeing patients. She did have her RN and NP license when we hired her. We did know that she was having some issues with her FNP license renewal but was taking classes and set to renew her license. During this time, she was seeing patients under the supervision of the other physician assistant in the clinic [redacted] the Nurse practitioner, would consult with [redacted] on every patient she would see. [redacted] would also go in the room and see every patient at each visit and approve all medical decision making, documentation, prescriptions ordered, physical examination, etc. In 2016 we were shown documentation that there were times when [redacted] did not consult with [redacted] and allow him to take part in the medical decision making. As medical director of the practice, I was under the impression that all medical decision making would take place by [redacted] Despite this, on a few occasions Shereen made the decision to not consult with [redacted] on her own. This was not known to us and was brought to our attention by the Utah board. The practice and myself, as medical director, were issued a citation for this. During, this time there were no adverse patient outcomes. When we were made aware of these actions we ensured that Shereen took leave from the practice and was no longer allowed to see patients in our practice. [redacted] was also let go after we realized that she did not renew her license in a timely manner. At the time, we ensured that all providers in the practice have active medical licenses to treat patients. We never had any intention of allowing [redacted] to practice without any supervision. At the time of this incidence I had a 5% ownership in the practice and had no knowledge that this had taken place. Once I was aware of this situation we made immediate decisions to terminate [redacted] We paid the fine that was imposed on myself and the practice as well. My medical license was not under scrutiny since I did not actively take part in this issue. I was only investigated since I was medical director of the practice but individually I did not do any harm to patients and as a practice there were no adverse or negative patient outcomes. According to my correspondence the state of Utah did reduce the fine for the practice and removed any further sanctions or restrictions on the practice and myself. The investigation is currently closed and no restrictions on myself, the providers or the practice. I also currently do not own a practice in Utah.

6/22/26

Original Signature (electronic, copies or stamps not accepted) Date

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing
ATTN: Citation Coordinator
160 East 300 South
P.O. Box 146741
Salt Lake City, Utah 84114-6741

Telephone: (801) 530-6628
Fax: (801) 530-6511
Website: www.dopl.utah.gov

on 9/20/16

31726

CITATION

ISSUED TO: NIKESH SETH		
PROFESSION: PHYSICIAN	LICENSE #: 9114228-1205	CASE #: 84832
DOB: [redacted]	DLC#: [redacted]	
BUSINESS ADDRESS: [redacted]	CITY: SCOTTSDALE	STATE: AZ ZIP: [redacted]
BUSINESS PHONE: [redacted]	BUSINESS EMAIL: [redacted]	
HOME ADDRESS:	CITY:	STATE: ZIP:
HOME PHONE:	HOME EMAIL:	
LOCATION OF OFFENSE: [redacted] FARR WEST, UTAH [redacted]		
	DATE OF OFFENSE: 05 / 23 / 2016	DATE ISSUED: 07 / 20 / 2016

OFFENSE CODE	DESCRIPTION
58-67-502	(1)(a) Unprofessional conduct using or employing the services of any individual to assist a licensee in any manner not in accordance with the generally recognized practices, standards, or ethics of the profession, state law, or division rule;
R-156-67-503	(1)(d) using or employing the services of any individual to assist a licensee in any manner not in accordance with the generally recognized practices, standards, or ethics of the profession, state law, or division rule, or making a material misrepresentation regarding the qualifications for licensure in violation of Section 58-67-502:

REMARKS: Provider was aiding and abetting the practice of a non-licensed non- board certified provider.

PERSON SERVED: mail (us)	SERVED BY:
☐ FINE $ 1,000.00	☑ CEASE AND DESIST ORDER

I ACKNOWLEDGE RECEIPT OF THIS CITATION AND CERTIFY THAT I HAVE READ AND UNDERSTAND THE RIGHTS ADVISEMENT CONTAINED BELOW AND HAVE BEEN PROVIDED A NOTICE OF RESPONSE.

Marked
RECIPIENT'S SIGNATURE

7/21/16
DATE

I CERTIFY THAT THE INFORMATION IN THIS CITATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

INVESTIGATOR'S SIGNATURE

READ CAREFULLY

1. If you wish to contest this citation at a hearing, you must notify the Division in writing within 20 calendar days of receipt. The hearing will be conducted according to Title 63 G, Chapter 4.
2. If you do not contest the citation within 20 calendar days of receipt, the citation will become a final order of the Division and is not subject to further agency review.
3. Failure to comply with a final order of the Division is a Class A misdemeanor. The Division may refuse to issue or renew or may suspend, revoke, or place on probation a license you hold or apply for.

DIVISION COPY

GARY R. HERBERT
Governor
SPENCER J. COX
Lieutenant Governor

State of Utah
Department of Commerce

Division of Occupational and Professional Licensing

FRANCINE A. GIANI
Executive Director

MARK B. STEINAGEL
Division Director

VERIFICATION OF UTAH LICENSURE

DOPL-FM-001 REV 06/08/2009
Created On: 8/24/2017
Created By: Carol Inglesby

Name of Licensee (as it appears in our records): Nikesh Seth

Classification of License Issued: Physician & Surgeon
Physician/Surgeon CS Schedule 2-5

License Number: 9114228-1205
9114228-8905

Obtained by: Application

Current Status: Active

Original Date of Licensure: 08/28/2014

Expiration Date: 01/31/2018

Disciplinary Action:

_____ No

_____ Pending, certified copies of all Petitions are attached

_X_ Yes, ~~certified copies of all Petitions and Orders are attached~~
Copy of citation 31720 issued to Dr. Seth is attached. Note the 1000 fine was paid in full on 9/20/2016 mn

Signature: CMM employee Title: Admin. Asst.

Date: August 24, 2017

The information provided on this form is accurate and correct as of the verification creation date listed on the top of this form. Original issue dates listed, as 01/01/1910 and 01/01/1911 were unknown when the division implemented its first licensing database. If you have any questions, please contact the division.

Date: 09/20/2016
Receipt Number: 6568936
Amount Paid: $1,000.00

Utah
Department of Commerce
Licensing and Enforcement System

Payer: Seth, Nikesh
Drawer ID: TerminalID
User : jjabal
Date: 09/20/2016

Fine: Medical	1	1,000.00	1,000.00
		Credit Card	$1,000.00
		Amount Due:	$1,000.00
		Amount Paid:	$1,000.00

Receipt #: 6568936

Request for Debit / Credit Card Payment

Customer's Name: Nikesh Seth

Daytime Telephone Numb [redacted]

Profession (if applicable): _____

License Number : 9114228

Purpose of Payment: physician fine 31726

Amount to Charge: $1,000 [redacted]

Mark One:

[X] Payment Requested by Telephone, Mail, or Fax

[ ] Payment Requested in Person (Obtain signature below.)

I authorize my debit / credit card to be charged by the Utah Division of Occupational and Professional Licensing in the amount of $_____ for the purpose(s) described above.

Signature: _____

Date: _____

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✔	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2018	2018	UT	Layton	davis county
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
na		davis hospital		
Reason/Charge				
didnt renew my hospital privileges				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
na			na	
Name of Business/Industry/Entity				
na				

Provide explanation below:

Regarding termination of privileges at Davis hospital in Utah:

I initially maintained a medical practice in the Salt Lake City area of Utah, where I visited and treated patients intermittently. However, by 2018, I had ceased actively providing patient care in Utah and therefore no longer required hospital credentials in that area. During the renewal and credentialing process with Davis Hospital, my credentialing team inadvertently failed to disclose certain updates regarding my medical license; specifically, an Arizona Medical Board action from august 2019 recommending additional training in medical record keeping, which is described in another document. When Davis Hospital subsequently requested additional information, I decided not to pursue the matter further, as I no longer intended to continue practicing in Utah. My decision not to file an appeal or submit further materials was based solely on my discontinuation of practice in the state. This was an unintentional oversight by the credentialing team, not an attempt to withhold information, and I did not pursue hospital privileges at Davis Hospital or any other Utah facility thereafter. Since I chose not to renew my privileges at the hospital it was shown on my record as a denial of getting privileges at the hospital however in fact I had never actually practiced at that hospital and felt no need to spend the time or money to submit documents in order to renew my credentials at the hospital. I still currently do not practice in the state of Utah.

6/22/26

Original Signature (electronic, copies or stamps not accepted) Date

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✔	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
03/13/2019	2019	az	scottsdale	maricopa

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
m0751tr2019005459	scottsdale court

Reason/Charge
DUI

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Nikesh Seth is defendent	NA

Name of Business/Industry/Entity
NA

Provide explanation below:

On March 13, 2019, I was charged with DUI in violation of A.R.S. §§ 28-1381(A)(1)-(2) (a regular-level DUI). There was no accident, and the charges were dropped to a misdemeanor. This case has been closed and I settled the case with the court. I had the lowest level charges given to me and was required to take driving classes and to attend various other classes for substance abuse. No substance use disorder was found. At this stage, I have complied with all the requirements of the court and there is no restriction on my medical license nor was there ever a restriction on my license. This was over 7 years ago and there has been no repeat violation since.

Nik Seth

Original Signature (electronic, copies or stamps not accepted)

6/4/26

Date

Scottsdale City Court • 3700 N 75th Street Scottsdale, AZ 85251 • (480) 312-2442
Fax: (480) 312-2764 • court@scottsdaleaz.gov • www.ScottsdaleAZ.gov/Court
ORI: AZ007111J • Maricopa County, Arizona

State Of Arizona VS. SETH, NIKESH [redacted]	Case #: M-0751-TR-2019005459 Complaint #: 08094035	FLYNN P CAREY [redacted]

Judgment and Sentence

Defendant: NIKESH SETH Date of Birth [redacted]

The Defendant is advised of the charge(s), the determination of guilt, and is given the opportunity to speak.

Pursuant to A.R.S. § 13-607, the court finds as follows:

Waiver of Trial - The Defendant knowingly, voluntarily and intelligently waived all pertinent rights. The basis of finding of guilt was based upon a plea of guilty or no contest.

Count	Charge Date	Charge
1-1	3/13/2019	A.R.S. 28-1381A1 (1ST) DUI LIQUOR/DRUGS/VAPORS/COMBO a Class 1 Misdemeanor

Disposition: Plead Guilty on 8/7/2019

The deputy below certifies that the Defendant's right index fingerprint was permanently affixed to this document at the time of sentencing and in open Court.



IN THE SCOTTSDALE CITY COURT, MARICOPA COUNTY, STATE OF ARIZONA

STATE OF ARIZONA, PLAINTIFF, VS. NIKESH SETH, DEFENDANT.	Complaint No. C-08094035	PLEA AGREEMENT
	Case No. TR-2019005459	1st Offense DUI

The State of Arizona and the defendant hereby agree to the following disposition of this case.

Plea: The defendant agrees to plead guilty to:
Count 1, ARS §28-1381A1 (1ST), DUI LIQUOR/DRUGS/VAPORS/COMBO, a class one misdemeanor, committed on 03/13/2019

1 The defendant shall:

For Count 1:

a) attend an Alcohol Abuse Screening and successfully complete all treatment recommended by the screening agency;
b) serve 10 consecutive day(s) in jail; 9 day(s) to be suspended upon successful completion of alcohol screening and any recommended program; pay jail costs as imposed by the Court, pursuant to A.R.S. § 13-804.01B;
c) pay a fine of $250.00 + 78% surcharge + $106.20 Sentence Enhancement = $551.20
d) Pay a Victims Rights Assessment Fee of $9;
e) Pay a Police Officer Training Equipment Fund Fee of $4;
f) be placed on 0 year(s) and 0 month(s) unsupervised probation and pay probation fees of $0.00;
g) pay a DUI assessment of $500.00;
h) pay a DPS assessment of $500.00;
i) pay a DUI abatement fee of $0.00
j) pay $34.00 to reimburse the Scottsdale Police Department for the blood sample procedure;
k) pay $0.00 to reimburse the Scottsdale Police Department for the search warrant procedure;
l) pay a Jail Video reimbursement fee of $0.00.
m) serve 0 hour(s) of community restitution;
n) MADD Impact;

2. The parties further stipulate to the incorporation by reference of departmental report # 19-05632 for use in determining a factual basis. BAC: 0.114

3. The following Charges are dismissed, or if not yet filed, shall not be brought against the defendant:

Count 2, ARS §28-1381A2 (1ST); Count 3, ARS §28-701A (16-20); Count 4, ARS §28-751.1; Count 5, ARS §28-4135C (1ST);

4. Defendant avows:

no prior convictions for a violation of A.R.S. §§28-692/28-1381, 28-1382, 28-697/28-1383, or an equivalent conviction in any other jurisdiction, within eighty-four (84) months of the date of violation of this case.

5. If this Plea Agreement is rejected, withdrawn, or reversed on appeal, the original charges will automatically be reinstated and set for trial.

6. The defendant hereby gives up any and all motions, defenses, objections, or requests that he/she has made or raised, or could assert hereafter, to the Court's entry of judgment and imposition of sentence consistent with this agreement, unless this plea is rejected or withdrawn.

7. This Plea Agreement does not preclude any other remedies authorized by law. MOTOR VEHICLE DIVISION MAY TAKE ADDITIONAL SEPARATE ACTION THAT MAY AFFECT DEFENDANT'S DRIVERS LICENSE AND/OR VEHICLE REGISTRATION

DEFENDANT: I have read and understand the above. I have discussed the case and my constitutional rights with my lawyer, if I have one. I have been informed of my constitutional rights by the court or my lawyer and understand that I am waiving those rights in order to enter into this plea.

I agree to enter my plea of guilty as indicated above on the terms and conditions set forth in this document. I further understand that if, as a part of this plea agreement, I am placed on probation by the court, the terms and conditions thereof are subject to being modified at any time during the period of probation, in the event that I violate any written condition of my probation.

Date 8/7/19. Defendant Seth

DEFENSE COUNSEL: I have discussed this case with my client in detail and explained his/her constitutional rights to him/her. I believe that the defendant's plea is knowing, intelligent, and voluntary and that the plea and disposition are consistent with law.

Date 8/7/19 Defense Counsel [signature] 25399

PROSECUTOR: I have reviewed this matter and concur that the plea and disposition set forth herein are appropriate and in the interest of justice.

Date 8-7-19. Prosecutor [signature]

INTERPRETER: I have accurately interpreted the terms of this Plea Agreement for the Defendant and ascertained that he/she understands the language of interpretation

Date _____ Interpreter _____

16B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE TO PRESCRIBE

Rev (01/05/2023)

[redacted]

What types of drug(s) will you be prescribing?

☐ Dangerous Drugs ONLY (Non-Refundable $80 Fee) (PR)

☒ Dangerous Drugs AND Controlled Substances (CS) I, II, III, IV and/or V (Non-Refundable $200 Fee) (CS)

Select the Controlled Substance Schedules you are applying to prescribe

☐ Schedule I ☒ Schedule II ☒ Schedule III ☒ Schedule IV ☒ Schedule V

Section 1: Personal Information (NAC 639.850)

First: Samve Middle: Lamont Last: Jeridan

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Home Address: [redacted]

City: Las Vegas State: NV Zip Code: 89108

Telephone: [redacted] Email: [redacted]

APRN License #: 895490 Specialty: Family

(A current license and active-PRESCRIBING status with the Nevada State Board of Nursing is required to apply for and maintain a Prescribe or a CS Registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name: American Urgent Care

Practice Address: 3249 W. Craig Rd Suite #: 140

City: Las Vegas State: NV Zip: 89032

Telephone: 702 3291732 Fax: 702 410 5553 Email: [redacted]

Section 3: NRS 632.237 (Complete this section if you are applying to also prescribe SCHEDULED II CS):

An advanced practice registered nurse may apply to prescribe CS listed in schedule II if they meet one of the following qualifications (please mark that apply):

☒ I have at least 2 years or 2,000 hours of clinical experience; OR

☒ The CS will be prescribed pursuant to a protocol approved by a collaborating physician. (If you marked this answer, provide the information as requested below per NAC 639.850.)

Collaborating Physician Name: Syed Pervaiz

Collaborating Physician Practice Address: American Urgent Care Suite #: 140

City: 3249 W. Craig Rd · Las Vegas State: NV Zip: 89032

Telephone: (702) 329-1732 Fax: 702 410 5553 Email:

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	X	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	X	
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	X	

Section 6: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 6 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SAMUEL Jeridaav

Applicant Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/27/2026

Date

COLLABORATING PHYSICIAN's name and signature per Section 3 of the application (if applicable):

Syed Peruiz

Collaborating Physician's Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/27/2026

Date

Board Use Only: Date Processed: 5/7/26 Amount: $200.00

ViewReportHeaderTitle

Primary Source Board of Nursing Report Summary for

SAMUEL LAMONT JERIDEAU [NCSBN ID: 6510271]

Wednesday, May 06 2026 10:00:05 AM

The legend below provides details related to the statuses for advanced practice registered nurses (APRNs) only.

Active– *ascribed to APRNs who meet the requirements for licensure, but do not meet the requirements, or have not applied for, prescribing privileges.*

Active Prescribing– *ascribed to all APRNs who have been granted authority to prescribe all legend drugs and may include Schedule CIII-V*

Active Prescribing – CII – *ascribed to all APRNs who have been granted authority to prescribe within the Schedule CII-V category, and is not required to c protocol with a collaborative physician.*

Active Prescribing-CII-COLL – *ascribed to all APRNs who have been granted authority to prescribe within the Schedule CII-V category, and have providec his/her current protocol with a collaborative physician.*

Active Prescribing -D– *ascribed to all APRNs who have been granted authority to prescribe and dispense all legend drugs and may include Schedule CIII-V*

Active Prescribing – CII – D *ascribed to all APRNs who have been granted authority to prescribe and dispense within the Schedule CII-V category, and is to obtain a protocol with a collaborative physician.*

Active Prescribing-CII-COLL –D *ascribed to all APRNs who have been granted authority to prescribe and dispense within the Schedule CII-V category, an provided a copy of his/her current protocol with a collaborative physician.*

APRNs must also apply with the Nevada State Board of Pharmacy and/or DEA before they can prescribe in Nevada.

If an APRN wishes to remove the protocol requirement they must submit a letter on letterhead from their employer to the Nevada State Board of Nursing ve they have worked a minimum of 2 years or 2,000 hours as an APRN.

Details related to License / Certificate Status can be found at the bottom of this page.

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
JERIDEAU, SAMUEL LAMONT	RN	TRN316018	Expired	04/28/2006	08/28/2006	NO

Primary Source Board of Nursing Messages & Notifications

- This temporary license is issued until the applicant meets all of the licensure requirements for a permanent license. A temporary license may not be extended or renewed.

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
JERIDEAU, SAMUEL LAMONT	RN	RN52205	Active	06/30/2006	02/10/2027	NO

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
JERIDEAU, SAMUEL LAMONT	APRN-CNP	895490	Inactive	11/06/2025	12/18/2025	NO

Primary Source Board of Nursing Messages & Notifications

- This temporary license is issued until the applicant meets all of the licensure requirements for a permanent license. A temporary license may not be extended or renewed.

Advanced Practice license/recognition information

- **Population Focus / Specialty:**
  - Focus/Specialty: Family Across the Lifespan
  - Has discipline: NO
  - Expiration Date: 12/18/2025
  - Original Issuance Date: 11/06/2025
  - Current Issue Date: 11/06/2025
  - Certification expiration date: 04/26/2030

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
JERIDEAU, SAMUEL LAMONT	APRN-CNP	895490	Active Prescribing - CII - COLL	12/18/2025	02/10/2027	NO

Advanced Practice license/recognition information

- **Population Focus / Specialty:**
  - Focus/Specialty: Family Across the Lifespan
  - Has discipline: NO
  - Expiration Date: 02/10/2027
  - Original Issuance Date: 12/18/2025
  - Current Issue Date: 12/18/2025
  - Certification expiration date: 04/26/2030

License type information

- RN: Registered Nurse
- PN: Practical Nurse (also known as LPN, VN, LVN)
- CNP: Certified Nurse Practitioner
- CNS: Clinical Nurse Specialist
- CNM: Certified Nurse Midwife
- CRNA: Certified Registered Nurse Anesthetist
- EMS RN: Emergency Medical Services Registered Nurse
- ICNA: Certified Nurse Assistant – Instructor
- IMAC: Medication Aide Certified – Instructor
- MAC: Medication Aide Certified

[redacted]

From: Sam Jerideau [redacted]
Sent: Friday, June 12, 2026 10:58 AM
To: Pharmacy Licensing
Subject: Fwd: APRN Prescribe Controlled Substance only application
Attachments: 651668.pdf; 651668 (1).pdf; 651668 (3).pdf; 651668 (3)pdf.pdf; 651668 (2) (1).pdf; R1516548.pdf; 651668 (4).pdf; 651668 (2).pdf; rn685172 (1).pdf; 2020-12-29 _Jerideau_Dny_fnl.pdf; rn685172.pdf

[redacted]

All documentation and explanation from the following events –

- Minnesota Board of Nursing date of action 8/31/2022. I held a license in MN prior to losing my license in Texas in 2015. Minnesota BON filed charges against me in 2022 when I applied to renew my MN license based upon their allegation that I did not disclose my previous disciplinary actions in Texas.
- Colorado Board of Nursing date of action 12/29/2020. I applied for a Colorado license in 2020. The CO BON filed charges against me for applying for a license. It was their only way to deny me a license in their state due to the compact state license law.
- California Board of Nursing date of action 11/03/2016 and 6/19/2020. I held a license in CA prior to losing my license in Texas in 2015. CA BON filed charges against me in 2016 when I applied to renew my CA license the disciplinary actions in Texas. My CA license was renewed but I was placed on probation due to the Texas discipline. When COVID hit, I resigned from nursing in 2020. CA law of nursing states that if a nurse in probation chooses to not work, they must resign their license which causes a board investigation.
- HHS Office Of Inspector General date of action 11/19/2015 and 1/7/2019. The 11/19/2015 investigation was because of the Texas nursing discipline. The 1/7/2019 investigation was because of the CA resignation
- Texas Health and Human Services Commission date of action 4/16/2015. This investigation was tied to the Texas discipline.
- Texas Board of Nursing date of action 10/17/2024, 4/16/2015 and 2/11/2025. On 10/17/24 I was disciplined and placed on probation due to an ethical violation. The allegation was that I had a "personal relationship" with a patient. The probation involved limited practice rules to include age and demographics. On 4/16/2015, an insurance company reported to the BON of Texas that I had violated probation by submitting for reimbursement while on probation. During this investigation. The BON suspended my license pending

review. During this review I resigned from nursing due to medical and personal reasons. The BON held me as non compliant to their rules and on 2/11/2015, they revoked my license.

- Attached:documents





BEFORE THE MINNESOTA
BOARD OF NURSING

In the Matter of
Samuel L. Jerideau, RN
RN License No. 1516548

FINDINGS OF FACT, CONCLUSIONS, AND FINAL ORDER

The above-entitled matter came on for a prehearing conference on June 7, 2022, before Administrative Law Judge ("ALJ") Barbara J. Case at the request of the Minnesota Board of Nursing ("Board") Review Panel. The matter was initiated pursuant to the Notice and Order for Prehearing Conference and Hearing ("Notice of Hearing") issued by the Board Review Panel on April 27, 2022. (A true and correct copy of the Notice of Hearing is attached and incorporated as Exhibit A.) Jamal Zayed, Assistant Attorney General, represented the Board Review Panel. Samuel L. Jerideau, RN ("Licensee") did not appear.

On June 13, 2022, the ALJ issued Findings of Fact, Conclusions of Law, and Recommendation Upon Default ("ALJ's report"), recommending the Board take disciplinary action against Licensee's nursing license. (A true and correct copy of the ALJ's report is attached and incorporated as Exhibit B.)

The Board convened to consider the matter on August 4, 2022, at 1210 Northland Drive, Suite 120, Mendota Heights, Minnesota. Jamal Zayed, Assistant Attorney General, appeared on behalf of the Board Review Panel. Licensee did not appear. Board member Becky Gladis did not participate in deliberations and did not vote in the matter. Leslie Larson, Nursing Practice Specialist for the Board, did not participate in the deliberations. Nicholas Lienesch, Assistant Attorney General, was present as legal advisor to the Board.

FINDINGS OF FACT

The Board has reviewed the record of this proceeding and hereby accepts the ALJ's June 13, 2022, report and accordingly adopts and incorporates by reference the Findings of Fact therein. Paragraph 5 of the ALJ's Conclusions of Law states:

> 5. Under Minn. R. 1400.6000, when a party defaults by failing to appear at a prehearing conference without the prior consent of the judge, the allegations and the issues set out in the Notice and Order for Prehearing Conference and Hearing may be taken as true and deemed proven. The Administrative Law Judge therefore deems the allegations to be true.

(ALJ's report, Ex. B at 3.)

The allegations contained in the Notice of Hearing are as follows:

1. On or about June 13, 2001, the Board granted Licensee a license to practice professional nursing in the State of Minnesota.

2. On or about May 13, 2014, the Texas Board of Nursing adopted an Order ("2014 Texas Order"), that Licensee agreed to and signed on April 17, 2014, suspending Licensee's licenses to practice advanced practice registered nursing and professional nursing in the State of Texas. The basis for the 2014 Texas Order was Licensee's inappropriate activities with a minor patient that violated professional boundaries. According to Licensee, after seeing the minor patient at his clinic and performing routine physical examination, Licensee exchanged emails and text messages of a romantic nature with an individual who represented herself as a female in her twenties. The individual turned out to be the minor patient, and Licensee paid the minor patient $1,000 for her silence.

3. On April 16, 2015, the Texas Board revoked Licensee's Texas nursing licenses based on Licensee's violation of the 2014 Texas Order by providing care for minor patients and Licensee's violation of the Texas Administrative Code by misrepresenting himself as a doctor.

4. On July 7, 2016, an Administrative Law Judge ("ALJ") held a hearing at the Office of Administrative Hearings in Oakland, California, regarding Licensee's license to practice registered nursing in the State of California. During the hearing, Licensee acknowledged the facts underlying the 2014 Texas Order. On October 4, 2016, the California Board of Registered Nursing ("California Board") adopted the ALJ's proposed decision and

issued an order revoking Licensee's license to practice registered nursing in the State of California, staying the revocation, and placing Licensee on probation for three years.[1]

5. On April 27, 2020, the Board received Licensee's Registered Nurse Renewal Application. Licensee failed to answer "Yes" to the question: "Are you under investigation or are you subject of any pending or past disciplinary action or have you ever been refused a nursing license or any other occupational license in any state, territory or country?"

6. On June 18, 2020, the California Board adopted a Stipulated Surrender of License and Order under which Licensee agreed to voluntarily surrender his license to practice registered nursing in the State of California. Licensee also agreed that the Stipulated Surrender is considered formal discipline against his California nursing license.

7. On October 29, 2020, the Colorado Board of Nursing denied Licensee's application for professional nurse licensure by endorsement based on the 2014 Texas Order and Licensee's attempt to procure his license by fraud, deceit, misrepresentation, misleading omission, or material misstatement of fact.

8. On September 3, 2021, the Board sent Licensee an inquiry letter to the address Licensee provided to the Board on his renewal application in April of 2020. The letter was returned to the Board as "return to sender insufficient address unable to forward" on September 16, 2021. Licensee provided no updated or other mailing address to the Board as required by Minnesota Rule 6310.3300, subpart 2.

(Notice of Hearing, Ex. A at 2-3.)

CONCLUSIONS OF LAW

The Board accepts the ALJ's June 13, 2022, report and accordingly adopts and incorporates the Conclusions of Law therein.

ORDER

Based on the foregoing Findings of Fact and Conclusions and upon the recommendation of the ALJ, the Board issues the following Order:

1. NOW, THEREFORE, IT IS HEREBY ORDERED that Licensee's license to practice professional nursing in the State of Minnesota is **REVOKED** immediately for a

[1] Because Licensee resided outside of California at the time of the 2016 Order, his probation was placed in a "TOLLED" status until March 19, 2018, which became the effective date of the start of his probation.

minimum of two years from the date of this Order and upon reinstatement of Licensee's nursing licenses in the State of Texas.

2. IT IS FURTHER ORDERED that during the period of revocation Licensee shall not engage in any conduct that constitutes the practice of professional nursing as defined in Minnesota Statutes section 148.171 and shall not imply to any person by words or conduct that Licensee is authorized to practice nursing in the State of Minnesota.

3. IT IS FURTHER ORDERED that Licensee may apply for relicensure after a minimum of two years from the date of this Order and upon reinstatement of Licensee's nursing licenses in the State of Texas. The burden of proof will be on Licensee to provide by a preponderance of the evidence that Licensee is fit to practice nursing in a safe, competent, and ethical manner. At the time of Licensee's application, Licensee will be required to meet with a Review Panel and comply with, at a minimum, the following:

a. Self-Report. Licensee shall submit a report to the Board at the time Licensee applies for relicensure. The report shall provide and address:

1) Licensee's job title, dates of employment, work schedule, and the employer's name for every employment Licensee has held while this Order has been in effect;

2) Evidence that the Texas Board of Nursing has reinstated Licensee's nursing licenses.

3) Licensee's future plans in nursing and the steps he has taken to prepare himself to return to nursing practice; and

4) Any other information Licensee believes would assist the Board in its ultimate review of this matter.

b. Waivers. If requested by the Board at any time during the relicensure process, Licensee shall complete and sign waivers allowing representatives of the Board to obtain copies of all of Licensee's personnel records and to discuss Licensee's job performance with his employers.

c. Evidence of Rehabilitation. Licensee must provide any information relevant to his application reasonably requested by the Review Panel. The Board will consider all competent evidence of rehabilitation presented to the Board upon Licensee's application for relicensure.

d. Reexamination, Licensure Application, and Licensure Fee. Licensee must retake the National Council Licensure Examination for Registered Nurses ("NCLEX-RN") and/or the National Council Licensure Examination for Practical Nurses ("NCLEX-PN"), submit completed application(s) for licensure, pay the licensure fee(s), and meet all other licensure requirements in effect at the time of application, including submission of evidence of passing score(s) on the NCLEX-RN and/or NCLEX-PN.

e. Respond to Findings of Fact. Licensee must submit a response to each separate fact set forth in the Findings of Fact.

4. IT IS FURTHER ORDERED that Licensee must surrender to the Board his license. Licensee must personally deliver or mail the license to the Minnesota Board of Nursing, c/o Kimberly S. Miller, Executive Director, 1210 Northland Drive, Suite 120, Mendota Heights, Minnesota 55120, within ten days of the date of this Order.

5. IT IS FURTHER ORDERED that, pursuant to Minnesota Statutes section 148.262, subdivision 4, when Licensee applies for relicensure, he must pay to the Board the total costs of the proceedings which resulted in the revocation of his license, including the

costs paid by the Board to the Office of Administrative Hearings. The total costs of the proceedings are $1,084.60 and shall be paid by cashier's check(s) or money order(s) made payable to the Minnesota Board of Nursing, c/o Kimberly S. Miller, Executive Director, 1210 Northland Drive, Suite 120, Mendota Heights, Minnesota 55120.

6. IT IS FURTHER ORDERED that Licensee's violation of this Order shall constitute the violation of a Board order for purposes of Minnesota Statutes section 148.261, subdivision 1(18), and provide grounds for further disciplinary action.

7. IT IS FURTHER ORDERED that the Board may, at any regularly scheduled meeting following Licensee's application for relicensure of his license, take any of the following actions:

a. Grant nursing licensure to Licensee;

b. Grant nursing licensure to Licensee with limitations upon the scope of Licensee 's practice and/or with conditions for Licensee's practice; or

c. Continue the revocation of Licensee 's license upon Licensee's failure to meet the burden of proof.

Dated: 8/31/2022

MINNESOTA BOARD
OF NURSING

Robert Muster, Ph.D., R.N.
Board President

I do hereby certify the foregoing to be a true copy of the document which is on file or is of record in my office
Wendy Buckner 12/29/2020
Authorized Signature

COLORADO
Department of Regulatory Agencies
Division of Professions and Occupations

October 29, 2020

Samuel L Jerideau
[redacted]

Re: RN Applicant
Case Number: 2020-3012

Dear Samuel L Jerideau:

On October 27, 2020, Inquiry Panel A of the State Board of Nursing ("Board") considered the application you submitted for professional nurse licensure by endorsement.

After careful consideration of all information contained in your application file, it was the decision of the Board to deny your application at this time. The basis for the Board's decision to deny your application is pursuant to the Nurse and Nurse Aide Practice Act, sections 12-255-101 to 133, C.R.S., specifically as follows:

12-255-120. Grounds for discipline. (1) "Grounds for discipline", as used in this article 255, means any action by any person who:

(a) Has procured or attempted to procure a license by fraud, deceit, misrepresentation, misleading omission, or material misstatement of fact.

(d) Has had a license to practice nursing or any other health care occupation suspended or revoked in any jurisdiction. A certified copy of the order of suspension or revocation shall be prima facie evidence of the suspension or revocation.

(t) Has been disciplined by another state, territory, or country based upon an act or omission that is defined substantially the same as a ground for discipline pursuant to this subsection (1).

Pursuant to sections 12-255-120, 12-255-121, and 24-4-104(9), C.R.S., you have the right to request a hearing regarding the denial of your application. In order to exercise this right, you must provide written notification to the Board at the above listed address within sixty (60) days from the date of this letter specifically requesting a hearing. You may send your written request for a hearing to DORA_NursingBoard@state.co.us. In the event that you do not make a timely request for a hearing, the denial of your application will become final.

FOR THE COLORADO STATE BOARD OF NURSING

Roberta Hills

Roberta Hills
Program Director

RH/wb

Enclosures: Certificate of Service
Appeal of Denial information

BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Stipulated Surrender of License and Order Against:	Case No. 2015-321
SAMUEL LAMONT JERIDEAU	OAH No. 2016060594
Registered Nurse License No. **685172**	**STIPULATED SURRENDER OF LICENSE AND ORDER**
Respondent.	

DECISION AND ORDER

The attached Stipulated Surrender of License and Order is hereby adopted by the Board of Registered Nursing, Department of Consumer Affairs, as its Decision in this matter.

IT IS SO ORDERED **June 18, 2020.**

This Decision shall become effective on **June 18, 2020.**

Loretta Melby RN, MSN

Loretta Melby, RN, MSN, Executive Officer
FOR THE BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS

I hereby certify the foregoing to be a true copy of the documents on file in our office.
BOARD OF REGISTERED NURSING
Loretta Melby RN, MSN
Loretta Melby, RN, MSN
Executive Officer

BOARD OF REGISTERED NURSING · DEPARTMENT OF CONSUMER AFFAIRS · STATE OF CALIFORNIA

BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Stipulated Surrender of License and Order Against: SAMUEL LAMONT JERIDEAU [redacted] Registered Nurse License No. 685172 Respondent.	Case No. 2015-321 OAH No. 2016060594 **STIPULATED SURRENDER OF LICENSE AND ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties that the following matters are true:

PARTIES

1. Loretta Melby, RN, MSN (Complainant) is the Acting Executive Officer of the Board of Registered Nursing, who brought this action solely in her official capacity.

2. Samuel Lamont Jerideau (Respondent), is representing himself in this proceeding and has chosen not to exercise his right to be represented by counsel.

3. On or about August 1, 2006, the Board of Registered Nursing issued Registered Nurse License No. 685172 to Samuel Lamont Jerideau (Respondent). The Registered Nurse License No. 685172 expires on March 31, 2022.

JURISDICTION

4. On October 4, 2016, the Board of Registered Nursing adopted Decision and Order Case No. 2015-321; OAH No. 2016060594, which became effective on November 3, 2016. The Decision and Order requires, inter alia, the respondent to serve a 3-year probation term that includes Probation Conditions # 1-14. The Decision and Order is attached as exhibit A and incorporated herein by reference. Per Condition 4 of Decision and Order Case No. 2015-321; OAH No. 2016060594, Respondent resided outside of California placing his probation in a "TOLLED" status until the return date of March 19, 2018, which became the effective date of probation.

5. At all times after the effective date of Respondent's probation, Condition 13 states,

"**License Surrender.** During Respondent's term of probation, if he ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the conditions of probation, Respondent may surrender his license to the Board. The Board reserves the right to evaluate Respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances, without further hearing. Upon formal acceptance of the tendered license and wall certificate, Respondent will no longer be subject to the conditions of probation.

Surrender of Respondent's license shall be considered a disciplinary action and shall become a part of Respondent's license history with the Board. A registered nurse whose license has been surrendered may petition the Board for reinstatement no sooner than the following minimum periods from the effective date of the disciplinary decision:

(1) Two years for reinstatement of a license that was surrendered for any reason other than a mental or physical illness; or

(2) One year for a license surrendered for a mental or physical illness."

ADVISEMENT AND WAIVERS

6. Respondent has carefully read and understands Decision and Order Case No. 2015-321; OAH No. 2016060594. Respondent has carefully read, and understands the effects of this Stipulated Surrender of License and Order and understands that this Stipulated Surrender, if accepted by the Board, is considered as formal discipline of his license.

7. Respondent understands that by signing this stipulation he enables the Board to accept the surrender of his Registered Nurse License without further process.

CONTINGENCY

8. This stipulation shall be subject to approval by the Board of Registered Nursing. The Respondent understands and agrees that by signing this Stipulated Surrender of License and Order, he may not withdraw his agreement or seek to rescind the stipulation prior to the date it becomes effective. If the Board declines to accept this stipulation as its Decision and Order, the Stipulated Surrender of License and Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

9. This Stipulated Surrender of License and Order is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Surrender of License and Order may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

10. The parties understand and agree that facsimile copies of this Stipulated Surrender of License and Order, including facsimile signatures thereto, shall have the same force and effect as the originals.

11. In consideration of the foregoing stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Order:

ORDER

IT IS HEREBY ORDERED that Registered Nurse License No. 685172, issued to Respondent Samuel Lamont Jerideau is surrendered and the surrender is accepted by the Board of Registered Nursing.

1. The surrender of Respondent's Registered Nurse License and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a Registered Nurse in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board both his pocket license and wall certificate, if one was issued, on or before the effective date of the Decision and Order.

4. Respondent fully understands and agrees that if he ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 2015-321 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. Respondent shall not apply for licensure or petition for reinstatement for 1 year from the effective date of the Board of Registered Nursing's Decision and Order.

ACCEPTANCE

I have carefully read the Stipulated Surrender of License and Order. I understand the stipulation and the effect it will have on my Registered Nurse License. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Registered Nursing.

DATED: _____.

_____
SAMUEL LAMONT JERIDEAU
Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully accepted by Loretta Melby, RN, MSN (Complainant) as the Acting Executive Officer for the Board of Registered Nursing.

DATED: June 1, 2020.

_____ for
Loretta Melby, RN, MSN
Acting Executive Officer
BOARD OF REGISTERED NURSING

EXHIBIT "A"

Decision and Order Case No. 2015-321; OAH No. 2016060594

BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

SAMUEL LAMONT JERIDEAU
[redacted]

Registered Nurse License No. 685172

Respondent.

[redacted]

DECISION

The attached Proposed Decision of the Administrative Law Judge is hereby adopted by the Board of Registered Nursing as its Decision in the above-entitled matter.

This Decision shall become effective on **November 3, 2016.**

IT IS SO ORDERED this **4th day of October, 2016.**

Michael D. Jackson, MSN, RN, CPN

Michael D. Jackson, President
Board of Registered Nursing
Department of Consumer Affairs
State of California

BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	
SAMUEL LAMONT JERIDEAU	Case No. 2015-321
Registered Nurse License No. 685172,	OAH No. 2016060594
Respondent.	

PROPOSED DECISION

Administrative Law Judge Diane Schneider, Office of Administrative Hearings, State of California, heard this matter on July 7, 2016, in Oakland, California.

Complainant Louise Bailey, M.Ed., R.N., Executive Officer of the Board of Registered Nursing, was represented by Kim M. Settles, Deputy Attorney General.

Respondent Samuel Lamont Jerideau was present and represented himself.

The record was held open for respondent to submit additional documents and for complainant to comment thereon. Respondent timely submitted 25 pages of documents, which were collectively marked as Exhibit I and admitted into evidence as administrative hearsay. Complainant did not submit any comments regarding respondent's submission.

The record closed and the matter was submitted for decision on July 27, 2016.

SUMMARY OF CASE

Respondent was disciplined by the Texas Board of Nursing (Texas Board) for committing multiple errors in judgment while licensed in Texas. However, he demonstrated sufficient evidence of his rehabilitation that the public safety will not be imperiled if he is permitted to retain his nursing license while on probation to the Board of Registered nursing in California. During closing argument complainant recommended that respondent be placed on probation, with appropriate terms and conditions.

FACTUAL FINDINGS

1. Complainant Louise R. Bailey, M.Ed., R.N., filed the accusation in her official capacity as Executive Officer, Board of Registered Nursing (Board), Department of Consumer Affairs.

2. On August 1, 2006, the Board issued registered nurse license number 685172 to respondent Samuel Lamont Jerideau. The license expired on March 31, 2016.[1]

3. On May 13, 2014, the Texas Board issued an Order In the Matter of Advanced Practice Registered Nurse License Number AP112723 & Registered Nurse License Number 651668 issued to Samuel Jerideau (Order). The Order suspended respondent's advanced practice and registered nurse license for two years. The suspension was stayed and respondent was placed on probation for two years, on terms and conditions that included work restrictions and requirements, taking and completing coursework, employment requirements and restrictions, and supervision.

4. The facts and circumstances underlying respondent's discipline are that between June 28 and July 26, 2013, while employed as a family nurse practitioner and owner of J and J Healthcare Clinic in Duncanville, Texas, respondent engaged in inappropriate activities and violated professional boundaries with patient R.A., who was 17 years old at the time. On June 28, 2013, respondent performed a routine physical examination on R.A. Soon thereafter, on a date not established by the evidence, respondent was contacted on Facebook by a person who identified herself as "Veronica," represented that she was a woman in her twenties or thirties. "Veronica" and respondent exchanged romantic text messages and emails. Respondent purchased a cell phone for "Veronica," provided his debit card information, and arranged for them to meet. When respondent met "Veronica" he discovered that she was, in fact, R.A. After R.A. threatened to reveal respondent's behavior, respondent gave R.A. $1,000 for his silence.

5. At hearing complainant amended the accusation, with the consent of respondent, to include paragraph 8, subsections C and D, as follows:

> 8C. On or about April 16, 2015, in the Matter of the Permanent Certificate Numbers AP112733 and 651668 & Prescriptive Authorization Number 5188, Issued to Samuel Jerideau, the Texas Board issued an Order whereby Respondent's Permanent Certificate Numbers AP112733 and 651668 and Prescriptive Authorization Number 5188 are revoked.

[1] The expiration of respondent's license does not deprive the Board of jurisdiction to proceed in the instant case or to render a decision suspending or revoking his license. (Bus. & Prof. Code, § 2764.) It is noted that the date on which respondent's license expired is incorrectly pled in the accusation.

8D. The circumstances of Respondent's discipline are that proper and timely notice of Formal Charges alleged to warrant discipline has been provided to Respondent pursuant to statute and Respondent was given proper and timely notice and opportunity to appear. Respondent did not appear at the hearing and the factual allegations listed in the Formal Charges were deemed admitted by default. The Formal Charges are as follows:

1. Respondent was non-compliant with the Texas Board's Order, as referenced in paragraph 8, subdivision A, above, in that Respondent provided care to minor patients.

2. Respondent misrepresented himself as a Doctor, calling himself "Doctor Sam" on his website, in a manner that was likely to deceive the public.

Respondent's evidence

6. Respondent is a veteran of the United States Army. He received his nursing degree from Texas Woman's University in 1998, and his master's degree in nursing from the Family Nurse Practitioner (FNP) Program from the same institution in 2003. Respondent was licensed to practice nursing in Texas in 1998, and recognized as a FNP and granted prescriptive authority in 2003.

7. Respondent fully acknowledges that he committed a serious error in judgment when he paid R.A. $1,000 to buy R.A.'s silence as to respondent's texting and email contacts with him. Respondent credibly testified that he discovered that "Veronica" was really R.A., when respondent met "Veronica" in person at respondent's home on July 7, 2016. Had respondent known that "Veronica" was really R.A., he never would have engaged in exchanging romantic texts and emails with him. When respondent told R.A. that he was not going to get involved with him romantically R.A. left respondent's home upset. Thereafter, R.A. sent respondent email and text messages in which he threatened to call the police and the medical board, initiate a lawsuit against respondent for "leading [R.A.] on," and post a message on Facebook that respondent was "gay," unless respondent paid him $1,000. Respondent panicked and met R.A. at a restaurant and gave R.A. $1,000 to buy his silence. R.A. later filed a complaint with the Texas Board.

8. Respondent denies, and the evidence failed to demonstrate, that respondent engaged in any inappropriate conduct with R.A. during R.A.'s medical examination or during the meeting at respondent's home. R.A.'s foster parent provided a written statement to the Texas Board in which she states that she was present during respondent's examination of R.A. and that she did not witness any inappropriate behavior. The foster parent questioned the credibility of R.A. and stated that she has taken her grandchildren and foster

children to respondent's clinic for years and never had any complaints regarding respondent's provision of services.

9. As part of the Texas Board's investigation into R.A.'s allegations, the Board required respondent to submit to a sex offender evaluation, at his own cost, to determine if respondent was impaired from safely practicing nursing. Respondent was evaluated by Dr. Timothy James Proctor. Neither Dr. Proctor's credentials nor his report were presented at hearing. Respondent testified, however, that Dr. Proctor found that he was not a threat to the public and recommended that respondent be allowed to continue working as a nurse. Following Dr. Proctor's findings, the Texas Board offered respondent a two year stayed suspension with probation. Respondent agreed, and admitted only that he had given R.A. $1,000. Although respondent's attorney advised him to take the matter to hearing, respondent could not afford to do so since he had already expended $30,000 in legal fees.

10. As to respondent's subsequent violations of the probationary terms set forth in the Texas Board's Order, respondent readily admits that he allowed his patients to call him "Doctor Sam," and that this nickname was used on his website. He did not realize at the time that this nickname could mislead the public. When he learned of this, he immediately stopped this practice and removed the "Doctor Sam" reference from his website. Respondent denies that he violated the Texas Board's probation Order by treating minors. While he did not treat minors, he admits that he did bill insurance companies in his name for exams of minors that were performed by another nurse practitioner at his office. He explained that this occurred during the time period that he was waiting for insurance companies to authorize other personnel to provide medical services to minor patients at the clinic.

11. Respondent deeply regrets that he did not attend the hearing on his probation violations on April 16, 2015. He was unable to do so because he was undergoing treatment for an elbow injury.

12. Respondent has gained insight into his multiple errors of judgment and is remorseful for his mistakes. He explained that at the time he paid R.A. $1,000, he was "spinning out of control" and was "embarrassed at what was happening." Respondent suffers from anxiety and realizes that his anxiety impaired his judgment and ability to respond to the stressful situation with R.A. Respondent has received treatment from a psychologist for his anxiety. He believes this treatment has improved his ability to respond to stressful situations and make sound decisions.

13. Respondent has never practiced nursing in California. In 2003, after becoming licensed as a FNP in Texas, he opened a primary care medical clinic in Duncanville, which is a suburb of Dallas. Following his discipline in Texas, insurance carriers started to "drop him." In October 2014, he closed his medical clinic. He has not been employed since then and has supported himself on savings.

14. Respondent has pursued education and training, excelling in fields outside of nursing: In August 2012 he received a master's degree in Evangelism from Liberty

University, and in 2011, he earned a doctor of theology from Almeda University. Respondent is currently enrolled in a doctor of ministry program at Southwestern Assembly of God University. In 2015 he was admitted into the A+ Texas Teachers Alternative Certification Program and deemed eligible for a probationary teaching certificate in life science, health and physical education. Respondent is currently a cadet in the Cedar Valley College Law Enforcement Academy and expects to graduate in September 2016. Respondent has also started two nonprofit organizations geared to serving at-risk populations.

15. Respondent is active in his church, Greater Harvest North Church, in Sherman, Texas. Bishop William Charles Niblet is the pastor of Greater Harvest North Church. He wrote a letter dated July 10, 2016, in support of respondent's continued licensure. Bishop Niblet has known respondent and his family for over 10 years and observes that respondent has "deep remorse for the mistakes in judgment that he made." Bishop Niblet writes that since respondent's misconduct he has attended counseling sessions, classes and church services regularly.

16. Respondent's former wife, Shuntak Hamilton, R.N., submitted a letter dated July 10, 2016, in support of respondent. She praises respondent as a man of integrity who inspired her to become a registered nurse. Hamilton also describes respondent as a great father to their three children.

17. Respondent also submitted letters of support from individuals who are familiar with respondent personally and professionally. The letters uniformly describe respondent as a hardworking, honest and caring person.

Cost recovery

18. Complainant has incurred Attorney General costs in the amount of $1,770 in its investigation and enforcement of this matter. In the absence of evidence to the contrary, these costs are found to be reasonable.

19. Respondent is unemployed and therefore has a limited financial ability to pay a cost award.

LEGAL CONCLUSIONS

1. The Board may take disciplinary action against a registered nurse who commits unprofessional conduct, which, by definition, includes any disciplinary action taken against a licensee by another state. (Bus. & Prof. Code, § 2761, subd. (a)(4).) Pursuant to Business and Professions Code section 2761, subdivision (a)(4), a certified copy of a disciplinary order from another state constitutes "conclusive evidence of that action." Based upon the matters set forth in Factual Findings 3 and 5, cause for license discipline exists pursuant to Business and Professions Code section 2761, subdivision (a)(4).

Disciplinary determination

2. The Board's disciplinary guidelines (see California Code of Regulations, title 16, § 1444.5) provide that the recommended minimum penalty for respondent's misconduct is a stayed revocation with three years' probation.[2] It is determined that, in consideration of the following factors, a stayed revocation with three years' probation is the appropriate discipline: Respondent fully acknowledges the he committed serious errors in judgment by paying R.A. $1,000 to prevent him from revealing respondent's text and emails to him. In mitigation, respondent credibly testified that he had no idea that R.A. was posing as a female. It is noteworthy there was no evidence that respondent committed any misconduct during his examination of R.A. Additionally, respondent appears to have been unable to attend his probation violation hearing in Texas. While his failure to abide by the terms of his probation is concerning, respondent did not believe that his behaviors placed him in violation of his probation. In hindsight he realizes that it is not appropriate for his patients to call him "Doctor Sam," and that he should not have billed insurance companies for examinations performed by other personnel at his clinic. Respondent has gained insight into his misconduct and is remorseful for his mistakes. He realizes that his ability to make sound decisions was impaired by his anxiety. Through psychological treatment and reflection he appears to have developed skills to enable him to make better decisions when faced with stressful situations.

Accordingly, it is concluded that respondent has demonstrated sufficient evidence of his rehabilitation that the public safety will not be put at risk if he is permitted to retain his nursing license while on probation to the Board, subject to the terms and conditions set forth below. Since respondent did not submit any report from his treating psychologist, a question remains as to the status of respondent's treatment for his anxiety. As a condition of probation, therefore, respondent will be required to undergo a mental health examination to determine whether he requires ongoing treatment for his anxiety. Additionally, respondent will be required to complete classes in professional boundaries and ethics.

Cost recovery

3. Business and Professions Code section 125.3 provides that a licensee found to have violated licensing laws may be ordered to pay the Board "a sum not to exceed the reasonable costs of the investigation and enforcement of the cause." The Board incurred fees in the amount of $1,770 in connection with its enforcement of this case. In determining the reasonableness of the costs, the following factors have been considered: whether respondent succeeded in getting the charges dismissed or the severity of discipline reduced, whether respondent presented a "colorable challenge" to the proposed discipline, whether respondent possessed a "subjective good faith belief" in the merits of his position, and whether respondent is financially able to pay such costs. (*Zuckerman v. Board of Chiropractic Examiners* (2002) 29 Cal.4th 32, 45.) Additionally, under *Zuckerman*, the Board must not

[2] Under the guidelines, the level of discipline is determined by the conduct underlying the out-of-state disciplinary order.

assess full enforcement costs when to do so would penalize an individual who has committed some misconduct, but who has used the hearing process to reduce the severity of the discipline imposed. (*Ibid.*)

In the instant case, respondent came from Texas to attend the hearing. He used the hearing process to submit rehabilitation evidence that demonstrates to the Board that the appropriate discipline should be a stayed suspension with probation rather than a license revocation. Additionally, respondent is currently unemployed he has a limited financial ability to pay a cost a cost award. In consideration of these factors, it is determined the Board's costs should be reduced by about one-half, for a total of $900.

ORDER

It is hereby ordered that registered nurse license number 685172, issued to respondent Samuel Lamont Jerideau, is revoked. However, the revocation is stayed and respondent is placed on probation for three years on the following conditions. Each condition of probation contained herein is a separate and distinct condition. If any condition of this Order, or any application thereof, is declared unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other applications thereof, shall not be affected. Each condition of this Order shall separately be valid and enforceable to the fullest extent permitted by law.

1. Obey All Laws

   Respondent shall obey all federal, state and local laws. A full and detailed account of any and all violations of law shall be reported by respondent to the Board in writing within 72 hours of occurrence. To permit monitoring of compliance with this condition, respondent shall submit completed fingerprint forms and fingerprint fees within 45 days of the effective date of the decision, unless previously submitted as part of the licensure application process.

2. Comply with the Board's Probation Program

   Respondent shall fully comply with the conditions of the Probation Program established by the Board and cooperate with a representative of the Board in its monitoring and investigation of respondent's compliance with the Board's Probation Program. Respondent shall inform the Board in writing within no more than 15 days of any address change and shall at all times maintain an active, current license status with the Board, including during any period of suspension.

   Upon successful completion of probation, respondent's license shall be fully restored.

3. Report in Person

Respondent, during the period of probation, shall appear in person at interviews/meetings as directed by the Board or its designated representatives.

4. Residency, Practice, or Licensure Outside of State

Periods of residency as a registered nurse outside of California shall not apply toward a reduction of this probation time period. Respondent's probation is tolled, if and when he resides outside of California. Respondent must provide written notice to the Board within 15 days of any change of residency or practice outside the state, and within 30 days prior to re-establishing residency or returning to practice in this state.

Respondent shall provide a list of all states and territories where he has ever been licensed as a registered nurse, vocational nurse, or practical nurse. Respondent shall further provide information regarding the status of each license and any changes in such license status during the term of probation. Respondent shall inform the Board if he applies for or obtains a new nursing license during the term of probation.

5. Submit Written Reports

Respondent, during the period of probation, shall submit or cause to be submitted such written reports/declarations and verification of actions under penalty of perjury, as required by the Board. These reports/declarations shall contain statements relative to respondent's compliance with all the conditions of the Board's Probation Program. Respondent shall immediately execute all release of information forms as may be required by the Board or its representatives.

Respondent shall provide a copy of this decision to the nursing regulatory agency in every state and territory in which he has a registered nurse license.

6. Function as a Registered Nurse

Respondent, during the period of probation, shall engage in the practice of registered nursing in California for a minimum of 24 hours per week for six consecutive months or as determined by the Board.

For purposes of compliance with the section, "engage in the practice of registered nursing" may include, when approved by the Board, volunteer work as a registered nurse, or work in any non-direct patient care position that requires licensure as a registered nurse.

If respondent has not complied with this condition during the probationary term, and respondent has presented sufficient documentation of his good faith efforts to comply with this condition, and if no other conditions have been violated, the Board, in its discretion, may grant an extension of respondent's probation period up to one year without further hearing in order to comply with this condition. During the one year extension, all original conditions of probation shall apply.

7. Employment Approval and Reporting Requirements

Respondent shall obtain prior approval from the Board before commencing or continuing any employment, paid or voluntary, as a registered nurse. Respondent shall cause to be submitted to the Board all performance evaluations and other employment related reports as a registered nurse upon request of the Board.

Respondent shall provide a copy of this decision to his employer and immediate supervisors prior to commencement of any nursing or other health care related employment.

In addition to the above, respondent shall notify the Board in writing within 72 hours after he obtains any nursing or other health care related employment. Respondent shall notify the Board in writing within 72 hours after he is terminated or separated, regardless of cause, from any nursing, or other health care related employment with a full explanation of the circumstances surrounding the termination or separation.

8. Supervision

Respondent shall obtain prior approval from the Board regarding respondent's level of supervision and/or collaboration before commencing or continuing any employment as a registered nurse, or education and training that includes patient care.

Respondent shall practice only under the direct supervision of a registered nurse in good standing (no current discipline) with the Board of Registered Nursing, unless alternative methods of supervision and/or collaboration (e.g., with an advanced practice nurse or physician) are approved.

Respondent's level of supervision and/or collaboration may include, but is not limited to the following:

a) Maximum – The individual providing supervision and/or collaboration is present in the patient care area or in any other work setting at all times.

b) Moderate – The individual providing supervision and/or collaboration is in the patient care unit or in any other work setting at least half the hours respondent works.

c) Minimum – The individual providing supervision and/or collaboration has person-to-person communication with respondent at least twice during each shift worked.

d) Home Health Care – If respondent is approved to work in the home health care setting, the individual providing supervision and/or collaboration shall have person-to-person communication with respondent as required by the Board each work day. The individual providing supervision and/or collaboration shall conduct, as required by the Board, periodic, on-site visits to patients' homes visited by respondent with or without respondent present.

9. Employment Limitations

Respondent shall not work for a nurse's registry, in any private duty position as a registered nurse, a temporary nurse placement agency, a traveling nurse, or for an in-house nursing pool.

Respondent shall not work for a licensed home health agency as a visiting nurse unless the registered nursing supervision and other protections for home visits have been approved by the Board. Respondent shall not work in any other registered nursing occupation where home visits are required.

Respondent shall not work in any health care setting as a supervisor of registered nurses. The Board may additionally restrict respondent from supervising licensed vocational nurses and/or unlicensed assistive personnel on a case-by-case basis.

Respondent shall not work as a faculty member in an approved school of nursing or as an instructor in a Board approved continuing education program.

Respondent shall work only on a regularly assigned, identified and predetermined worksite(s) and shall not work in a float capacity.

If respondent is working or intends to work in excess of 40 hours per week, the Board may request documentation to determine whether there should be restrictions on the hours of work.

10. Complete Nursing Courses

Respondent, at his own expense, shall enroll and successfully complete courses in professional boundaries and ethics no later than six months prior to the end of his probationary term.

Respondent shall obtain prior approval from the Board before enrolling in the course. Respondent shall submit to the Board the original transcripts or certificates of completion for the above required course. The Board shall return the original documents to respondent after photocopying them for its records.

11. Cost Recovery

Respondent shall pay to the Board costs associated with its investigation and enforcement pursuant to Business and Professions Code Section 125.3 in the amount of $900. Respondent shall be permitted to pay these costs in a payment plan approved by the Board, with payments to be completed no later than three months prior to the end of the probation term.

If respondent has not complied with this condition during the probationary term, and respondent has presented sufficient documentation of his good faith efforts to comply with this condition, and if no other conditions have been violated, the Board, in its discretion, may grant an extension of respondent's probation period up to one year without further hearing in order to comply with this condition. During the one year extension, all original conditions of probation will apply.

12. Violation of Probation

If respondent violates the conditions of his probation, the Board after giving respondent notice and an opportunity to be heard, may set aside the stay order and impose the stayed discipline (revocation/suspension) of respondent's license.

If during the period of probation, an accusation or petition to revoke probation has been filed against respondent's license or the Attorney General's Office has been requested to prepare an accusation or petition to revoke probation against respondent's license, the probationary period shall automatically be extended and shall not expire until the accusation or petition has been acted upon by the Board.

13. License Surrender

During respondent's term of probation, if he ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the conditions of probation, respondent may surrender his license to the Board. The Board reserves the right to evaluate respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances, without further hearing. Upon formal acceptance of the tendered license and wall certificate, respondent will no longer be subject to the conditions of probation.

Surrender of respondent's license shall be considered a disciplinary action and shall become a part of respondent's license history with the Board. A registered nurse whose license has been surrendered may petition the Board for reinstatement no sooner than the following minimum periods from the effective date of the disciplinary decisions:

1) Two years for reinstatement of a license that was surrendered for any reason other than a mental or physical illness; or

2) One year for a license surrendered for a mental or physical illness.

14. Mental Health Examination

Respondent shall, within 45 days of the effective date of this decision, have a mental health examination including psychological testing as appropriate to determine his capability to perform the duties of a registered nurse. The examination will be performed by a psychiatrist, psychologist or other licensed mental health practitioner approved by the Board. The examining mental health practitioner will submit a written report of that assessment and recommendations to the Board. All costs are the responsibility of respondent. Recommendations for treatment, therapy or counseling made as a result of the mental health examination will be instituted and followed by respondent.

If respondent is determined to be unable to practice safely as a registered nurse, the licensed mental health care practitioner making this determination shall immediately notify the Board and respondent by telephone, and the Board shall request that the Attorney General's office prepare an accusation or petition to revoke probation. Respondent shall immediately cease practice and may not resume practice until notified by the Board. During this period of suspension, respondent shall not engage in any practice for which a license issued by the Board is required, until the Board has notified respondent that a mental health determination permits respondent to resume practice. This period of suspension will not apply to the reduction of this probationary time period.

If respondent fails to have the above assessment submitted to the Board within the 45-day requirement, respondent shall immediately cease practice and shall not resume practice until notified by the Board. This period of suspension will not apply to the reduction of this probationary time period. The Board may waive or postpone this suspension only if significant, documented evidence of mitigation is provided. Such evidence must establish good faith efforts by respondent to obtain the assessment, and a specific date for compliance must be provided. Only one such waiver or extension may be permitted.

DATED: August 18, 2016

DocuSigned by:
Diane Schneider
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DIANE SCHNEIDER
Administrative Law Judge
Office of Administrative Hearings

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BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **SAMUEL LAMONT JERIDEAU** [redacted] **Registered Nurse License No. 685172** Respondent.	Case No. 2015-321 **ACCUSATION**

Complainant alleges:

PARTIES

1. Louise R. Bailey, M.Ed., RN (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Registered Nursing, Department of Consumer Affairs.

2. On or about August 1, 2006, the Board of Registered Nursing issued Registered Nurse License Number 685172 to Samuel Lamont Jerideau (Respondent). The Registered Nurse License expired on March 31, 2008, and has not been renewed.

JURISDICTION

3. This Accusation is brought before the Board of Registered Nursing (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2750 of the Business and Professions Code ("Code") provides, in pertinent part, that the Board may discipline any licensee, including a licensee holding a temporary or an inactive license, for any reason provided in Article 3 (commencing with section 2750) of the Nursing Practice Act.

5. Section 2764 of the Code provides, in pertinent part, that the expiration of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the licensee or to render a decision imposing discipline on the license.

6. Section 2761 of the Code states, in pertinent part:

"The board may take disciplinary action against a certified or licensed nurse or deny an application for a certificate or license for any of the following:

"(a) Unprofessional conduct, which includes, but is not limited to, the following:

. . .

"(4) Denial of licensure, revocation, suspension, restriction, or any other disciplinary action against a health care professional license or certificate by another state or territory of the United States, by any other government agency, or by another California health care professional licensing board. A certified copy of the decision or judgment shall be conclusive evidence of that action."

COST RECOVERY

7. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case, with failure of the licentiate to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Out of State Discipline)

8. Respondent has subjected his registered nurse license to disciplinary action under Code section 2761, subdivision (a)(4), based on disciplinary action against his advanced practice

registered nurse license and registered nurse license in another state. The circumstances are as follows:

A. On or about May 13, 2014, in *In the Matter of Advanced Practice Registered Nurse License Number AP112733 & Registered Nurse License Number 651668 issued to Samuel Jerideau*, the Texas Board of Nursing (Texas Board) issued an Order whereby Respondent's advanced practice nursing license and registered nurse license are suspended for two years, with the suspension stayed, and Respondent is placed on probation for two years, on terms and conditions, including work restrictions and requirements, taking and completing coursework, employment requirements and restrictions, and supervision.

B. The circumstances of Respondent's discipline are that on or between June 28, 2013, through July 26, 2013, while employed as a family nurse practitioner and owner of a Healthcare Clinic in Duncanville, Texas, Respondent engaged in inappropriate activities with a minor patient, who was treated at the clinic. On or about June 28, 2013, Respondent performed a routine physical examination on the minor patient, then exchanged romantic text messages and emails with "Veronica," who represented herself as a female in her twenties, but was in fact the minor patient. Respondent purchased a cell phone for "Veronica" and provided his debit card information, and arranged a personal meeting. After Respondent found out that "Veronica" was the minor patient, and the patient threatened to reveal Respondent's inappropriate behavior, Respondent gave the minor patient one thousand dollars for her silence.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters alleged in this Accusation, and that following the hearing, the Board of Registered Nursing issue a decision:

1. Revoking or suspending Registered Nurse License Number 685172, issued to Samuel Lamont Jerideau;

2. Ordering Samuel Lamont Jerideau to pay the Board of Registered Nursing the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;

///

3. Taking such other and further action as deemed necessary and proper.

DATED: October 18, 2014

LOUISE R. BAILEY, M.ED., RN
Executive Officer
Board of Registered Nursing
Department of Consumer Affairs
State of California
Complainant

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BEFORE THE TEXAS BOARD OF NURSING

****

In the Matter of Advanced Practice Registered Nurse License Number AP112733 & Registered Nurse License Number 651668 issued to SAMUEL JERIDEAU	§ § § §	AGREED ORDER

On this day the Texas Board of Nursing, hereinafter referred to as the Board considered the matter of SAMUEL JERIDEAU, Advanced Practice Registered Nurse License Number AP112733 and Registered Nurse License Number 651668, hereinafter referred to as Respondent.

Information received by the Board produced evidence that Respondent may be subject to discipline pursuant to Section 301.452(b)(10)&(13) and 301.453, Texas Occupations Code. Respondent waived informal proceedings, notice and hearing, and agreed to the entry of this Order approved by Katherine A. Thomas, MN, RN, FAAN, Executive Director, on March 3, 2014, subject to ratification by the Board.

FINDINGS OF FACT

1. Prior to the institution of Agency proceedings, notice of the matters specified below in these Findings of Fact was served on Respondent and Respondent was given an opportunity to show compliance with all requirements of the law for retention of the license(s).

2. Respondent waived informal proceedings, notice and hearing, and agreed to the entry of this Order.

3. Respondent is currently licensed to practice professional nursing in the State of Texas.

4. Respondent received a Baccalaureate Degree in Nursing from Texas Woman's University, Denton, Texas, on May 1, 1998, and received a Master's Degree in Nursing from the Family Nurse Practitioner (FNP) Program with Texas Woman's University, Denton, Texas, on August 25, 2003. Respondent was licensed to practice professional nursing in the State of

I do hereby certify this to be a complete, accurate, and true copy of the document which is on file or is of record in the offices of the Texas Board of Nursing.
Executive Director of the Board

Texas on June 23, 1998, was Board recognized as a FNP on September 26, 2003, and was Board recognized FNP with Prescriptive Authority on October 8, 2003,

5. Respondent's nursing employment history in unknown.

6. At the time of the incident in Finding of Fact Number Seven (7), Respondent was employed as a Family Nurse Practitioner (FNP) and owner of J and J Healthcare Clinic, Duncanville, Texas.

7. On or about June 28, 2013, through July 26, 2013, while employed as a Family Nurse Practitioner and owner of J and J Healthcare Clinic, Duncanville, Texas, Respondent engaged in inappropriate activities with Pt. R.A., who was a minor at the time, which violated professional boundaries. According to Respondent, after seeing Patient R.A. at his clinic on June 28, 2013, and performing routine physical examination, there was an exchange of email and text messages of a romantic nature with "Veronica", an individual representing herself as a female in her 20's, via Facebook. Respondent states that he was unaware the "Veronica" was, in fact, Pt. R.A. Without any reasonable therapeutic basis, Respondent purchased a cell phone for this individual as well as providing his debit card information. Respondent arranged a personal meeting with "Veronica." However, after learning that "Veronica" was actually Pt. R.A., Respondent still gave Pt. R.A. one thousand ($1,000) dollars for his silence after Pt. R.A. threatened to reveal the inappropriate behavior. Respondent's conduct was likely to injure the patient in that boundary violations can cause delayed stress for the patient which may not be recognized of felt by the patient until harmful consequence occur.

8. In response to the incident in FOF #7, Respondent denies any wrongdoing with R.A., and specifically denies any touching of any kind outside the initial contact which occurred during the medical examination. Respondent states that he would never have engaged in any if the behavior referenced above if he had known that: "Veronica" was, in fact, R.A; "Veronica" was a patient; or if "Veronica" was a minor.

9. Formal Charges were filed on March 10, 2014.

10. Charges were mailed to Respondent on March 10, 2014.

CONCLUSIONS OF LAW

1. Pursuant to Texas Occupations Code, Sections 301.451-301.555, the Board has jurisdiction over this matter.

2. Notice was served in accordance with law.

3. The evidence received is sufficient to prove violation(s) of 22 TEX. ADMIN. CODE §217.11(1)(A),(1)(J)&(4)(A) and 22 TEX. ADMIN. CODE §217.12(1)(A),(4),(6)(D)&(6)(E).

4. The evidence received is sufficient cause pursuant to Section 301.452(b)(10)&(13), Texas Occupations Code, to take disciplinary action against Advanced Practice Registered Nurse License Number AP112733 and Registered Nurse License Number 651668, heretofore issued to SAMUEL JERIDEAU, including revocation of Respondent's license(s) to practice nursing in the State of Texas.

ORDER

IT IS THEREFORE AGREED and ORDERED, subject to ratification by the Texas Board of Nursing, that Advanced Practice Registered Nurse License Number AP112733 and Registered Nurse License Number 651668, previously issued to SAMUEL JERIDEAU, to practice nursing in Texas is/are hereby SUSPENDED for a period of two (2) years with the suspension STAYED and Respondent is hereby placed on PROBATION for two (2) years with the following agreed terms of probation:

IT IS FURTHER AGREED and ORDERED that, while under the terms of this Order, this Order SHALL apply to any and all future licenses issued to Respondent to practice nursing in the State of Texas.

IT IS FURTHER AGREED and ORDERED that this Order SHALL be applicable to Respondent's nurse licensure compact privileges, if any, to practice nursing in the State of Texas.

IT IS FURTHER AGREED and ORDERED that while Respondent's license(s) is/are encumbered by this order Respondent may not work outside the State of Texas pursuant to a nurse licensure compact privilege without the written permission of the Texas Board of Nursing and the Board of Nursing in the party state where Respondent wishes to work.

(1) RESPONDENT SHALL comply in all respects with the Nursing Practice Act,

Texas Occupations Code, §§301.001 *et seq.*, the Rules and Regulations Relating to Nurse Education, Licensure and Practice, 22 TEX. ADMIN. CODE §211.1 *et seq.* and this Order.

(2) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete a course in Texas nursing jurisprudence and ethics. RESPONDENT SHALL obtain Board approval of the course prior to enrollment only if the course is not being offered by a pre-approved provider. Home study courses and video programs will not be approved. In order for the course to be approved, the target audience shall include nurses. It shall be a minimum of six (6) hours in length. The course's content shall include the Nursing Practice Act, standards of practice, documentation of care, principles of nursing ethics, confidentiality, professional boundaries, and the Board's Disciplinary Sanction Policies regarding: Sexual Misconduct; Fraud, Theft and Deception; Nurses with Substance Abuse, Misuse, Substance Dependency, or other Substance Use Disorder; and Lying and Falsification. Courses focusing on malpractice issues will not be accepted. RESPONDENT SHALL CAUSE the sponsoring institution to submit a Verification of Course Completion form, provided by the Board, to the Office of the Board to verify RESPONDENT'S successful completion of the course. This course shall be taken in addition to any other courses stipulated in this Order, if any, and in addition to any continuing education requirements the Board has for relicensure. *Board-approved courses may be found at the following Board website address: http://www.bon.texas.gov/compliance.*

(3) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete the course "Sharpening Critical Thinking Skills," a 3.6 contact hour online program provided by the National Council of State Boards of Nursing (NCSBN) Learning Extension. In order to receive credit for completion of this program, RESPONDENT SHALL SUBMIT the continuing

education certificate of completion for this program to the Board's office, to the attention of Monitoring. This course is to be taken in addition to any continuing education requirements the Board may have for relicensure. *Board-approved courses may be found at the following Board website address: http://www.bon.texas.gov/compliance.*

(4) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete a course in "Respecting Professional Boundaries," a 3.9 contact hour online program provided by the National Council of State Boards of Nursing (NCSBN) Learning Extension. In order to receive credit for completion of this program, RESPONDENT SHALL SUBMIT the continuing education certificate of completion for this program to the Board's office, to the attention of Monitoring. This course is to be taken in addition to any continuing education requirements the Board may have for relicensure. *Information regarding Board-approved courses may be found at the following Board website address: http://www.bon.texas.gov/compliance.*

IT IS FURTHER AGREED, SHOULD RESPONDENT PRACTICE AS A NURSE IN THE STATE OF TEXAS, RESPONDENT WILL PROVIDE DIRECT PATIENT CARE AND PRACTICE IN A HOSPITAL, NURSING HOME, OR OTHER CLINICAL SETTING AND RESPONDENT MUST WORK AS AN ADVANCED PRACTICE REGISTERED NURSE IN SUCH SETTING A MINIMUM OF SIXTY-FOUR (64) HOURS PER MONTH UNDER THE FOLLOWING PROBATIONARY CONDITIONS FOR TWO (2) YEAR(S) OF EMPLOYMENT. THE LENGTH OF THE STIPULATION PERIOD WILL BE EXTENDED UNTIL SUCH TWENTY-FOUR (24) MONTHS HAVE ELAPSED. PERIODS OF UNEMPLOYMENT OR OF EMPLOYMENT THAT DO NOT REQUIRE THE USE OF AN ADVANCED PRACTICE REGISTERED NURSE (APRN) LICENSE NOT APPLY TO THIS

STIPULATION PERIOD:

(5) While under the terms of this Order, RESPONDENT SHALL NOT provide patient care to minors. For the purposes of this Order, patient care involves any relationship between RESPONDENT and the patient, and includes, but is not limited to: teaching; counseling; assessing the patient's needs and strengths; and providing nursing care.

(6) RESPONDENT SHALL notify each present employer, practice site and/or credentialing agency in nursing of this Order of the Board and the probationary conditions on RESPONDENT'S license(s). RESPONDENT SHALL present a complete copy of this Order and all Proposals for Decision issued by the Administrative Law Judge, if any, to each present employer, practice site and/or credentialing agency in nursing within five (5) days of receipt of this Order. RESPONDENT SHALL notify all future employers, practice sites and/or credentialing agencies in nursing of this Order of the Board and the probationary conditions on RESPONDENT'S license(s). RESPONDENT SHALL present a complete copy of this Order and all Proposals for Decision issued by the Administrative Law Judge, if any, to each future employer, practice site and/or credentialing agency in nursing prior to accepting an offer of employment and/or assignment.

(7) RESPONDENT SHALL CAUSE each present employer, practice site and/or credentialing agency in nursing to submit the Board's "Notification of Employment" form, which is provided to the Respondent by the Board, to the Board's office within ten (10) days of receipt of this Order. RESPONDENT SHALL CAUSE each future employer, practice site and/or credentialing agency in nursing to submit the Board's "Notification of Employment" form, which is provided to the Respondent by the Board, to the Board's office within five (5) days of employment as a nurse.

(8) For the first year of employment as an Advanced Practice Registered Nurse under

the terms of this Order, RESPONDENT SHALL be directly supervised by a Family Nurse Practitioner or Physician. Direct supervision requires another Family Nurse Practitioner or Physician to be working on the same unit as RESPONDENT and immediately available to provide assistance and intervention. RESPONDENT SHALL work only on regularly assigned, identified and predetermined unit(s). The RESPONDENT SHALL NOT be employed by a nurse registry, temporary nurse employment agency, hospice, or home health agency. RESPONDENT SHALL NOT contract for services. Multiple employers are prohibited.

(9) For the remainder of the probationary period, RESPONDENT'S PRACTICE SHALL be supervised by a Family Nurse Practitioner or Physician who is on the premises. The supervising Family Nurse Practitioner or Physician is not required to be on the same unit or ward as RESPONDENT, but should be on the facility grounds and readily available to provide assistance and intervention if necessary. The supervising Family Nurse Practitioner or Physician shall have a minimum of two (2) years experience in the same or similar practice setting to which the Respondent is currently working. RESPONDENT SHALL work only regularly assigned, identified and predetermined unit(s). RESPONDENT SHALL NOT be employed by a nurse registry, temporary nurse employment agency, hospice, or home health agency. RESPONDENT SHALL NOT contract for services. Multiple employers are prohibited.

(10) RESPONDENT SHALL CAUSE the supervising Family Nurse Practitioner or Physician to submit, on forms provided to the Respondent by the Board, periodic reports as to RESPONDENT'S capability to practice nursing. These reports shall be completed by the Family Nurse Practitioner or Physician who supervises the RESPONDENT. These reports shall be submitted by the supervising Family Nurse Practitioner or Physician to the office of the Board at the

end of each three (3) month period for two (2) of years of employment as a Family Nurse Practitioner.

IT IS FURTHER AGREED and ORDERED that if during the period of probation, an additional allegation, accusation, or petition is reported or filed against the Respondent's license(s), the probationary period shall not expire and shall automatically be extended until the allegation, accusation, or petition has been acted upon by the Board.

IT IS FURTHER AGREED, that upon full compliance with the terms of this Order, all encumbrances will be removed from RESPONDENT'S license(s) to practice nursing in the State of Texas and RESPONDENT may be eligible for nurse licensure compact privileges, if any.

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RESPONDENT'S CERTIFICATION

I understand that I have the right to legal counsel prior to signing this Agreed Order. I have reviewed this Order. I neither admit nor deny the violation(s) alleged herein. By my signature on this Order, I agree to the Findings of Fact, Conclusions of Law, Order, and any conditions of said Order, to avoid further disciplinary action in this matter. I waive judicial review of this Order. I understand that this Order is subject to ratification by the Board. When this Order is ratified, the terms of this Order become effective, and a copy will be mailed to me. I understand that if I fail to comply with all terms and conditions of this Order, I will be subject to investigation and disciplinary sanction, including revocation of my license(s) to practice nursing in the State of Texas, as a consequence of my noncompliance.

Signed this 17 day of April, 20 14.

SAMUEL JERIDEAU, Respondent

Sworn to and subscribed before me this 17 day of April, 20 14.

SEAL

MARILYN ALLEN
My Commission Expires
March 7, 2018

Notary Public in and for the State of Texas

Approved as to form and substance.

CATHERINE TABOR, Attorney for Respondent

Signed this 24 day of April, 2014

Closp

WHEREFORE, PREMISES CONSIDERED, the Texas Board of Nursing does hereby ratify and adopt the Agreed Order that was signed on the 17th day of April, 2014, by SAMUEL JERIDEAU, Advanced Practice Registered Nurse License Number AP112733 and Registered Nurse License Number 651668, and said Order is final.

Effective this 13th day of May, 2014.

Katherine A. Thomas, MN, RN, FAAN
Executive Director on behalf
of said Board

In the Matter of Advanced Practice Registered Nurse License Number AP112733, and Permanent Registered Nurse License Number 651668 Issued to SAMUEL JERIDEAU, Respondent	§	**BEFORE THE TEXAS**
	§	
	§	
	§	
	§	
	§	**BOARD OF NURSING**

I do hereby certify this to be a complete, accurate, and true copy of the document which is on file or is of record in the offices of the Texas Board of Nursing.
Executive Director of the Board

ORDER OF TEMPORARY SUSPENSION

TO: SAMUEL JERIDEAU
1666 NORTH HAMPTON ROAD, #111
DESOTO, TX 75115

A public meeting of the Texas Board of Nursing was held on October 17, 2014 at 333 Guadalupe, Room 3-460, Austin, Texas, in which the Temporary Suspension of AP112733, Permanent Registered Nurse License Number 651668, issued to SAMUEL JERIDEAU was considered pursuant to Section 301.455, TEXAS OCCUPATIONS CODE. Staff of the Texas Board of Nursing appeared and presented information and evidence concerning the conduct of SAMUEL JERIDEAU and whether his continued practice as a nurse would constitute a continuing and imminent threat to the public welfare.

After review and due consideration of the evidence and information presented, the Board finds that the following charges are substantiated:

1. On or about May 14, 2014, while operating, and practicing as a Family Nurse Practitioner with J & J Healthcare Clinic, DeSoto, Texas, Respondent became non-compliant with the agreed order issued to him by the Texas Board of Nursing on May 13, 2014. Non-compliance is the result of Respondent providing care for minor patients. Stipulation Number Five (5) of the agreed order issued to him on May 13, 2014, states:

   (5) While under the terms of this Order, RESPONDENT SHALL NOT provide patient care to minors. For the purposes of this Order, patient care involves any relationship between RESPONDENT and the patient, and includes, but is not limited to: teaching; counseling; assessing the patient's needs and strengths; and providing

nursing care.

2. On or about September 25, 2014, to present, while operating, and practicing as a Family Nurse Practitioner with J & J Healthcare Clinic, DeSoto, Texas, Respondent misrepresented himself as a Doctor, calling himself "Doctor Sam" on his website, Jandjhealthcareclinic.com/DoctorProfile. Respondent's conduct was likely to deceive the public regarding his credentials.

The Texas Board of Nursing further finds that, given the nature of the charges, the continued practice of nursing by SAMUEL JERIDEAU constitutes a continuing and imminent threat to public welfare and that the temporary suspension of AP112733, Permanent Registered Nurse License Number 651668, is justified pursuant to Section 301.455, TEXAS OCCUPATIONS CODE.

NOW, THEREFORE, IT IS ORDERED that AP112733, Permanent Registered Nurse License Number 651668, issued to SAMUEL JERIDEAU, to practice nursing in the State of Texas be, and the same is/are, hereby SUSPENDED IMMEDIATELY in accordance with Section 301.455, TEXAS OCCUPATIONS CODE.

IT IS FURTHER ORDERED that a probable cause hearing be conducted in accordance with Section 301.455(c) not later than seventeen (17) days following the date of the entry of this order, and a final hearing on the matter be conducted in accordance with 301.455(d) not later than the 61st day following the date of the entry of this order.

Entered this 17th day of October, 2014.

TEXAS BOARD OF NURSING

BY: _____
KATHERINE A. THOMAS, MN, RN, FAAN
EXECUTIVE DIRECTOR

D455-12/06/2012

In the Matter of	§	**BEFORE THE TEXAS**
Permanent Advanced Practice Registered	§	
Nurse License Number AP112733,	§	
Permanent Registered Nurse	§	
License Number 651668	§	
Issued to SAMUEL JERIDEAU,	§	
Respondent	§	**BOARD OF NURSING**

FORMAL CHARGES

This is a disciplinary proceeding under Section 301.452(b), Texas Occupations Code. Respondent, SAMUEL JERIDEAU, is an Advanced Practice Registered Nurse holding License Number AP112733, which is in current status at the time of this pleading, is a Registered Nurse holding License Number 651668, which is in current status at the time of this pleading.

Written notice of the facts and conduct alleged to warrant adverse licensure action was sent to Respondent at Respondent's address of record and Respondent was given opportunity to show compliance with all requirements of the law for retention of the license prior to commencement of this proceeding.

CHARGE I.

On or about May 14, 2014, while operating, and practicing as a Family Nurse Practitioner with J & J Healthcare Clinic, DeSoto, Texas, Respondent became non-compliant with the agreed order issued to him by the Texas Board of Nursing on May 13, 2014. Non-compliance is the result of Respondent providing care for minor patient's. Stipulation Number Five (5) of the agreed order issued to him on May 13, 2014, states:

> (5) While under the terms of this Order, RESPONDENT SHALL NOT provide patient care to minors. For the purposes of this Order, patient care involves any relationship between RESPONDENT and the patient, and includes, but is not limited to: teaching; counseling; assessing the patients needs and strengths; and providing nursing care.

The above action constitutes grounds for disciplinary action in accordance with Section 301.452(b)(1)&(10), Texas Occupations Code, and is a violation of 22 TEX. ADMIN. CODE §217.12(3)&(11)(B).

CHARGE II.

On or about September 25, 2014, to present, while operating, and practicing as a Family Nurse Practitioner with J & J Healthcare Clinic, DeSoto, Texas, Respondent misrepresented himself as a Doctor, calling himself "Doctor Sam" on his website, Jandjhealthcareclinic.com/DoctorProfile. Respondent's conduct was likely to deceive the public regarding his credentials.

The above action constitutes grounds for disciplinary action in accordance with Section 301.452(b)(10), Texas Occupations Code, and is a violation of 22 TEX. ADMIN. CODE §217.12(4)&(6)(H).

NOTICE IS GIVEN that staff will present evidence in support of the recommended disposition of up to, and including, revocation of Respondent's license/s to practice nursing in the State of Texas pursuant to the Nursing Practice Act, Chapter 301, Texas Occupations Code and the Board's rules, 22 Tex. Admin. Code §§ 213.27 - 213.33. Additionally, staff will seek to impose on Respondent the administrative costs of the proceeding pursuant to Section 301.461, Texas Occupations Code. The cost of proceedings shall include, but is not limited to, the cost paid by the Board to the State Office of Administrative Hearings and the Office of the Attorney General or other Board counsel for legal and investigative services, the cost of a court reporter and witnesses, reproduction of records, Board staff time, travel, and expenses. These shall be in an amount of at least one thousand two hundred dollars ($1200.00).

NOTICE IS GIVEN that all statutes and rules cited in these Charges are incorporated as part of this pleading and can be found at the Board's website, www.bon.texas.gov.

NOTICE IS GIVEN that to the extent applicable, based on the Formal Charges, the Board will rely on Adopted Disciplinary Guidelines for Criminal Conduct and on Adopted Disciplinary Sanction Policies for Nurses with Substance Abuse, Misuse, Substance Dependency, or other Substance Use Disorder, for Lying and Falsification, for Fraud, Theft and Deception, and for Sexual Misconduct, which can be found at the Board's website, www.bon.texas.gov.

NOTICE IS GIVEN that, based on the Formal Charges, the Board will rely on the Disciplinary Matrix, which can be found at www.bon.texas.gov/disciplinaryaction/discp-matrix.html.

NOTICE IS ALSO GIVEN that Respondent's past disciplinary history, as set out below and described in the Order(s) which is/are attached and incorporated by reference as part of these charges, will be offered in support of the disposition recommended by staff: Order dated May 13, 2014.

BALANCE OF THIS PAGE INTENTIONALLY LEFT BLANK.
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Filed this 17th day of October, 2014.

TEXAS BOARD OF NURSING

James W. Johnston, General Counsel
Board Certified - Administrative Law
Texas Board of Legal Specialization
State Bar No. 10838300
Jena Abel, Assistant General Counsel
State Bar No. 24036103
Natalie E. Adelaja, Assistant General Counsel
State Bar No. 24064715
John R. Griffith, Assistant General Counsel
State Bar No. 24079751
Robert Kyle Hensley, Assistant General Counsel
State Bar No. 50511847
John F. Legris, Assistant General Counsel
State Bar No. 00785533
John Vanderford, Assistant General Counsel
State Bar No. 24086670

333 Guadalupe, Tower III, Suite 460
Austin, Texas 78701
P: (512) 305-6811
F: (512) 305-8101 or (512)305-7401

Attachments: Order of the Board dated May 13, 2014

D/2014.08.18

BEFORE THE TEXAS BOARD OF NURSING

****

In the Matter of Advanced Practice Registered Nurse License Number AP112733 & Registered Nurse License Number 651668 issued to SAMUEL JERIDEAU	§ § § §	AGREED ORDER

On this day the Texas Board of Nursing, hereinafter referred to as the Board considered the matter of SAMUEL JERIDEAU, Advanced Practice Registered Nurse License Number AP112733 and Registered Nurse License Number 651668, hereinafter referred to as Respondent.

Information received by the Board produced evidence that Respondent may be subject to discipline pursuant to Section 301.452(b)(10)&(13) and 301.453, Texas Occupations Code. Respondent waived informal proceedings, notice and hearing, and agreed to the entry of this Order approved by Katherine A. Thomas, MN, RN, FAAN, Executive Director, on March 3, 2014, subject to ratification by the Board.

FINDINGS OF FACT

1. Prior to the institution of Agency proceedings, notice of the matters specified below in these Findings of Fact was served on Respondent and Respondent was given an opportunity to show compliance with all requirements of the law for retention of the license(s).

2. Respondent waived informal proceedings, notice and hearing, and agreed to the entry of this Order.

3. Respondent is currently licensed to practice professional nursing in the State of Texas.

4. Respondent received a Baccalaureate Degree in Nursing from Texas Woman's University, Denton, Texas, on May 1, 1998, and received a Master's Degree in Nursing from the Family Nurse Practitioner (FNP) Program with Texas Woman's University, Denton, Texas, on August 25, 2003. Respondent was licensed to practice professional nursing in the State of

I do hereby certify this to be a complete, accurate, and true copy of the document which is on file or is of record in the offices of the Texas Board of Nursing.
Executive Director of the Board

Texas on June 23, 1998, was Board recognized as a FNP on September 26, 2003, and was Board recognized FNP with Prescriptive Authority on October 8, 2003,

5. Respondent's nursing employment history in unknown.

6. At the time of the incident in Finding of Fact Number Seven (7), Respondent was employed as a Family Nurse Practitioner (FNP) and owner of J and J Healthcare Clinic, Duncanville, Texas.

7. On or about June 28, 2013, through July 26, 2013, while employed as a Family Nurse Practitioner and owner of J and J Healthcare Clinic, Duncanville, Texas, Respondent engaged in inappropriate activities with Pt. R.A., who was a minor at the time, which violated professional boundaries. According to Respondent, after seeing Patient R.A. at his clinic on June 28, 2013, and performing routine physical examination, there was an exchange of email and text messages of a romantic nature with "Veronica", an individual representing herself as a female in her 20's, via Facebook. Respondent states that he was unaware the "Veronica" was, in fact, Pt. R.A. Without any reasonable therapeutic basis, Respondent purchased a cell phone for this individual as well as providing his debit card information. Respondent arranged a personal meeting with "Veronica." However, after learning that "Veronica" was actually Pt. R.A., Respondent still gave Pt. R.A. one thousand ($1,000) dollars for his silence after Pt. R.A. threatened to reveal the inappropriate behavior. Respondent's conduct was likely to injure the patient in that boundary violations can cause delayed stress for the patient which may not be recognized of felt by the patient until harmful consequence occur.

8. In response to the incident in FOF #7, Respondent denies any wrongdoing with R.A., and specifically denies any touching of any kind outside the initial contact which occurred during the medical examination. Respondent states that he would never have engaged in any if the behavior referenced above if he had known that: "Veronica" was, in fact, R.A; "Veronica" was a patient; or if "Veronica" was a minor.

9. Formal Charges were filed on March 10, 2014.

10. Charges were mailed to Respondent on March 10, 2014.

CONCLUSIONS OF LAW

1. Pursuant to Texas Occupations Code, Sections 301.451-301.555, the Board has jurisdiction over this matter.

2. Notice was served in accordance with law.

3. The evidence received is sufficient to prove violation(s) of 22 TEX. ADMIN. CODE §217.11(1)(A),(1)(J)&(4)(A) and 22 TEX. ADMIN. CODE §217.12(1)(A),(4),(6)(D)&(6)(E).

4. The evidence received is sufficient cause pursuant to Section 301.452(b)(10)&(13), Texas Occupations Code, to take disciplinary action against Advanced Practice Registered Nurse License Number AP112733 and Registered Nurse License Number 651668, heretofore issued to SAMUEL JERIDEAU, including revocation of Respondent's license(s) to practice nursing in the State of Texas.

ORDER

IT IS THEREFORE AGREED and ORDERED, subject to ratification by the Texas Board of Nursing, that Advanced Practice Registered Nurse License Number AP112733 and Registered Nurse License Number 651668, previously issued to SAMUEL JERIDEAU, to practice nursing in Texas is/are hereby SUSPENDED for a period of two (2) years with the suspension STAYED and Respondent is hereby placed on PROBATION for two (2) years with the following agreed terms of probation:

IT IS FURTHER AGREED and ORDERED that, while under the terms of this Order, this Order SHALL apply to any and all future licenses issued to Respondent to practice nursing in the State of Texas.

IT IS FURTHER AGREED and ORDERED that this Order SHALL be applicable to Respondent's nurse licensure compact privileges, if any, to practice nursing in the State of Texas.

IT IS FURTHER AGREED and ORDERED that while Respondent's license(s) is/are encumbered by this order Respondent may not work outside the State of Texas pursuant to a nurse licensure compact privilege without the written permission of the Texas Board of Nursing and the Board of Nursing in the party state where Respondent wishes to work.

(1) RESPONDENT SHALL comply in all respects with the Nursing Practice Act,

Texas Occupations Code, §§301.001 *et seq.*, the Rules and Regulations Relating to Nurse Education, Licensure and Practice, 22 TEX. ADMIN. CODE §211.1 *et seq.* and this Order.

(2) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete a course in Texas nursing jurisprudence and ethics. RESPONDENT SHALL obtain Board approval of the course prior to enrollment only if the course is not being offered by a pre-approved provider. Home study courses and video programs will not be approved. In order for the course to be approved, the target audience shall include nurses. It shall be a minimum of six (6) hours in length. The course's content shall include the Nursing Practice Act, standards of practice, documentation of care, principles of nursing ethics, confidentiality, professional boundaries, and the Board's Disciplinary Sanction Policies regarding: Sexual Misconduct; Fraud, Theft and Deception; Nurses with Substance Abuse, Misuse, Substance Dependency, or other Substance Use Disorder; and Lying and Falsification. Courses focusing on malpractice issues will not be accepted. RESPONDENT SHALL CAUSE the sponsoring institution to submit a Verification of Course Completion form, provided by the Board, to the Office of the Board to verify RESPONDENT'S successful completion of the course. This course shall be taken in addition to any other courses stipulated in this Order, if any, and in addition to any continuing education requirements the Board has for relicensure. *Board-approved courses may be found at the following Board website address: http://www.bon.texas.gov/compliance.*

(3) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete the course "Sharpening Critical Thinking Skills," a 3.6 contact hour online program provided by the National Council of State Boards of Nursing (NCSBN) Learning Extension. In order to receive credit for completion of this program, RESPONDENT SHALL SUBMIT the continuing

education certificate of completion for this program to the Board's office, to the attention of Monitoring. This course is to be taken in addition to any continuing education requirements the Board may have for relicensure. *Board-approved courses may be found at the following Board website address: http://www.bon.texas.gov/compliance.*

(4) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete a course in "Respecting Professional Boundaries," a 3.9 contact hour online program provided by the National Council of State Boards of Nursing (NCSBN) Learning Extension. In order to receive credit for completion of this program, RESPONDENT SHALL SUBMIT the continuing education certificate of completion for this program to the Board's office, to the attention of Monitoring. This course is to be taken in addition to any continuing education requirements the Board may have for relicensure. *Information regarding Board-approved courses may be found at the following Board website address: http://www.bon.texas.gov/compliance.*

IT IS FURTHER AGREED, SHOULD RESPONDENT PRACTICE AS A NURSE IN THE STATE OF TEXAS, RESPONDENT WILL PROVIDE DIRECT PATIENT CARE AND PRACTICE IN A HOSPITAL, NURSING HOME, OR OTHER CLINICAL SETTING AND RESPONDENT MUST WORK AS AN ADVANCED PRACTICE REGISTERED NURSE IN SUCH SETTING A MINIMUM OF SIXTY-FOUR (64) HOURS PER MONTH UNDER THE FOLLOWING PROBATIONARY CONDITIONS FOR TWO (2) YEAR(S) OF EMPLOYMENT. THE LENGTH OF THE STIPULATION PERIOD WILL BE EXTENDED UNTIL SUCH TWENTY-FOUR (24) MONTHS HAVE ELAPSED. PERIODS OF UNEMPLOYMENT OR OF EMPLOYMENT THAT DO NOT REQUIRE THE USE OF AN ADVANCED PRACTICE REGISTERED NURSE (APRN) LICENSE NOT APPLY TO THIS

STIPULATION PERIOD:

(5) While under the terms of this Order, RESPONDENT SHALL NOT provide patient care to minors. For the purposes of this Order, patient care involves any relationship between RESPONDENT and the patient, and includes, but is not limited to: teaching; counseling; assessing the patient's needs and strengths; and providing nursing care.

(6) RESPONDENT SHALL notify each present employer, practice site and/or credentialing agency in nursing of this Order of the Board and the probationary conditions on RESPONDENT'S license(s). RESPONDENT SHALL present a complete copy of this Order and all Proposals for Decision issued by the Administrative Law Judge, if any, to each present employer, practice site and/or credentialing agency in nursing within five (5) days of receipt of this Order. RESPONDENT SHALL notify all future employers, practice sites and/or credentialing agencies in nursing of this Order of the Board and the probationary conditions on RESPONDENT'S license(s). RESPONDENT SHALL present a complete copy of this Order and all Proposals for Decision issued by the Administrative Law Judge, if any, to each future employer, practice site and/or credentialing agency in nursing prior to accepting an offer of employment and/or assignment.

(7) RESPONDENT SHALL CAUSE each present employer, practice site and/or credentialing agency in nursing to submit the Board's "Notification of Employment" form, which is provided to the Respondent by the Board, to the Board's office within ten (10) days of receipt of this Order. RESPONDENT SHALL CAUSE each future employer, practice site and/or credentialing agency in nursing to submit the Board's "Notification of Employment" form, which is provided to the Respondent by the Board, to the Board's office within five (5) days of employment as a nurse.

(8) For the first year of employment as an Advanced Practice Registered Nurse under

the terms of this Order, RESPONDENT SHALL be directly supervised by a Family Nurse Practitioner or Physician. Direct supervision requires another Family Nurse Practitioner or Physician to be working on the same unit as RESPONDENT and immediately available to provide assistance and intervention. RESPONDENT SHALL work only on regularly assigned, identified and predetermined unit(s). The RESPONDENT SHALL NOT be employed by a nurse registry, temporary nurse employment agency, hospice, or home health agency. RESPONDENT SHALL NOT contract for services. Multiple employers are prohibited.

(9) For the remainder of the probationary period, RESPONDENT'S PRACTICE SHALL be supervised by a Family Nurse Practitioner or Physician who is on the premises. The supervising Family Nurse Practitioner or Physician is not required to be on the same unit or ward as RESPONDENT, but should be on the facility grounds and readily available to provide assistance and intervention if necessary. The supervising Family Nurse Practitioner or Physician shall have a minimum of two (2) years experience in the same or similar practice setting to which the Respondent is currently working. RESPONDENT SHALL work only regularly assigned, identified and predetermined unit(s). RESPONDENT SHALL NOT be employed by a nurse registry, temporary nurse employment agency, hospice, or home health agency. RESPONDENT SHALL NOT contract for services. Multiple employers are prohibited.

(10) RESPONDENT SHALL CAUSE the supervising Family Nurse Practitioner or Physician to submit, on forms provided to the Respondent by the Board, periodic reports as to RESPONDENT'S capability to practice nursing. These reports shall be completed by the Family Nurse Practitioner or Physician who supervises the RESPONDENT. These reports shall be submitted by the supervising Family Nurse Practitioner or Physician to the office of the Board at the

end of each three (3) month period for two (2) of years of employment as a Family Nurse Practitioner.

IT IS FURTHER AGREED and ORDERED that if during the period of probation, an additional allegation, accusation, or petition is reported or filed against the Respondent's license(s), the probationary period shall not expire and shall automatically be extended until the allegation, accusation, or petition has been acted upon by the Board.

IT IS FURTHER AGREED, that upon full compliance with the terms of this Order, all encumbrances will be removed from RESPONDENT'S license(s) to practice nursing in the State of Texas and RESPONDENT may be eligible for nurse licensure compact privileges, if any.

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WHEREFORE, PREMISES CONSIDERED, the Texas Board of Nursing does hereby ratify and adopt the Agreed Order that was signed on the 17th day of April, 2014, by SAMUEL JERIDEAU, Advanced Practice Registered Nurse License Number AP112733 and Registered Nurse License Number 651668, and said Order is final.

Effective this 13th day of May, 2014.

Katherine A. Thomas, MN, RN, FAAN
Executive Director on behalf
of said Board

DOCKET NUMBER 507-15-0820

IN THE MATTER OF	§	BEFORE THE STATE OFFICE
PERMANENT CERTIFICATE	§	
NUMBERS AP112733 & 651668	§	OF
& PRESCRIPTIVE AUTHORIZATION	§	
NUMBER 5188, ISSUED TO	§	
SAMUEL JERIDEAU	§	ADMINISTRATIVE HEARINGS

I do hereby certify this to be a complete, accurate, and true copy of the document which is on file or is of record in the offices of the Texas Board of Nursing.
Executive Director of the Board

OPINION AND ORDER OF THE BOARD

TO: SAMUEL JERIDEAU
[redacted]

BETH BIERMAN
[redacted]

At the regularly scheduled public meeting on April 16-17, 2015, the Texas Board of Nursing (Board) considered the following items: (1) Order No. 2, *Dismissing Case,* issued by the ALJ in the above cited matter; (2) Staff's recommendation that the Board revoke the Respondent's advanced practice registered nursing license, prescriptive authorization, and registered nursing license by default; and (3) Respondent's recommendation to the Board regarding the above cited matter, if any.

On December 8, 2014, the ALJ convened a hearing on the merits in this matter. Staff of the Board was present for the hearing. However, the Respondent was not present at the hearing, and no one appeared on his behalf. During the hearing on December 8, 2014, Staff introduced evidence into the record demonstrating that Respondent had been sent a Notice of Final Hearing by first class certified mail return receipt requested to his last known address of record maintained by the Board in accordance with 22 Tex. Admin. Code §213.10(a). The ALJ found that Staff's notice was adequate and issued Order No. 2, *Dismissing Case*, granting Staff's Motion for Default and dismissing the case from the docket of SOAH and remanding it to the Board for informal disposition on a default basis in accordance with the Government Code §2001.056.

The Board, after review and due consideration of the Order No. 2, issued by the ALJ in the above cited matter, finds that notice of the facts or conduct alleged to warrant disciplinary action has been provided to Respondent in accordance with the Government Code §2001.054(c) and Respondent has been given an opportunity to show compliance with all the requirements of the Occupations Code Chapter 301 (Nursing Practice Act) for retention of Respondent's licenses to practice advanced practice registered nursing with prescriptive authority and professional nursing in the State of Texas. The Board further finds that the Formal Charges were properly initiated and filed in accordance with the Occupations Code §301.458. The Board further finds that proper and timely notice regarding the violations alleged in the Formal Charges was given to Respondent in accordance with the requirements of the Government Code §2001.051 and §2001.052 and

1 Tex. Admin. Code §155.501. The Board further finds that the Respondent failed to appear in accordance with 22 Tex. Admin. Code Chapter 213 and 1 Tex. Admin. Code §155.501. As a result of the Respondent's failure to appear, the Board has determined that the factual allegations listed in the Formal Charges are to be deemed admitted by default and the Board is authorized to enter a default order against the Respondent pursuant to the Government Code §2001.056 and 22 Tex. Admin. Code §213.22. Further, the Board has determined that it is entitled to revoke the Respondent's advanced practice registered nursing license, prescriptive authorization, and registered nursing license pursuant to 22 Tex. Admin. Code §213.33(m).

Therefore, the Board hereby adopts the factual allegations, which have been deemed admitted, and the conclusions of law contained in the Formal Charges, which are attached hereto and incorporated herein by reference for all purposes, and Staff's recommended sanction of revocation by default. This Order will be properly served on all parties and all parties will be given an opportunity to file a motion for rehearing in accordance with the Government Code Chapter 2001 and 22 Tex. Admin.Code §213.23(l), as applicable. All parties have a right to judicial review of this Order. All proposed findings of fact and conclusions of law filed by any party not specifically adopted herein are hereby denied.

IT IS, THEREFORE, ORDERED THAT Permanent Certificate Numbers AP112733 and 651668 and prescriptive authorization number 5188, previously issued to SAMUEL JERIDEAU, to practice nursing in the State of Texas be, and the same are hereby, REVOKED.

IT IS FURTHER ORDERED that this Order SHALL be applicable to Respondent's multi-state privileges, if any, to practice nursing in the State of Texas.

FURTHER, pursuant to the Occupations Code §301.467, RESPONDENT is not eligible to petition for reinstatement of licensure until at least one (1) year has elapsed from the date of this Order. Further, upon petitioning for reinstatement, RESPONDENT must satisfy all then existing requirements for relicensure.

Entered this 16th day of April, 2015.

TEXAS BOARD OF NURSING

KATHERINE A. THOMAS, MN, RN, FAAN
EXECUTIVE DIRECTOR FOR THE BOARD

Attachment: Formal Charges

In the Matter of	§	BEFORE THE TEXAS
Permanent Advanced Practice Registered	§	
Nurse License Number AP112733,	§	
Permanent Registered Nurse	§	
License Number 651668	§	
Issued to SAMUEL JERIDEAU,	§	
Respondent	§	BOARD OF NURSING

FORMAL CHARGES

This is a disciplinary proceeding under Section 301.452(b), Texas Occupations Code. Respondent, SAMUEL JERIDEAU, is an Advanced Practice Registered Nurse holding License Number AP112733, which is in current status at the time of this pleading, is a Registered Nurse holding License Number 651668, which is in current status at the time of this pleading.

Written notice of the facts and conduct alleged to warrant adverse licensure action was sent to Respondent at Respondent's address of record and Respondent was given opportunity to show compliance with all requirements of the law for retention of the license prior to commencement of this proceeding.

CHARGE I.

On or about May 14, 2014, while operating, and practicing as a Family Nurse Practitioner with J & J Healthcare Clinic, DeSoto, Texas, Respondent became non-compliant with the agreed order issued to him by the Texas Board of Nursing on May 13, 2014. Non-compliance is the result of Respondent providing care for minor patient's. Stipulation Number Five (5) of the agreed order issued to him on May 13, 2014, states:

> (5) While under the terms of this Order, RESPONDENT SHALL NOT provide patient care to minors. For the purposes of this Order, patient care involves any relationship between RESPONDENT and the patient, and includes, but is not limited to: teaching; counseling; assessing the patients needs and strengths; and providing nursing care.

The above action constitutes grounds for disciplinary action in accordance with Section 301.452(b)(1)&(10), Texas Occupations Code, and is a violation of 22 TEX. ADMIN. CODE §217.12(3)&(11)(B).

CHARGE II.

On or about September 25, 2014, to present, while operating, and practicing as a Family Nurse Practitioner with J & J Healthcare Clinic, DeSoto, Texas, Respondent misrepresented himself as a Doctor, calling himself "Doctor Sam" on his website, Jandjhealthcareclinic.com/DoctorProfile. Respondent's conduct was likely to deceive the public regarding his credentials.

The above action constitutes grounds for disciplinary action in accordance with Section 301.452(b)(10), Texas Occupations Code, and is a violation of 22 TEX. ADMIN. CODE §217.12(4)&(6)(H).

NOTICE IS GIVEN that staff will present evidence in support of the recommended disposition of up to, and including, revocation of Respondent's license/s to practice nursing in the State of Texas pursuant to the Nursing Practice Act, Chapter 301, Texas Occupations Code and the Board's rules, 22 Tex. Admin. Code §§ 213.27 - 213.33. Additionally, staff will seek to impose on Respondent the administrative costs of the proceeding pursuant to Section 301.461, Texas Occupations Code. The cost of proceedings shall include, but is not limited to, the cost paid by the Board to the State Office of Administrative Hearings and the Office of the Attorney General or other Board counsel for legal and investigative services, the cost of a court reporter and witnesses, reproduction of records, Board staff time, travel, and expenses. These shall be in an amount of at least one thousand two hundred dollars ($1200.00).

NOTICE IS GIVEN that all statutes and rules cited in these Charges are incorporated as part of this pleading and can be found at the Board's website, www.bon.texas.gov.

NOTICE IS GIVEN that to the extent applicable, based on the Formal Charges, the Board will rely on Adopted Disciplinary Guidelines for Criminal Conduct and on Adopted Disciplinary Sanction Policies for Nurses with Substance Abuse, Misuse, Substance Dependency, or other Substance Use Disorder, for Lying and Falsification, for Fraud, Theft and Deception, and for Sexual Misconduct, which can be found at the Board's website, www.bon.texas.gov.

NOTICE IS GIVEN that, based on the Formal Charges, the Board will rely on the Disciplinary Matrix, which can be found at www.bon.texas.gov/disciplinaryaction/discp-matrix.html.

NOTICE IS ALSO GIVEN that Respondent's past disciplinary history, as set out below and described in the Order(s) which is/are attached and incorporated by reference as part of these charges, will be offered in support of the disposition recommended by staff: Order dated May 13, 2014.

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CONTINUED ON NEXT PAGE.

Filed this 17th day of October, 2014.

TEXAS BOARD OF NURSING

James W. Johnston, General Counsel
Board Certified - Administrative Law
Texas Board of Legal Specialization
State Bar No. 10838300
Jena Abel, Assistant General Counsel
State Bar No. 24036103
Natalie E. Adelaja, Assistant General Counsel
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Attachments: Order of the Board dated May 13, 2014

O/2014.08.18

BEFORE THE TEXAS BOARD OF NURSING

****

In the Matter of Advanced Practice Registered Nurse License Number AP112733 & Registered Nurse License Number 651668 issued to SAMUEL JERIDEAU	§ § § §	AGREED ORDER

On this day the Texas Board of Nursing, hereinafter referred to as the Board considered the matter of SAMUEL JERIDEAU, Advanced Practice Registered Nurse License Number AP112733 and Registered Nurse License Number 651668, hereinafter referred to as Respondent.

Information received by the Board produced evidence that Respondent may be subject to discipline pursuant to Section 301.452(b)(10)&(13) and 301.453, Texas Occupations Code. Respondent waived informal proceedings, notice and hearing, and agreed to the entry of this Order approved by Katherine A. Thomas, MN, RN, FAAN, Executive Director, on March 3, 2014, subject to ratification by the Board.

FINDINGS OF FACT

1. Prior to the institution of Agency proceedings, notice of the matters specified below in these Findings of Fact was served on Respondent and Respondent was given an opportunity to show compliance with all requirements of the law for retention of the license(s).

2. Respondent waived informal proceedings, notice and hearing, and agreed to the entry of this Order.

3. Respondent is currently licensed to practice professional nursing in the State of Texas.

4. Respondent received a Baccalaureate Degree in Nursing from Texas Woman's University, Denton, Texas, on May 1, 1998, and received a Master's Degree in Nursing from the Family Nurse Practitioner (FNP) Program with Texas Woman's University, Denton, Texas, on August 25, 2003. Respondent was licensed to practice professional nursing in the State of

Texas on June 23, 1998, was Board recognized as a FNP on September 26, 2003, and was Board recognized FNP with Prescriptive Authority on October 8, 2003.

5. Respondent's nursing employment history in unknown.

6. At the time of the incident in Finding of Fact Number Seven (7), Respondent was employed as a Family Nurse Practitioner (FNP) and owner of J and J Healthcare Clinic, Duncanville, Texas.

7. On or about June 28, 2013, through July 26, 2013, while employed as a Family Nurse Practitioner and owner of J and J Healthcare Clinic, Duncanville, Texas, Respondent engaged in inappropriate activities with Pt. R.A., who was a minor at the time, which violated professional boundaries. According to Respondent, after seeing patient R.A. at his clinic on June 28, 2013, and performing routine physical examination, there was an exchange of email and text messages of a romantic nature with "Veronica", an individual representing herself as a female in her 20's, via Facebook. Respondent states that he was unaware the "Veronica" was, in fact, Pt. R.A. Without any reasonable therapeutic basis, Respondent purchased a cell phone for this individual as well as providing his debit card information. Respondent arranged a personal meeting with "Veronica." However, after learning that "Veronica" was actually Pt. R.A., Respondent still gave Pt. R.A. one thousand ($1,000) dollars for his silence after Pt. R.A. threatened to reveal the inappropriate behavior. Respondent's conduct was likely to injure the patient in that boundary violations can cause delayed stress for the patient which may not be recognized of felt by the patient until harmful consequence occur.

8. In response to the incident in FOF #7, Respondent denies any wrongdoing with R.A., and specifically denies any touching of any kind outside the initial contact which occurred during the medical examination. Respondent states that he would never have engaged in any if the behavior referenced above if he had known that: "Veronica" was, in fact, R.A; "Veronica" was a patient; or if "Veronica" was a minor.

9. Formal Charges were filed on March 10, 2014.

10. Charges were mailed to Respondent on March 10, 2014.

CONCLUSIONS OF LAW

1. Pursuant to Texas Occupations Code, Sections 301.451-301.555, the Board has jurisdiction over this matter.

2. Notice was served in accordance with law.

3. The evidence received is sufficient to prove violation(s) of 22 TEX. ADMIN. CODE §217.11(1)(A),(1)(J)&(4)(A) and 22 TEX. ADMIN. CODE §217.12(1)(A),(4),(6)(D)&(6)(E).

4. The evidence received is sufficient cause pursuant to Section 301.452(b)(10)&(13), Texas Occupations Code, to take disciplinary action against Advanced Practice Registered Nurse License Number AP112733 and Registered Nurse License Number 651668, heretofore issued to SAMUEL JERIDEAU, including revocation of Respondent's license(s) to practice nursing in the State of Texas.

ORDER

IT IS THEREFORE AGREED and ORDERED, subject to ratification by the Texas Board of Nursing, that Advanced Practice Registered Nurse License Number AP112733 and Registered Nurse License Number 651668, previously issued to SAMUEL JERIDEAU, to practice nursing in Texas is/are hereby SUSPENDED for a period of two (2) years with the suspension STAYED and Respondent is hereby placed on PROBATION for two (2) years with the following agreed terms of probation:

IT IS FURTHER AGREED and ORDERED that, while under the terms of this Order, this Order SHALL apply to any and all future licenses issued to Respondent to practice nursing in the State of Texas.

IT IS FURTHER AGREED and ORDERED that this Order SHALL be applicable to Respondent's nurse licensure compact privileges, if any, to practice nursing in the State of Texas.

IT IS FURTHER AGREED and ORDERED that while Respondent's license(s) is/are encumbered by this order Respondent may not work outside the State of Texas pursuant to a nurse licensure compact privilege without the written permission of the Texas Board of Nursing and the Board of Nursing in the party state where Respondent wishes to work.

(1) RESPONDENT SHALL comply in all respects with the Nursing Practice Act,

Texas Occupations Code, §§301.001 *et seq.*, the Rules and Regulations Relating to Nurse Education, Licensure and Practice, 22 TEX. ADMIN. CODE §211.1 *et seq.* and this Order.

(2) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete a course in Texas nursing jurisprudence and ethics. RESPONDENT SHALL obtain Board approval of the course prior to enrollment only if the course is not being offered by a pre-approved provider. Home study courses and video programs will not be approved. In order for the course to be approved, the target audience shall include nurses. It shall be a minimum of six (6) hours in length. The course's content shall include the Nursing Practice Act, standards of practice, documentation of care, principles of nursing ethics, confidentiality, professional boundaries, and the Board's Disciplinary Sanction Policies regarding: Sexual Misconduct; Fraud, Theft and Deception; Nurses with Substance Abuse, Misuse, Substance Dependency, or other Substance Use Disorder; and Lying and Falsification. Courses focusing on malpractice issues will not be accepted. RESPONDENT SHALL CAUSE the sponsoring institution to submit a Verification of Course Completion form, provided by the Board, to the Office of the Board to verify RESPONDENT'S successful completion of the course. This course shall be taken in addition to any other courses stipulated in this Order, if any, and in addition to any continuing education requirements the Board has for relicensure. *Board-approved courses may be found at the following Board website address: http://www.bon.texas.gov/compliance.*

(3) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete the course "Sharpening Critical Thinking Skills," a 3.6 contact hour online program provided by the National Council of State Boards of Nursing (NCSBN) Learning Extension. In order to receive credit for completion of this program, RESPONDENT SHALL SUBMIT the continuing

education certificate of completion for this program to the Board's office, to the attention of Monitoring. This course is to be taken in addition to any continuing education requirements the Board may have for relicensure. *Board-approved courses may be found at the following Board website address: http://www.bon.texas.gov/compliance.*

(4) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete a course in "Respecting Professional Boundaries," a 3.9 contact hour online program provided by the National Council of State Boards of Nursing (NCSBN) Learning Extension. In order to receive credit for completion of this program, RESPONDENT SHALL SUBMIT the continuing education certificate of completion for this program to the Board's office, to the attention of Monitoring. This course is to be taken in addition to any continuing education requirements the Board may have for relicensure. *Information regarding Board-approved courses may be found at the following Board website address: http://www.bon.texas.gov/compliance.*

IT IS FURTHER AGREED, SHOULD RESPONDENT PRACTICE AS A NURSE IN THE STATE OF TEXAS, RESPONDENT WILL PROVIDE DIRECT PATIENT CARE AND PRACTICE IN A HOSPITAL, NURSING HOME, OR OTHER CLINICAL SETTING AND RESPONDENT MUST WORK AS AN ADVANCED PRACTICE REGISTERED NURSE IN SUCH SETTING A MINIMUM OF SIXTY-FOUR (64) HOURS PER MONTH UNDER THE FOLLOWING PROBATIONARY CONDITIONS FOR TWO (2) YEAR(S) OF EMPLOYMENT. THE LENGTH OF THE STIPULATION PERIOD WILL BE EXTENDED UNTIL SUCH TWENTY-FOUR (24) MONTHS HAVE ELAPSED. PERIODS OF UNEMPLOYMENT OR OF EMPLOYMENT THAT DO NOT REQUIRE THE USE OF AN ADVANCED PRACTICE REGISTERED NURSE (APRN) LICENSE NOT APPLY TO THIS

STIPULATION PERIOD:

(5) While under the terms of this Order, RESPONDENT SHALL NOT provide patient care to minors. For the purposes of this Order, patient care involves any relationship between RESPONDENT and the patient, and includes, but is not limited to: teaching; counseling; assessing the patient's needs and strengths; and providing nursing care.

(6) RESPONDENT SHALL notify each present employer, practice site and/or credentialing agency in nursing of this Order of the Board and the probationary conditions on RESPONDENT'S license(s). RESPONDENT SHALL present a complete copy of this Order and all Proposals for Decision issued by the Administrative Law Judge, if any, to each present employer, practice site and/or credentialing agency in nursing within five (5) days of receipt of this Order. RESPONDENT SHALL notify all future employers, practice sites and/or credentialing agencies in nursing of this Order of the Board and the probationary conditions on RESPONDENT'S license(s). RESPONDENT SHALL present a complete copy of this Order and all Proposals for Decision issued by the Administrative Law Judge, if any, to each future employer, practice site and/or credentialing agency in nursing prior to accepting an offer of employment and/or assignment.

(7) RESPONDENT SHALL CAUSE each present employer, practice site and/or credentialing agency in nursing to submit the Board's "Notification of Employment" form, which is provided to the Respondent by the Board, to the Board's office within ten (10) days of receipt of this Order. RESPONDENT SHALL CAUSE each future employer, practice site and/or credentialing agency in nursing to submit the Board's "Notification of Employment" form, which is provided to the Respondent by the Board, to the Board's office within five (5) days of employment as a nurse.

(8) For the first year of employment as an Advanced Practice Registered Nurse under

the terms of this Order, RESPONDENT SHALL be directly supervised by a Family Nurse Practitioner or Physician. Direct supervision requires another Family Nurse Practitioner or Physician to be working on the same unit as RESPONDENT and immediately available to provide assistance and intervention. RESPONDENT SHALL work only on regularly assigned, identified and predetermined unit(s). The RESPONDENT SHALL NOT be employed by a nurse registry, temporary nurse employment agency, hospice, or home health agency. RESPONDENT SHALL NOT contract for services. Multiple employers are prohibited.

(9) For the remainder of the probationary period, RESPONDENT'S PRACTICE SHALL be supervised by a Family Nurse Practitioner or Physician who is on the premises. The supervising Family Nurse Practitioner or Physician is not required to be on the same unit or ward as RESPONDENT, but should be on the facility grounds and readily available to provide assistance and intervention if necessary. The supervising Family Nurse Practitioner or Physician shall have a minimum of two (2) years experience in the same or similar practice setting to which the Respondent is currently working. RESPONDENT SHALL work only regularly assigned, identified and predetermined unit(s). RESPONDENT SHALL NOT be employed by a nurse registry, temporary nurse employment agency, hospice, or home health agency. RESPONDENT SHALL NOT contract for services. Multiple employers are prohibited.

(10) RESPONDENT SHALL CAUSE the supervising Family Nurse Practitioner or Physician to submit, on forms provided to the Respondent by the Board, periodic reports as to RESPONDENT'S capability to practice nursing. These reports shall be completed by the Family Nurse Practitioner or Physician who supervises the RESPONDENT. These reports shall be submitted by the supervising Family Nurse Practitioner or Physician to the office of the Board at the

end of each three (3) month period for two (2) of years of employment as a Family Nurse Practitioner.

IT IS FURTHER AGREED and ORDERED that if during the period of probation, an additional allegation, accusation, or petition is reported or filed against the Respondent's license(s), the probationary period shall not expire and shall automatically be extended until the allegation, accusation, or petition has been acted upon by the Board.

IT IS FURTHER AGREED, that upon full compliance with the terms of this Order, all encumbrances will be removed from RESPONDENT'S license(s) to practice nursing in the State of Texas and RESPONDENT may be eligible for nurse licensure compact privileges, if any.

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RESPONDENT'S CERTIFICATION

I understand that I have the right to legal counsel prior to signing this Agreed Order. I have reviewed this Order. I neither admit nor deny the violation(s) alleged herein. By my signature on this Order, I agree to the Findings of Fact, Conclusions of Law, Order, and any conditions of said Order, to avoid further disciplinary action in this matter. I waive judicial review of this Order. I understand that this Order is subject to ratification by the Board. When this Order is ratified, the terms of this Order become effective, and a copy will be mailed to me. I understand that if I fail to comply with all terms and conditions of this Order, I will be subject to investigation and disciplinary sanction, including revocation of my license(s) to practice nursing in the State of Texas, as a consequence of my noncompliance.

Signed this 17 day of April, 20 14.

SAMUEL JERDEAD, Respondent

Sworn to and subscribed before me this 17th day of April, 20 14.

SEAL

MARILYN ALLEN
My Commission Expires
March 7, 2018

Notary Public in and for the State of Texas

Approved as to form and substance.

CATHERINE TABOR, Attorney for Respondent

Signed this 22 day of April, 2014.

WHEREFORE, PREMISES CONSIDERED, the Texas Board of Nursing does hereby ratify and adopt the Agreed Order that was signed on the 17th day of April, 2014, by SAMUEL JERIDEAU, Advanced Practice Registered Nurse License Number AP112733 and Registered Nurse License Number 651668, and said Order is final.

Effective this 13th day of May, 2014.

Katherine A. Thomas, MN, RN, FAAN
Executive Director on behalf
of said Board

I do hereby certify this to be a complete, accurate and true copy of the document which is on file or is of record in the offices of the Texas Board of Nursing.
Kristin K. Benton, DNP, RN
Executive Director
Texas Board of Nursing

BEFORE THE TEXAS BOARD OF NURSING

****

In the Matter of	§	REINSTATEMENT
Registered Nurse License Number 651668	§	AGREED ORDER
issued to SAMUEL JERIDEAU	§	
	§	

On this day the Texas Board of Nursing, hereinafter referred to as the Board, considere the Petition for Reinstatement, hereinafter referred to as the Petition, of Registered Nurse License Number 651668, held by SAMUEL JERIDEAU, hereinafter referred to as Petitioner.

An informal conference was conducted on September 3, 2024, in accordance with Section 301.464, Texas Occupations Code. Petitioner was represented by Catherine Tabor, Attorney at Law.

FINDINGS OF FACT

1. Prior to the institution of Agency proceedings, notice of the matters specified below in these Findings of Fact was served on Petitioner and Petitioner was given an opportunity to show compliance with all requirements of the law for retention of the license(s).

2. Petitioner waived notice and hearing, and agreed to the entry of this Reinstatement Agreed Order.

3. Petitioner received a Baccalaureate Degree in Nursing from Texas Woman's University, Denton, Texas, on May 1, 1998, and received a Master's Degree in Nursing from the Family Nurse Practitioner Program with Texas Woman's University, Denton, Texas, on August 25, 2003. Petitioner was licensed to practice professional nursing in the State of Texas on June 23, 1998. Petitioner was licensed to practice advanced practice registered nursing in the State of Texas with authorization as a Family Nurse Practitioner with Prescription Authorization on September 26, 2003, and was Board recognized FNP with Prescriptive Authority on October 8, 2003.

4. Petitioner's nursing employment history includes:

1998-2003	RN	VAMC Dallas, Texas

Petitioner's nursing employment history continued:

2003 – 2014	FNP	J&J Healthcare Duncanville, Texas
2017- 2018	RN Case Manager	Ferris ISD Ferris, Texas
2018- 2019	RN Case Manager	Sonoran Winds Hospice Buena Park, California
2020 – 6/2020	RN Case Manager	Vitas Hospice Care Torrance, California

5. On or about May 13, 2014, Petitioner's license(s) to practice nursing in the State of Texas were Suspended with the Suspension stayed and Petitioner was placed on probation through an Order of the Board. A copy of the May 13, 2014, Order is attached and incorporated herein by reference as part of this Reinstatement Agreed Order.

6. On or about April 16, 2015, Petitioner's license(s) to practice nursing in the State of Texas were Revoked through an Order of the Board. A copy of the April 16, 2015, Order is attached and incorporated herein by reference as part of this Reinstatement Agreed Order.

7. On or about March 7, 2024, Petitioner submitted a Petition for Reinstatement of License to practice nursing in the State of Texas.

8. Petitioner presented the following in support of said petition:
   A. Letter of support dated March 12, 2024, from Mayuri Sarkur.
   B. Letter of support dated January 26, 2021, from Regina Hayden.
   C. Letter of support dated January 26, 2021, from Peggy Haynes.
   D. Letter of support dated March 12, 2024, from Pastor Henry L. Marine.
   E. Letter of support dated March 12, 2024, from Dr. Tran M. Lewis, Jr.
   F. Letter of support dated March 12, 2024, from Patricia Lewis.
   C. Documentation of the required continuing education contact hours.

9. The Executive Director considered evidence of Petitioner's past behavior in light of the factors set out in 22 TEX. ADMIN. CODE §213.27 and determined that Petitioner currently demonstrates the criteria required for relicensure.

10. Relicensure of Petitioner poses no direct threat to the health and safety of patients or the public provided Petitioner complies with the stipulations outlined in this Order.

11. The Executive Director's review of Petitioner's eligibility for relicensure has been made on the basis of Petitioner's disclosures.

CONCLUSIONS OF LAW

1. Pursuant to Texas Occupations Code, Sections 301.451-301.555, the Board has jurisdiction over this matter.

2. This reinstatement is made pursuant to Sections 301.453(c) and 301.467, Texas Occupations Code and 22 TEX. ADMIN. CODE §213.26.

3. The Board may relicense an individual upon evaluation of the factors in 22 TEX. ADMIN. CODE §213.27, and pursuant to 22 TEX. ADMIN. CODE §213.33, if the Board is satisfied that the individual is able to consistently conform his conduct to the requirements of the Nursing Practice Act, the Board's Rules and Regulations, and generally accepted standards of nursing practice.

4. This Order is conditioned upon the accuracy and completeness of Petitioner's disclosures. Any subsequently discovered discrepancies will result in investigation and possible disciplinary action, up to revocation of Petitioner's license(s).

5. Pursuant to Section 301.463(d), Texas Occupations Code, this Agreed Order is a settlement agreement under Rule 408, Texas Rules of Evidence, in civil or criminal litigation.

TERMS OF ORDER

I. REINSTATEMENT OF LICENSURE AND APPLICABILITY

IT IS THEREFORE AGREED and ORDERED, subject to ratification by the Texas Board of Nursing, that the petition of SAMUEL JERIDEAU for reinstatement of license to practice nursing in the State of Texas be **GRANTED** and Registered Nurse License Number 651668 is/are hereby **REINSTATED** in accordance with the terms of this Order.

A. Until successfully completed, this Order SHALL apply to any and all future licenses issued to PETITIONER to practice nursing in the State of Texas.

B. Until successfully completed, this Order SHALL be applicable to PETITIONER'S nurse licensure compact privileges, if any, to practice nursing in the State of Texas.

C. Until successfully completed, PETITIONER may not practice nursing in the State of Texas except in accordance with the terms of this Order.

D. As a result of this Order, PETITIONER'S license(s) will be designated "single state" as applicable and PETITIONER may not work outside the State of Texas in another nurse licensure compact party state using a Texas compact license.

II. COMPLIANCE WITH LAW

While under the terms of this Order, PETITIONER agrees to comply in all respects with the Nursing Practice Act, Texas Occupations Code, §§301.001 *et seq.*, the Rules and Regulations Relating to Nursing Education, Licensure and Practice, 22 TEX. ADMIN. CODE §§211.1 *et seq.*, and this Reinstatement Agreed Order.

III. REQUIREMENTS FOR REFRESHER COURSE, EXTENSIVE ORIENTATION, OR NURSING PROGRAM OF STUDY IN PROFESSIONAL REGISTERED NURSING

Prior to practicing as a registered nurse in the State of Texas, PETITIONER SHALL:

A. **Apply for a Six Month Temporary Permit to Complete Refresher Course, Extensive Orientation, or Nursing Program of Study in Professional Registered Nursing** for the limited purpose of completing a refresher course, extensive orientation, or nursing program of study in professional registered nursing. The application for the Six Month Temporary Permit is available via the Nurse Portal on the Board's website (*www.bon.texas.gov*). PETITIONER SHALL NOT, in any way, attempt to use the temporary permit for any purpose other than completing the refresher course, extensive orientation, or nursing program of study in professional registered nursing.

B. **Successfully complete a Board approved refresher course, extensive orientation, or nursing program of study for professional registered nursing. Petitioner MUST obtain Board approval of the nursing refresher course, extensive orientation, or nursing program, as applicable, prior to enrollment.** In order for the course to be approved, the target audience shall include registered nurses and the course's content shall, at a minimum, include: 1) Review of NPA, Rules, Position Statements; 2) Determination of Individual Scope of Practice and role in patient safety; 3) Review of the nursing process to include assessment, planning, implementation, and evaluation; 4) Pharmacology review; 5)

Medication administration; 6) Documentation, quality assurance, and legal implication for nursing practice; and, 7) Documentation of current CPR certification prior to beginning precepted clinical learning experience. The course must contain no less than a total of 80 hours of clinical practice providing direct patient care supervised by a qualified registered nurse instructor who meets or exceeds the Board's minimum criteria for eligibility as an instructor. Home study courses and video programs will not be approved.

C. **Upon completion of the refresher course, extensive orientation, or nursing program of study for professional registered nursing,** PETITIONER SHALL return the temporary permit to the Board's office and PETITIONER SHALL CAUSE the sponsoring institution to notify the Board, on a form provided by the Board, of Petitioner's successful completion of the refresher course, including the required 80 hours of supervised practice.

D. **Upon verification of successful completion of the conditions** as set out in Paragraphs A through C of this Section, PETITIONER SHALL submit a completed License Reactivation Form for Registered Nurses, which is available via the Nurse Portal on the Board's website (*www.bon.texas.gov*). PETITIONER shall pay all re-registration fees and, subject to meeting all other requirements for licensure in Texas, shall be issued the applicable license to practice registered nursing in the State of Texas, which shall be subject to the terms of this Order.

IV. REQUIREMENTS FOR CERTIFICATION EXAMINATION REVIEW COURSE & REFRESHER COURSE / EXTENSIVE ORIENTATION FOR ADVANCED PRACTICE REGISTERED NURSES

Prior to practicing as an advanced practice registered nurse in the State of Texas, PETITIONER SHALL:

A. **Complete a certification examination review** for clinical nurse specialists that is at least fifteen (15) hours in length and which includes clinical nurse specialists as the target audience.

B. **Apply for a Six Month Temporary Permit for Advanced Practice Registered Nurses** for the limited purpose of completing a refresher course / extensive orientation for advanced practice registered nurses. The application for a Six Month Temporary Permit for Advanced Practice Registered Nurses is available via the Nurse Portal on the Board's website at *www.bon.texas.gov*. PETITIONER SHALL NOT, in any way, attempt to use the temporary permit for any purpose other than completing the refresher course/extensive orientation.

C. **Successfully complete a refresher course/extensive orientation for advanced practice registered nurses** which meets the Board's requirements, which can be obtained from the Board's website *www.bon.texas.gov* under Forms / Applications / Advanced Practice Registered Nurse / Refresher Course/Extensive Orientation for APRNs Returning to Practice after 4 Years. PETITIONER SHALL obtain Board approval of the course prior to enrollment. The refresher course/extensive orientation must cover the full scope of practice for the applicable advanced practice role and population focus area through clinical and/or didactic learning experiences. At a minimum, the content must include:

- Advanced assessment;
- Pharmacotherapeutics;
- Diagnosis and management of diseases and conditions consistent with current standards of care;
- Ordering and interpreting diagnostic and laboratory tests;
- Demonstration of safe and competent performance of procedures; and
- Demonstration of knowledge of the scope of practice as defined by the Nursing Practice Act and Board rules related to professional and advanced practice nursing role and responsibilities, as appropriate.

The course must contain no less than a total of 400 hours of clinical practice supervised by a qualified instructor who meets or exceeds the Board's minimum criteria for eligibility as an Instructor.

D. **Upon completion of the refresher course,** PETITIONER SHALL return the temporary permit to the Board's office and PETITIONER SHALL CAUSE the sponsoring institution to notify the Board, on a form provided by the Board, of Petitioner's successful completion of the refresher course, including the required 400 hours of supervised practice.

E. **Upon verification of successful completion of the conditions of reinstatement** as set out in Paragraphs A through D of this Section, PETITIONER SHALL submit a completed Reactivation Application for Recognition as an Advanced Practice Nurse, which is available via the Nurse Portal on the Board's website at *www.bon.texas.gov/licensure_renewal.asp*. PETITIONER shall pay all re-registration fees and, subject to meeting all other requirements for APRN licensure in Texas, shall be issued the applicable license to practice as an advanced practice registered nurse in the State of Texas, which shall be subject to the terms of this Order.

V. REMEDIAL EDUCATION COURSE(S)

In addition to any continuing education requirements the Board may require for licensure renewal, PETITIONER SHALL successfully complete the following remedial education course(s) **within one (1) year of relicensure, unless otherwise specifically indicated**:

A. **A Board-approved course in Texas nursing jurisprudence and ethics** that shall be a minimum of six (6) hours in length. The course's content shall include the Nursing Practice Act, standards of practice, documentation of care, principles of nursing ethics, confidentiality, professional boundaries, and the Board's Disciplinary Sanction Policies regarding: Sexual Misconduct; Fraud, Theft, and Deception; Nurses with Substance Abuse, Misuse, Substance Dependency, or other Substance Use Disorder; and Lying and Falsification. Courses focusing on malpractice issues will not be accepted. Home study and video programs will not be approved.

B. **The course "Righting a Wrong,"** a 3.0 contact hour online program provided by the National Council of State Boards of Nursing (NCSBN) International Center for Regulatory Scholarship (ICRS).

C. **The course "Upholding the Standard: Professional Accountability in Nursing,"** a 5.5 contact hour online program provided by the National Council of State Boards of Nursing (NCSBN) International Center for Regulatory Scholarship (ICRS).

In order to receive credit for completion of this/these course(s), PETITIONER SHALL CAUSE the instructor to submit a Verification of Course Completion form or SHALL submit the continuing education certificate, as applicable, to the attention of Monitoring at the Board's office. PETITIONER SHALL first obtain Board approval of any course prior to enrollment if the course is not being offered by a pre-approved provider. *Information about Board-approved courses and Verification of Course Completion forms are available from the Board at www.bon.texas.gov/compliance.*

VI. EMPLOYMENT REQUIREMENTS

In order to complete the terms of this Order, PETITIONER must work as a nurse in the State of Texas, providing direct patient care in a clinical healthcare setting, for a minimum of sixty-four (64) hours per month for eight (8) quarterly periods [two (2) years] of employment. This requirement will not be satisfied until eight (8) quarterly periods of

employment as a nurse have elapsed. Periods of unemployment or of employment that do not require the use of a registered nurse (RN) or a vocational nurse (LVN) license, as appropriate, will not apply to this period and will not count towards completion of this requirement.

A. **Notifying Present and Future Employers:** PETITIONER SHALL notify each present employer in nursing and present each with a complete copy of this Order, including all attachments, if any, within five (5) days of receipt of this Order. While under the terms of this Order, PETITIONER SHALL notify all future employers in nursing and present each with a complete copy of this Order, including all attachments, if any, prior to accepting an offer of employment.

B. **Notification of Employment Forms:** PETITIONER SHALL CAUSE each present employer in nursing to submit the Board's "Notification of Employment" form to the Board's office within ten (10) days of receipt of this Order. PETITIONER SHALL CAUSE each future employer to submit the Board's "Notification of Employment form" to the Board's office within five (5) days of employment as a nurse.

C. **Indirect Supervision:** PETITIONER SHALL be supervised by a Registered Nurse, if licensed as a Registered Nurse, or by a Licensed Vocational Nurse or a Registered Nurse, if licensed as a Licensed Vocational Nurse, **who is on the premises.** The supervising nurse is not required to be on the same unit or ward as PETITIONER, but should be on the facility grounds and readily available to provide assistance and intervention if necessary. The supervising nurse shall have a minimum of two (2) years of experience in the same or similar practice setting to which the PETITIONER is currently working. PETITIONER SHALL work only regularly assigned, identified and predetermined unit(s). PETITIONER SHALL NOT be employed by a nurse registry, temporary nurse employment agency, hospice, or home health agency. PETITIONER SHALL NOT be self-employed or contract for services. Multiple employers are prohibited.

D. **Nursing Performance Evaluations:** PETITIONER SHALL CAUSE each employer to submit, on forms provided to the PETITIONER by the Board, periodic reports as to PETITIONER'S capability to practice nursing. These reports shall be completed by the individual who supervises the PETITIONER and these reports shall be submitted by the supervising individual to the office of the Board at the end of each three (3) month quarterly period for eight (8) quarters [two (2) years] of employment as a nurse.

VII. RESTORATION OF UNENCUMBERED LICENSE(S)

Upon full compliance with the terms of this Reinstatement Agreed Order, all encumbrances will be removed from PETITIONER'S license(s) and/or privilege(s) to practice nursing in the State of Texas and, subject to meeting all existing eligibility requirements in Texas Occupations Code Chapter 304, Article III, PETITIONER may be eligible for nurse licensure compact privileges, if any.

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PETITIONER'S CERTIFICATION

I understand this Order is conditioned upon the accuracy and completeness of my petition and disclosures. I further understand that subsequently discovered discrepancies in my petition and/or disclosures will result in investigation and possible disciplinary action, up to revocation of my license(s).

I have reviewed this Order. I understand that I have the right to legal counsel prior to signing this Order. By my signature on this Order, I agree to the Findings of Fact, Conclusions of Law, Order, and any conditions of said Order. I waive judicial review of this Order. I understand that this Order is subject to ratification by the Board. When this Order is ratified, the terms of this Order become effective, and a copy will be mailed to me. I agree to inform the Board of any other fact or event that could constitute a ground for denial of licensure prior to reinstating my license(s) to practice nursing in the state of Texas. I understand that if I fail to comply with all terms and conditions of this Order, I will be subject to investigation and disciplinary sanction, including REVOCATION of my license(s) and/or nurse licensure compact privileges, if any, to practice nursing in the State of Texas, as a consequence of my noncompliance.

Signed this 16 day of December, 2024.

SAMUEL JERIDIAU, PETITIONER

Sworn to and subscribed before me this 16 day of DECEMBER, 2024.

SEAL

VALERIA SANCHEZ MOSQUEDA
Notary ID #135001405
My Commission Expires
July 22, 2028

Notary Public in and for the State of _____

Approved as to form and substance.

Catherine Tabor, Attorney for Petitioner

Signed this ____ day of _____, 20____.

Scanned with CamScanner

PETITIONER'S CERTIFICATION

I understand this Order is conditioned upon the accuracy and completeness of my petition and disclosures. I further understand that subsequently discovered discrepancies in my petition and/or disclosures will result in investigation and possible disciplinary action, up to revocation of my license(s).

I have reviewed this Order. I understand that I have the right to legal counsel prior to signing this Order. By my signature on this Order, I agree to the Findings of Fact, Conclusions of Law, Order, and any conditions of said Order. I waive judicial review of this Order. I understand that this Order is subject to ratification by the Board. When this Order is ratified, the terms of this Order become effective, and a copy will be mailed to me. I agree to inform the Board of any other fact or event that could constitute a ground for denial of licensure prior to reinstating my license(s) to practice nursing in the state of Texas. I understand that if I fail to comply with all terms and conditions of this Order, I will be subject to investigation and disciplinary sanction, including REVOCATION of my license(s) and/or nurse licensure compact privileges, if any, to practice nursing in the State of Texas, as a consequence of my noncompliance.

Signed this _____ day of _____, 20____.

_____
SAMUEL JERIDEAU, PETITIONER

Sworn to and subscribed before me this _____ day of _____, 20____.

SEAL

_____
Notary Public in and for the State of _____

Approved as to form and substance.

_____
Catherine Tabor, Attorney for Petitioner

Signed this 14th day of December, 2024.

WHEREFORE, PREMISES CONSIDERED, the Texas Board of Nursing does hereby ratify and adopt the Reinstatement Agreed Order that was signed on the 16th day of December, 2024, by SAMUEL JERIDEAU, Registered Nurse License Number 651668, and said Reinstatement Agreed Order is final.

Effective this 11th day of February, 2025.

Kristin K. Benton, DNP, RN

Kristin K. Benton, DNP, RN
Executive Director on behalf
of said Board

DOCKET NUMBER 507-15-0820

IN THE MATTER OF	§	BEFORE THE STATE OFFICE
PERMANENT CERTIFICATE	§	
NUMBERS AP112733 & 651668	§	OF
& PRESCRIPTIVE AUTHORIZATION	§	
NUMBER 5188, ISSUED TO	§	
SAMUEL JERIDEAU	§	ADMINISTRATIVE HEARINGS



I do hereby certify this to be a complete, accurate, and true copy of the document which is on file or is of record in the offices of the Texas Board of Nursing.

Executive Director of the Board

OPINION AND ORDER OF THE BOARD

TO: SAMUEL JERIDEAU
[redacted]

BETH BIERMAN
ADMINISTRATIVE LAW JUDGE
[redacted]

At the regularly scheduled public meeting on April 16-17, 2015, the Texas Board of Nursing (Board) considered the following items: (1) Order No. 2, *Dismissing Case,* issued by the ALJ in the above cited matter; (2) Staff's recommendation that the Board revoke the Respondent's advanced practice registered nursing license, prescriptive authorization, and registered nursing license by default; and (3) Respondent's recommendation to the Board regarding the above cited matter, if any.

On December 8, 2014, the ALJ convened a hearing on the merits in this matter. Staff of the Board was present for the hearing. However, the Respondent was not present at the hearing, and no one appeared on his behalf. During the hearing on December 8, 2014, Staff introduced evidence into the record demonstrating that Respondent had been sent a Notice of Final Hearing by first class certified mail return receipt requested to his last known address of record maintained by the Board in accordance with 22 Tex. Admin. Code §213.10(a). The ALJ found that Staff's notice was adequate and issued Order No. 2, *Dismissing Case*, granting Staff's Motion for Default and dismissing the case from the docket of SOAH and remanding it to the Board for informal disposition on a default basis in accordance with the Government Code §2001.056.

The Board, after review and due consideration of the Order No. 2, issued by the ALJ in the above cited matter, finds that notice of the facts or conduct alleged to warrant disciplinary action has been provided to Respondent in accordance with the Government Code §2001.054(c) and Respondent has been given an opportunity to show compliance with all the requirements of the Occupations Code Chapter 301 (Nursing Practice Act) for retention of Respondent's licenses to practice advanced practice registered nursing with prescriptive authority and professional nursing in the State of Texas. The Board further finds that the Formal Charges were properly initiated and filed in accordance with the Occupations Code §301.458. The Board further finds that proper and timely notice regarding the violations alleged in the Formal Charges was given to Respondent in accordance with the requirements of the Government Code §2001.051 and §2001.052 and

1 Tex. Admin. Code §155.501. The Board further finds that the Respondent failed to appear in accordance with 22 Tex. Admin. Code Chapter 213 and 1 Tex. Admin. Code §155.501. As a result of the Respondent's failure to appear, the Board has determined that the factual allegations listed in the Formal Charges are to be deemed admitted by default and the Board is authorized to enter a default order against the Respondent pursuant to the Government Code §2001.056 and 22 Tex. Admin. Code §213.22. Further, the Board has determined that it is entitled to revoke the Respondent's advanced practice registered nursing license, prescriptive authorization, and registered nursing license pursuant to 22 Tex. Admin. Code §213.33(m).

Therefore, the Board hereby adopts the factual allegations, which have been deemed admitted, and the conclusions of law contained in the Formal Charges, which are attached hereto and incorporated herein by reference for all purposes, and Staff's recommended sanction of revocation by default. This Order will be properly served on all parties and all parties will be given an opportunity to file a motion for rehearing in accordance with the Government Code Chapter 2001 and 22 Tex. Admin.Code §213.23(l), as applicable. All parties have a right to judicial review of this Order. All proposed findings of fact and conclusions of law filed by any party not specifically adopted herein are hereby denied.

IT IS, THEREFORE, ORDERED THAT Permanent Certificate Numbers AP112733 and 651668 and prescriptive authorization number 5188, previously issued to SAMUEL JERIDEAU, to practice nursing in the State of Texas be, and the same are hereby, REVOKED.

IT IS FURTHER ORDERED that this Order SHALL be applicable to Respondent's multi-state privileges, if any, to practice nursing in the State of Texas.

FURTHER, pursuant to the Occupations Code §301.467, RESPONDENT is not eligible to petition for reinstatement of licensure until at least one (1) year has elapsed from the date of this Order. Further, upon petitioning for reinstatement, RESPONDENT must satisfy all then existing requirements for relicensure.

Entered this 16th day of April, 2015.

TEXAS BOARD OF NURSING

KATHERINE A. THOMAS, MN, RN, FAAN
EXECUTIVE DIRECTOR FOR THE BOARD

Attachment: Formal Charges

In the Matter of	§	BEFORE THE TEXAS
Permanent Advanced Practice Registered	§	
Nurse License Number AP112733,	§	
Permanent Registered Nurse	§	
License Number 651668	§	
Issued to SAMUEL JERIDEAU,	§	
Respondent	§	BOARD OF NURSING

FORMAL CHARGES

This is a disciplinary proceeding under Section 301.452(b), Texas Occupations Code. Respondent, SAMUEL JERIDEAU, is an Advanced Practice Registered Nurse holding License Number AP112733, which is in current status at the time of this pleading, is a Registered Nurse holding License Number 651668, which is in current status at the time of this pleading.

Written notice of the facts and conduct alleged to warrant adverse licensure action was sent to Respondent at Respondent's address of record and Respondent was given opportunity to show compliance with all requirements of the law for retention of the license prior to commencement of this proceeding.

CHARGE I.

On or about May 14, 2014, while operating, and practicing as a Family Nurse Practitioner with J & J Healthcare Clinic, DeSoto, Texas, Respondent became non-compliant with the agreed order issued to him by the Texas Board of Nursing on May 13, 2014. Non-compliance is the result of Respondent providing care for minor patient's. Stipulation Number Five (5) of the agreed order issued to him on May 13, 2014, states:

> (5) While under the terms of this Order, RESPONDENT SHALL NOT provide patient care to minors. For the purposes of this Order, patient care involves any relationship between RESPONDENT and the patient, and includes, but is not limited to: teaching; counseling; assessing the patients needs and strengths; and providing nursing care.

The above action constitutes grounds for disciplinary action in accordance with Section 301.452(b)(1)&(10), Texas Occupations Code, and is a violation of 22 TEX. ADMIN. CODE §217.12(3)&(11)(B).

CHARGE II.

On or about September 25, 2014, to present, while operating, and practicing as a Family Nurse Practitioner with J & J Healthcare Clinic, DeSoto, Texas, Respondent misrepresented himself as a Doctor, calling himself "Doctor Sam" on his website, Jandjhealthcareclinic.com/DoctorProfile. Respondent's conduct was likely to deceive the public regarding his credentials.

The above action constitutes grounds for disciplinary action in accordance with Section 301.452(b)(10), Texas Occupations Code, and is a violation of 22 TEX. ADMIN. CODE §217.12(4)&(6)(H).

NOTICE IS GIVEN that staff will present evidence in support of the recommended disposition of up to, and including, revocation of Respondent's license/s to practice nursing in the State of Texas pursuant to the Nursing Practice Act, Chapter 301, Texas Occupations Code and the Board's rules, 22 Tex. Admin. Code §§ 213.27 - 213.33. Additionally, staff will seek to impose on Respondent the administrative costs of the proceeding pursuant to Section 301.461, Texas Occupations Code. The cost of proceedings shall include, but is not limited to, the cost paid by the Board to the State Office of Administrative Hearings and the Office of the Attorney General or other Board counsel for legal and investigative services, the cost of a court reporter and witnesses, reproduction of records, Board staff time, travel, and expenses. These shall be in an amount of at least one thousand two hundred dollars ($1200.00).

NOTICE IS GIVEN that all statutes and rules cited in these Charges are incorporated as part of this pleading and can be found at the Board's website, www.bon.texas.gov.

NOTICE IS GIVEN that to the extent applicable, based on the Formal Charges, the Board will rely on Adopted Disciplinary Guidelines for Criminal Conduct and on Adopted Disciplinary Sanction Policies for Nurses with Substance Abuse, Misuse, Substance Dependency, or other Substance Use Disorder, for Lying and Falsification, for Fraud, Theft and Deception, and for Sexual Misconduct, which can be found at the Board's website, www.bon.texas.gov.

NOTICE IS GIVEN that, based on the Formal Charges, the Board will rely on the Disciplinary Matrix, which can be found at www.bon.texas.gov/disciplinaryaction/discip-matrix.html.

NOTICE IS ALSO GIVEN that Respondent's past disciplinary history, as set out below and described in the Order(s) which is/are attached and incorporated by reference as part of these charges, will be offered in support of the disposition recommended by staff: Order dated May 13, 2014.

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Filed this 17th day of October, 2014.

TEXAS BOARD OF NURSING

R. Kyle Hensley

James W. Johnston, General Counsel
Board Certified - Administrative Law
Texas Board of Legal Specialization
State Bar No. 10838300
Jena Abel, Assistant General Counsel
State Bar No. 24036103
Natalie E. Adelaja, Assistant General Counsel
State Bar No. 24064715
John R. Griffith, Assistant General Counsel
State Bar No. 24079751
Robert Kyle Hensley, Assistant General Counsel
State Bar No. 50511847
John F. Legris, Assistant General Counsel
State Bar No. 00785533
John Vanderford, Assistant General Counsel
State Bar No. 24086670

333 Guadalupe, Tower III, Suite 460
Austin, Texas 78701
P: (512) 305-6811
F: (512) 305-8101 or (512)305-7401

Attachments: Order of the Board dated May 13, 2014

D/2014.09.15

BEFORE THE TEXAS BOARD OF NURSING

****

In the Matter of Advanced Practice Registered Nurse License Number AP112733 & Registered Nurse License Number 651668 issued to SAMUEL JERIDEAU	§ § § §	AGREED ORDER

On this day the Texas Board of Nursing, hereinafter referred to as the Board considered the matter of SAMUEL JERIDEAU, Advanced Practice Registered Nurse License Number AP112733 and Registered Nurse License Number 651668, hereinafter referred to as Respondent.

Information received by the Board produced evidence that Respondent may be subject to discipline pursuant to Section 301.452(b)(10)&(13) and 301.453, Texas Occupations Code. Respondent waived informal proceedings, notice and hearing, and agreed to the entry of this Order approved by Katherine A. Thomas, MN, RN, FAAN, Executive Director, on March 3, 2014, subject to ratification by the Board.

FINDINGS OF FACT

1. Prior to the institution of Agency proceedings, notice of the matters specified below in these Findings of Fact was served on Respondent and Respondent was given an opportunity to show compliance with all requirements of the law for retention of the license(s).

2. Respondent waived informal proceedings, notice and hearing, and agreed to the entry of this Order.

3. Respondent is currently licensed to practice professional nursing in the State of Texas.

4. Respondent received a Baccalaureate Degree in Nursing from Texas Woman's University, Denton, Texas, on May 1, 1998, and received a Master's Degree in Nursing from the Family Nurse Practitioner (FNP) Program with Texas Woman's University, Denton, Texas, on August 25, 2003. Respondent was licensed to practice professional nursing in the State of

Texas on June 23, 1998, was Board recognized as a FNP on September 26, 2003, and was Board recognized FNP with Prescriptive Authority on October 8, 2003.

5. Respondent's nursing employment history in unknown.

6. At the time of the incident in Finding of Fact Number Seven (7), Respondent was employed as a Family Nurse Practitioner (FNP) and owner of J and J Healthcare Clinic, Duncanville, Texas.

7. On or about June 28, 2013, through July 26, 2013, while employed as a Family Nurse Practitioner and owner of J and J Healthcare Clinic, Duncanville, Texas, Respondent engaged in inappropriate activities with Pt. R.A., who was a minor at the time, which violated professional boundaries. According to Respondent, after seeing patient R.A. at his clinic on June 28, 2013, and performing routine physical examination, there was an exchange of email and text messages of a romantic nature with "Veronica", an individual representing herself as a female in her 20's, via Facebook. Respondent states that he was unaware the "Veronica" was, in fact, Pt. R.A. Without any reasonable therapeutic basis, Respondent purchased a cell phone for this individual as well as providing his debit card information. Respondent arranged a personal meeting with "Veronica." However, after learning that "Veronica" was actually Pt. R.A., Respondent still gave Pt. R.A. one thousand ($1,000) dollars for his silence after Pt. R.A. threatened to reveal the inappropriate behavior. Respondent's conduct was likely to injure the patient in that boundary violations can cause delayed stress for the patient which may not be recognized or felt by the patient until harmful consequence occur.

8. In response to the incident in FOF #7, Respondent denies any wrongdoing with R.A., and specifically denies any touching of any kind outside the initial contact which occurred during the medical examination. Respondent states that he would never have engaged in any if the behavior referenced above if he had known that: "Veronica" was, in fact, R.A; "Veronica" was a patient; or if "Veronica" was a minor.

9. Formal Charges were filed on March 10, 2014.

10. Charges were mailed to Respondent on March 10, 2014.

CONCLUSIONS OF LAW

1. Pursuant to Texas Occupations Code, Sections 301.451-301.555, the Board has jurisdiction over this matter.

2. Notice was served in accordance with law.

3. The evidence received is sufficient to prove violation(s) of 22 TEX. ADMIN. CODE §217.11(1)(A),(1)(J)&(4)(A) and 22 TEX. ADMIN. CODE §217.12(1)(A),(4),(6)(D)&(6)(E).

4. The evidence received is sufficient cause pursuant to Section 301.452(b)(10)&(13), Texas Occupations Code, to take disciplinary action against Advanced Practice Registered Nurse License Number AP112733 and Registered Nurse License Number 651668, heretofore issued to SAMUEL JERIDEAU, including revocation of Respondent's license(s) to practice nursing in the State of Texas.

ORDER

IT IS THEREFORE AGREED and ORDERED, subject to ratification by the Texas Board of Nursing, that Advanced Practice Registered Nurse License Number AP112733 and Registered Nurse License Number 651668, previously issued to SAMUEL JERIDEAU, to practice nursing in Texas is/are hereby SUSPENDED for a period of two (2) years with the suspension STAYED and Respondent is hereby placed on PROBATION for two (2) years with the following agreed terms of probation:

IT IS FURTHER AGREED and ORDERED that, while under the terms of this Order, this Order SHALL apply to any and all future licenses issued to Respondent to practice nursing in the State of Texas.

IT IS FURTHER AGREED and ORDERED that this Order SHALL be applicable to Respondent's nurse licensure compact privileges, if any, to practice nursing in the State of Texas.

IT IS FURTHER AGREED and ORDERED that while Respondent's license(s) is/are encumbered by this order Respondent may not work outside the State of Texas pursuant to a nurse licensure compact privilege without the written permission of the Texas Board of Nursing and the Board of Nursing in the party state where Respondent wishes to work.

(1) RESPONDENT SHALL comply in all respects with the Nursing Practice Act,

Texas Occupations Code, §§301.001 *et seq.*, the Rules and Regulations Relating to Nurse Education, Licensure and Practice, 22 TEX. ADMIN. CODE §211.1 *et seq.* and this Order.

(2) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete a course in Texas nursing jurisprudence and ethics. RESPONDENT SHALL obtain Board approval of the course prior to enrollment only if the course is not being offered by a pre-approved provider. Home study courses and video programs will not be approved. In order for the course to be approved, the target audience shall include nurses. It shall be a minimum of six (6) hours in length. The course's content shall include the Nursing Practice Act, standards of practice, documentation of care, principles of nursing ethics, confidentiality, professional boundaries, and the Board's Disciplinary Sanction Policies regarding: Sexual Misconduct; Fraud, Theft and Deception; Nurses with Substance Abuse, Misuse, Substance Dependency, or other Substance Use Disorder; and Lying and Falsification. Courses focusing on malpractice issues will not be accepted. RESPONDENT SHALL CAUSE the sponsoring institution to submit a Verification of Course Completion form, provided by the Board, to the Office of the Board to verify RESPONDENT'S successful completion of the course. This course shall be taken in addition to any other courses stipulated in this Order, if any, and in addition to any continuing education requirements the Board has for relicensure. *Board-approved courses may be found at the following Board website address: http://www.bon.texas.gov/compliance.*

(3) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete the course "Sharpening Critical Thinking Skills," a 3.6 contact hour online program provided by the National Council of State Boards of Nursing (NCSBN) Learning Extension. In order to receive credit for completion of this program, RESPONDENT SHALL SUBMIT the continuing

education certificate of completion for this program to the Board's office, to the attention of Monitoring. This course is to be taken in addition to any continuing education requirements the Board may have for relicensure. *Board-approved courses may be found at the following Board website address: http://www.bon.texas.gov/compliance.*

(4) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete a course in "Respecting Professional Boundaries," a 3.9 contact hour online program provided by the National Council of State Boards of Nursing (NCSBN) Learning Extension. In order to receive credit for completion of this program, RESPONDENT SHALL SUBMIT the continuing education certificate of completion for this program to the Board's office, to the attention of Monitoring. This course is to be taken in addition to any continuing education requirements the Board may have for relicensure. *Information regarding Board-approved courses may be found at the following Board website address: http://www.bon.texas.gov/compliance.*

IT IS FURTHER AGREED, SHOULD RESPONDENT PRACTICE AS A NURSE IN THE STATE OF TEXAS, RESPONDENT WILL PROVIDE DIRECT PATIENT CARE AND PRACTICE IN A HOSPITAL, NURSING HOME, OR OTHER CLINICAL SETTING AND RESPONDENT MUST WORK AS AN ADVANCED PRACTICE REGISTERED NURSE IN SUCH SETTING A MINIMUM OF SIXTY-FOUR (64) HOURS PER MONTH UNDER THE FOLLOWING PROBATIONARY CONDITIONS FOR TWO (2) YEAR(S) OF EMPLOYMENT. THE LENGTH OF THE STIPULATION PERIOD WILL BE EXTENDED UNTIL SUCH TWENTY-FOUR (24) MONTHS HAVE ELAPSED. PERIODS OF UNEMPLOYMENT OR OF EMPLOYMENT THAT DO NOT REQUIRE THE USE OF AN ADVANCED PRACTICE REGISTERED NURSE (APRN) LICENSE NOT APPLY TO THIS

STIPULATION PERIOD:

(5) While under the terms of this Order, RESPONDENT SHALL NOT provide patient care to minors. For the purposes of this Order, patient care involves any relationship between RESPONDENT and the patient, and includes, but is not limited to: teaching; counseling; assessing the patient's needs and strengths; and providing nursing care.

(6) RESPONDENT SHALL notify each present employer, practice site and/or credentialing agency in nursing of this Order of the Board and the probationary conditions on RESPONDENT'S license(s). RESPONDENT SHALL present a complete copy of this Order and all Proposals for Decision issued by the Administrative Law Judge, if any, to each present employer, practice site and/or credentialing agency in nursing within five (5) days of receipt of this Order. RESPONDENT SHALL notify all future employers, practice sites and/or credentialing agencies in nursing of this Order of the Board and the probationary conditions on RESPONDENT'S license(s). RESPONDENT SHALL present a complete copy of this Order and all Proposals for Decision issued by the Administrative Law Judge, if any, to each future employer, practice site and/or credentialing agency in nursing prior to accepting an offer of employment and/or assignment.

(7) RESPONDENT SHALL CAUSE each present employer, practice site and/or credentialing agency in nursing to submit the Board's "Notification of Employment" form, which is provided to the Respondent by the Board, to the Board's office within ten (10) days of receipt of this Order. RESPONDENT SHALL CAUSE each future employer, practice site and/or credentialing agency in nursing to submit the Board's "Notification of Employment" form, which is provided to the Respondent by the Board, to the Board's office within five (5) days of employment as a nurse.

(8) For the first year of employment as an Advanced Practice Registered Nurse under

the terms of this Order, RESPONDENT SHALL be directly supervised by a Family Nurse Practitioner or Physician. Direct supervision requires another Family Nurse Practitioner or Physician to be working on the same unit as RESPONDENT and immediately available to provide assistance and intervention. RESPONDENT SHALL work only on regularly assigned, identified and predetermined unit(s). The RESPONDENT SHALL NOT be employed by a nurse registry, temporary nurse employment agency, hospice, or home health agency. RESPONDENT SHALL NOT contract for services. Multiple employers are prohibited.

(9) For the remainder of the probationary period, RESPONDENT'S PRACTICE SHALL be supervised by a Family Nurse Practitioner or Physician who is on the premises. The supervising Family Nurse Practitioner or Physician is not required to be on the same unit or ward as RESPONDENT, but should be on the facility grounds and readily available to provide assistance and intervention if necessary. The supervising Family Nurse Practitioner or Physician shall have a minimum of two (2) years experience in the same or similar practice setting to which the Respondent is currently working. RESPONDENT SHALL work only regularly assigned, identified and predetermined unit(s). RESPONDENT SHALL NOT be employed by a nurse registry, temporary nurse employment agency, hospice, or home health agency. RESPONDENT SHALL NOT contract for services. Multiple employers are prohibited.

(10) RESPONDENT SHALL CAUSE the supervising Family Nurse Practitioner or Physician to submit, on forms provided to the Respondent by the Board, periodic reports as to RESPONDENT'S capability to practice nursing. These reports shall be completed by the Family Nurse Practitioner or Physician who supervises the RESPONDENT. These reports shall be submitted by the supervising Family Nurse Practitioner or Physician to the office of the Board at the

end of each three (3) month period for two (2) of years of employment as a Family Nurse Practitioner.

IT IS FURTHER AGREED and ORDERED that if during the period of probation, an additional allegation, accusation, or petition is reported or filed against the Respondent's license(s), the probationary period shall not expire and shall automatically be extended until the allegation, accusation, or petition has been acted upon by the Board.

IT IS FURTHER AGREED, that upon full compliance with the terms of this Order, all encumbrances will be removed from RESPONDENT'S license(s) to practice nursing in the State of Texas and RESPONDENT may be eligible for nurse licensure compact privileges, if any.

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RESPONDENT'S CERTIFICATION

I understand that I have the right to legal counsel prior to signing this Agreed Order. I have reviewed this Order. I neither admit nor deny the violation(s) alleged herein. By my signature on this Order, I agree to the Findings of Fact, Conclusions of Law, Order, and any conditions of said Order, to avoid further disciplinary action in this matter. I waive judicial review of this Order. I understand that this Order is subject to ratification by the Board. When this Order is ratified, the terms of this Order become effective, and a copy will be mailed to me. I understand that if I fail to comply with all terms and conditions of this Order, I will be subject to investigation and disciplinary action, including revocation of my license(s) to practice nursing in the State of Texas, as a consequence of my noncompliance.

Signed this 17 day of April, 20 14.

SAMUEL JERIDEAU, Respondent

Sworn to and subscribed before me this 17th day of April, 20 14.

SEAL

MARILYN ALLEN
My Commission Expires
March 7, 2018

Notary Public in and for the State of Texas

Approved as to form and substance.

CATHERINE TABOR, Attorney for Respondent

Signed this 23 day of April, 2014.

WHEREFORE, PREMISES CONSIDERED, the Texas Board of Nursing does hereby ratify and adopt the Agreed Order that was signed on the 17th day of April, 2014, by SAMUEL JERIDEAU, Advanced Practice Registered Nurse License Number AP112733 and Registered Nurse License Number 651668, and said Order is final.

Effective this 13th day of May, 2014.

Katherine A. Thomas, MN, RN, FAAN
Executive Director on behalf
of said Board

16C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

[redacted]

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (01/05/2023)

(This application cannot be used by PA's or APRN's)

Select the Controlled Substance Schedules you are applying to prescribe (optometrists are limited to schedules III, IV, and V.)

☐ Schedule I ☑ Schedule II ☑ Schedule III ☑ Schedule IV ☑ Schedule V

Section 1: Personal Information

First: STUART Middle: MARC Last: FELDMAN

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Home Address: [redacted]

City: LAS VEGAS State: NV Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Degree: D.P.M. Practitioner License #: 0105 Specialty: PODIATRY

(You MUST have a current and active practice license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): STUART M. FELDMAN, D.P.M., A.P.C.

Practice Address: 8955 S PECOS RD. Suite #: SUITE 2B

City: HENDERSON State: NV Zip: 89074

Telephone: 7024072548 Fax: 7024072549 Email: [redacted]

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✔	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2 & 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
02/22/2010	06/05/2012	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
C271055	Clark County State of Nevada

Reason/Charge
See below

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Stuart M. Feldman	

Name of Business/Industry/Entity

Provide explanation below:

02/22/2010, DEA investigation led to my arrest for controlled substance violation. I was being treated for a painful back condition and became addicted to pain medication. I was arrested for prescribing carisoprodol to someone else, but had them give it back to me for my own self use. I entered and completed the 90 program at Promises Drug Treatment Center in California. For the next five years, I was under the treatment and supervision of [redacted] M.D., who ran the Nevada Professional Assistance Program (NPAP). I had weekly meeting and was tested/submitted to random drug testing anytime Dr. [redacted] requested it. I never had any problem. I am proud to say that I am more than 16 years sober. On 03/08/2010. The NSBP suspended my license for this issue (Case No. 0805), but they stayed the suspension, allowing me to keep practicing Podiatry, for which I'm still very grateful.

Effective 07/13/2015, upon completion of the in-patient drug rehab program and successful completion of Dr. [redacted] five year NPAP program, the NSBP rescinded my suspension and it became null and void, retroactively, as if there never was a suspension. For this reason, I answered question 4 "No". In 2009, I did pay a penalty of $1,693.36 to the NSBP to reimburse them for investigative, administrative and proceedings in connection with this matter.

Enclosed you will find the 07/20/2025 letter from the NSBP releasing my probationary status. You will also find the 6/05/2012 Honorable Discharge from Probation from the 8th Judicial District Court of the State of Nevada.

New * On 05/27/2026 Case No. C-25-396154-1 I was found guilty of a misdemeanor for Disorderly Conduct CCCC 12.33.010 - NOC 56761. (see enclosed)

Original Signature (electronic, copies or stamps not accepted)

05/29/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Stuart Feldman

Print Name (First, Last)

05/29/2026

Date

Original Signature (electronic, copies or stamps not accepted)

05/29/2026

Date

Board Use Only: Date Processed: [redacted] Amount: [redacted]

[redacted]

From: Lori Feldman [redacted]
Sent: Thursday, July 9, 2026 11:33 AM
To: [redacted]
Cc: stuart feldman
Subject: RE: Re:Fw: Controlled Substance application - information needed
Attachments: 06-05-2012 Stuart Feldman-Honorable Discharge.pdf; 07-20-2015 NV State Board of Podiatry-Stuart Feldman Probationary Status Released.pdf; 05-27-2026 Stuart Feldman-Misdemeanor Disorderly Conduct.pdf; Access NV Psychiatry-Stuart Feldman assessment.pdf; 07-01-2026 Dr Stuart Feldman-NCS App Supp Info.docx

Importance: High

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

[redacted] in the attachment section you will find the following documents:

1. 06/05/2012 Honorable Discharge from Probation

2. 07/20/2015 Nevada State Board of Podiatry-Probation Release

3. 05/27/2026 Misdemeanor-Disorderly Conduct

4. 02/11/2026 Access Nevada Psychiatry-Assessment

5. 07/01/2026 Dr. Feldman's Supplemental Information

[redacted]

Sincerely,

Dr. Stuart M. Feldman
Podiatric Medicine

SMF/jc
Enclosures

Dr. Stuart M. Feldman
Medical & Surgical Treatment of the Foot
8955 S. Pecos Rd., Suite 2B
Henderson, NV 89074

Case No: C271055
Petition and Order for Honorable Discharge from Probation:

IN THE EIGHTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF CLARK

FILED
JUN 7 5 08 PM '12
CLERK OF THE COURT

THE STATE OF NEVADA,
Plaintiff

vs.

FELDMAN, Stuart
Defendant

PETITION

To the Honorable Judge Michelle Leavitt, of the Eighth Judicial District Court of the State of Nevada, in and for the County of Clark, the Undersigned Chief Probation Officer for the State of Nevada now reports as follows concerning the above Defendant: Said Defendant was placed on probation by order of this Court for a term not to exceed 3 years, said Order being dated the 22nd day of March, 2011. Said Probationer has satisfactorily completed all of the conditions of probation, while under supervision in the State of Nevada.

THEREFORE, the undersigned recommends that said Probationer be honorably discharged and released from further supervision.

Dated this 23rd day of May, 2012.

Pursuant to NRS 239B.030, the undersigned hereby affirms this document does not contain the social security number of any person.

Bernard W. Curtis, Chief Parole and Probation Officer

ORDER HONORABLY DISCHARGING PROBATIONER

In accordance with NRS 176A.850

With Restoration of Civil Rights

In this cause it appearing that the above-named Defendant was heretofore placed on probation under the authority of the Chief Parole and Probation Officer of the State of Nevada, and it further appearing from the petition of said Probation Officer that the period of such probation expired on 10-13-2014.

IT IS HEREBY ORDERED that said Probationer be honorably discharged from said probation.

IT IS FURTHER ORDERED that as of the date this order is signed by the Court, said probationer is restored to his civil rights to vote and serve as a juror in a civil action;

IT IS FURTHER ORDERED that FOUR YEARS from the date this order is signed by the Court, said probationer will be restored his civil rights to hold office;

IT IS FURTHER ORDERED that SIX YEARS from the date this order is signed by the Court, said probationer will be restored his civil rights to serve as a juror in a criminal action.

MICHELLE LEAVITT

Michelle Leavitt, District Judge

Dated this 5th day of June, 2012

Brian Sandoval
Governor

Nevada State Board of Podiatry

1325 Airmotive Way, Suite 175-I • Reno, Nevada 89502 • podiatry.nv.gov • Phone 775-789-2605

July 20, 2015

Stuart M. Feldman, D.P.M. 8955
S. Pecos Road, Suite 2B
Henderson, NV 89074

Re: Case No.0805
Certified Letter: 7014 0150 0002 0541 5605

Dear Dr. Feldman:

This letter is to verify that the Nevada State Board of Podiatry has released the probationary status on your license #0105 to practice Podiatric Medicine in Nevada effective July 13, 2015. You have successfully completed the requirements of the Nevada Professional's Health Program as stipulated in your Consent Decree dated February 1 6, 2011.

Should you have any questions or need further assistance, please feel free to contact our office at 775-789-2605.

Sincerely,

Stacey Whittaker

Stacey Whittaker
Executive Director
Nevada State Board of Podiatry

Dr. Stuart M. Feldman, D.P.M., A.P.C.
Medical & Surgical Treatment of the Foot
8955 South Pecos Road, Suite 2B, Henderson, NV 89074
Phone: (702) 407-2548 / Fax: (702) 407-2549

October 1, 2015

Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

RE: License CS22157
Stuart Marc Feldman, D.P.M.

Sent By Certified Mail

Nevada State Board of Pharmacy:

Enclosed you will find the following:

1. Completed Renewal Application
2. Payment of $120

Explanations to Section 1

1-3. I was convicted of a gross misdemeanor for prescribing 30 carisoprodol tablets to someone else for my own use. I was in the midst of my addiction to pain medication and deeply regret the decision I made. I took pain medications for chronic back pain that led to dependency issues. I completed a three month in-patient program in Los Angeles, CA. I was also a participant in the Nevada Professional Assistance Program (NPAP), where I attend meetings twice weekly with Dr. [redacted] who is the program director. Dr. [redacted] can be reached at [redacted]. I called in on a daily basis for random drug testing and when selected provide same.

The State of Nevada sentenced me to probation, which I completed and was honorably discharged from on June 5, 2012. I am proud to say that I am doing well in my recovery and have been sober 5 years and 5 months. I completed the requirements that the Nevada State Board of Podiatry imposed, which was that my license was on probation for 5 years and that I meet the requirements of the Nevada professional Assistance Program (NPAP) directed by [redacted], M.D. **The Board released my probationary status in August 2015. My DEA license was reinstated July 8, 2014.**

I respectfully request that my Nevada controlled substance license be reinstated.

If you need any further information, feel free to contact [redacted] who is my credentialing manager.

Sincerely,

Stuart M. Feldman, D.P.M.

SMF/jc
Emclosures

BEFORE THE STATE OF NEVADA

BOARD OF PODIATRY

IN THE MATTER OF: STUART FELDMAN, D.P.M. LICENSE NO. 0105 Respondent.	)	CASE NO. 0805

CONSENT DECREE

The State of Nevada Board of Podiatry (hereinafter referred to as the "BOARD") has jurisdiction over licensee, STUART FELDMAN, D.P.M. (hereinafter referred to as "FELDMAN"), pursuant to NRS 635.130; a complaint against said licensee having been received alleging violations of the Nevada statutes and regulations controlling the practice of podiatry; and the parties being mutually desirous of settling the controversy between them relative to the pending complaints;

IT IS HEREBY STIPULATED AND AGREED between the undersigned parties that this matter shall be settled and resolved upon the following terms.

VOLUNTARY WAIVER OF RIGHTS

FELDMAN is aware of, understands, and has been advised of the effect of this Consent Decree, which FELDMAN has carefully read and fully acknowledges. FELDMAN has had the opportunity to consult with competent counsel of his choice. No coercion has been exerted upon FELDMAN, nor have any promises been made other than those reflected in this Consent Decree.

FELDMAN has freely and voluntarily entered into this Consent Decree, and he is aware of his rights to contest the charges pending against him. These rights include representation by an attorney at his own expense, the right to a public hearing on any charges or allegations formally filed, the right to confront and cross-examine witnesses called to testify against him, the right to present evidence on his own behalf, the right to testify on his own behalf, the right to receive written findings of fact and conclusions of law supporting the decision on the merits of the complaint, and the right to obtain judicial review of the decision. All of these rights are being

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555 E. Washington, Suite 3900
Las Vegas, NV 89101

voluntarily waived by FELDMAN in exchange for the BOARD's acceptance of this Consent Decree.

If the Consent Decree is not accepted by the BOARD, no member of the BOARD will be disqualified from further hearing this matter by reason of his or her consideration of the Consent Decree and FELDMAN hereby waives any claim of bias or prejudice based upon said consideration by any member of the BOARD in any subsequent hearing conducted by the BOARD.

JURISDICTION

FELDMAN acknowledges that the BOARD has jurisdiction over him and the alleged conduct which has precipitated this Consent Decree. FELDMAN acknowledges that the BOARD has the legal power and authority to take disciplinary action, including, but not limited to, the revocation of his license to practice podiatry in Nevada upon proof of the allegations pending against him.

FELDMAN acknowledges that the BOARD will retain jurisdiction over this matter until all terms and conditions set forth in this Consent Decree have been met to the satisfaction of the BOARD.

PUBLICATION OF CONSENT DECREE

FELDMAN acknowledges that this Consent Decree becomes a public document and will be reported to such national databases as required by law. It is also understood that the minutes of the meeting at which the BOARD accepts this Consent Decree are a public document, available for inspection by any person so requesting.

ALLEGATIONS

FELDMAN understands the nature of the allegations under consideration by the BOARD. FELDMAN acknowledges the alleged conduct described herein below may constitute a violation of the Nevada Podiatry Practice Act (NRS and NAC 635) if this matter were to be taken to disciplinary hearing before the BOARD and proven by a preponderance of the evidence and that by acknowledging the same, he is subject to disciplinary action by the BOARD. The Complaint contains the following allegations:

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555 E. Washington, Suite 3900
Las Vegas, NV 89101

1. Dr. Feldman provided Brian Sponnick with a prescription for a controlled substance, Carisoprodol on or about June 18, 2009. There was no medical indication or necessity for said prescription to be issued.

2. Mr. Sponnick filled said prescription and returned the medication to Dr. Feldman for payment or other compensation.

3. Dr. Feldman provided Brian Sponnick with a prescription for a controlled substance, Hydrocodone on or about July 22, 2009. There was no medical indication or necessity for said prescription to be issued. Mr. Sponnick filled said prescription and returned the medication to Dr. Feldman for payment of thirty dollars ($30).

VIOLATIONS OF LAW

1. Based on the facts outlined above, Dr. Feldman admits to one violation of NRS 635.130(2) (g). (h), (k) and (l).

STIPULATED ADJUDICATION

By signing this consent decree, FELDMAN stipulates as follows:

1. That RESPONDENT'S license to practice podiatric medicine in the State of Nevada shall be suspended. However, said suspension shall be stayed pending RESPONDENT'S in-patient treatment through the Nevada Professionals Health Program. Upon successful completion of this in-patient program, said suspension shall be rescinded and become null and void retroactively, as if there never was a suspension.

2. That RESPONDENT'S license to practice podiatric medicine in the State of Nevada shall be placed on probation from the date of his release from in-patient treatment, and continue for the period of time he is in the monitoring period with the Nevada Professionals Health Program, thereby leaving RESPONDENT in probationary status until at least April 30, 2015. Any failure on the part of RESPONDENT to satisfy the requirements of the Nevada Professionals Health Program, or any violations of NRS or NAC 706 during this time period, will be deemed violations of the probation and will result in disciplinary action.

3. That if RESPONDENT'S monitoring period is extended by the Nevada

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555 E Washington, Suite 3900
Las Vegas, NV 89101

Professionals Health Program for any reason, this BOARD'S probation of RESPONDENT'S license to practice podiatric medicine shall remain in effect, concurrent with any such extension.

4. That RESPONDENT will execute any and all Releases of Information requested by an agent or staff member of the BOARD to allow BOARD staff to have unlimited communication with any diversionary program in which the RESPONDENT participates (or has participated) and any other program, school, psychologist, therapist or psychiatrist with knowledge of RESPONDENT'S fitness and/or ability to practice podiatric medicine.

5. That RESPONDENT shall submit quarterly declarations under penalty of perjury to the Board stating whether there has been complete compliance with the terms agreed to with the Nevada Professionals Health Program Conditions for Participation.

6. Pursuant to NRS 622.400(1)(b), RESPONDENT further agrees that he is obligated to reimburse the BOARD for its investigative, administrative and disciplinary proceedings in connection with this matter within one year of reinstatement of RESPONDENT'S license to practice podiatric medicine in the State of Nevada. The total amount of costs incurred by the Board is $1693.36.

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555 E. Washington, Suite 3900
Las Vegas, NV 89101

VIOLATION OF TERMS OF CONSENT DECREE

FELDMAN agrees that the BOARD may, upon at least twenty (20) days notice to FELDMAN, convene a hearing to consider whether a condition of this consent decree has been violated. If such a hearing results in a finding of a violation of this Consent Decree, the BOARD may impose any penalty upon FELDMAN authorized by NRS §635.130(1).

ACCEPTANCE BY THE BOARD

IT IS HEREBY AGREED BETWEEN THE PARTIES that this Consent Decree shall be presented to the BOARD with a recommendation for approval from the investigating board member and from the Attorney General's Office at the next regularly-scheduled meeting of the BOARD. FELDMAN understands that the BOARD is free to accept or reject this Consent Decree, and if rejected by the BOARD, a disciplinary proceeding will be commenced.

If the Consent Decree is not accepted by the BOARD, it shall be regarded as null and void, and no member of the BOARD will be disqualified from further hearing this matter by

reason of his or her consideration of the Consent Decree.

Admissions by FELDMAN in the Consent Decree will not be regarded as evidence against him at a subsequent disciplinary hearing. FELDMAN will be free to defend himself and no inferences against him will be drawn from his willingness to enter into this Consent Decree.

The Consent Decree will not be submitted for BOARD consideration until after it has been agreed to and executed by FELDMAN. The Consent Decree shall not become effective until it has been approved by a majority of the BOARD and executed by a representative member of the BOARD.

COMPLETE CONSENT DECREE

This Consent Decree embodies the entire agreement between the BOARD and FELDMAN. It may not be altered, amended, or modified without express written consent of the parties.

DATED this 16 day of Feb, 2011

STATE OF NEVADA BOARD OF PODIATRY

By: Tom Mirabelli DPM

DATED this 26TH day of JAN., 2011 1/26/2011

STUART FELDMAN, D.P.M.

The foregoing Consent Decree between STUART FELDMAN, D.P.M. and the STATE OF NEVADA BOARD OF PODIATRY in Case No. 0805 is approved as to form and content.

DATED this 11th day of FEBRUARY, 2011

L. KRISTOPHER RATH 1/26/11
HUTCHISON & STEFFEN, LLC
10080 Alta Dr. #200
Las Vegas, NV 89145
Attorney for

CATHERINE CORTEZ MASTO 1/28/11
Attorney General
DAVID W. NEWTON
Senior Deputy Attorney General
555 East Washington Ave, Suite 3900

Attorney General's Office
555 E. Washington, Suite 3900
Las Vegas, NV 89101

STUART FELDMAN, D.P.M.

Las Vegas, NV 89101
Attorneys for
NEVADA STATE BOARD OF PODIATRY

Attorney General's Office
555 E. Washington, Suite 3900
Las Vegas, NV 89101

DR. STUART M. FELDMAN

Foot Specialist
8955 S. Pecos Rd., Suite 2B
Henderson, NV 89074
Phone: 702-407-2548 | Fax: 702-407-2549
Website: besthendersonpodiatrist.com

07/01/2026 *** Response Sent Via E-mail**

Dr. Stuart M. Feldman-Nevada Controlled Substance Application Supplemental Information-Explanation for Case No. C-25-396154-1 of event on or after September 17, 2025.

Background Information-Dispute with Infectious Disease Specialist

04/17/2025 Patient, a [redacted] was first seen for bilateral full thickness wounds on her 5th digit. A type 2 diabetic with severe neuropathy, as well as CHF, HTN and morbid obesity. She uses a walker and lives alone. Her bilateral wounds were healing well, with weekly or bi-weekly office visits that included debridement and wound care.

06/09/2025 Patient seen as an emergency, due to ambulating barefoot on her black tar driveway. It was 107 degrees outside. She stated, "It was just for five minutes." As a consequence, she developed bilateral second-degree burns on both plantar feet with one third-degree burn on the right plantar lateral midfoot that had a stable eschar with various debridement, antibiotic therapy and wound care. Most of the second-degree burns completely healed. The eschar was still stable and I wanted the remaining left 5th digit wound to heal before removing the eschar.

09/10/2025 Patient was seen for continued wound care for bilateral second-degree burns. The goal was to remove the eschar and apply an amniotic graft. Unfortunately, the patient had cellulitis developing in her right lower leg and the wound deteriorated and was now malodorous. I decided that before placing the graft, I'd refer her to infectious disease for a possible Dalvance infusion. Patient was also written for oral antibiotics.

Dr. Stuart M. Feldman-Nevada Controlled Substance Application
Supplemental Information-Continued Explanation for Case No. C-25-396154-1 of event on or after September 17, 2025.

The referral was sent to an infectious disease specialist for consult and infusion, not wound care. I have nothing personally against this specialist or any of his staff. Over the past 25 years, I have referred numerous patients to him and had no issues, until now.

I'd informed the patient that once she responded to the infusion, we would proceed with the amniotic graft in a week or two. Patient was extremely non-compliant during the course of her treatment, consistently ambulating and performing activity against medical orders. She said that she lives alone, so she has to walk and drive, as she does not have any help. She advised that her ex-husband would come from CA to "take care of her for a week".

09/11/2025 Patient was referred and went to the infectious disease specialist (hereafter "specialist") office and was seen by a nurse practitioner (hereafter "NP"). This was a business dispute. I was very upset that after I sent a referral for infectious disease and infusion, the NP began the visit by disparaging me professionally, telling patient, "Dr. Feldman should have been more aggressive with eschar" and then the NP proceeded to advise the patient that "they can do her wound care including grafts there or at another office location". NP intimating to my patient that "they could do better".

09/12/2025 Patient called my office and spoke with my medical assistant (hereafter "MA"). The patient advised my MA that the NP told her that "Dr. Feldman was not aggressive enough with the eschar and that it should be removed sooner, etc." Patient was then told by this NP that "they could do the patient's wound care, either there or another location, including grafts".

I briefly spoke with the patient and told her that she was referred to infectious disease for the infusion only and that I was providing her wound care.

Dr. Stuart M. Feldman-Nevada Controlled Substance Application
Supplemental Information-Continued Explanation for Case No. C-25-396154-1 of event on or after September 17, 2025.

I reminded her that almost every burn was now healed at this point and that after the infusion, we were ready to place her graft.

I received a copy of the NP's note regarding my patient's visit to the specialist's office. It does not mention the NP's conversation with my patient about wound care at all. Obviously, this was omitted for a reason.
My patient had no reason to call us and make up the conversation. I left an angry voice message for the referral assistant of the specialist, asking why they were trying to take my wound care patient knowing that I was her podiatrist and had been doing her wound care since April 2025. I said very hurtful and angry things that I am not proud of and would never say again. I absolutely regret the message I left. It was not like how I normally act at all. I was just so upset at losing my longstanding patient to this other group for no reason. On 09/17/2025, I was arrested for the voice mail message.

In hindsight, it's possible that the specialist and referral assistant didn't know that their NP advised the patient that "their office did wound care and could do hers" after intimating that "Dr. Feldman was not aggressive enough with the debridement of eschar". I know that the NP did not know the extent of the patient's problems and how far we'd come to get her to this point.

The statements made by the specialist's PA to the patient was the reason I was so upset. I do, absolutely regret how I handled the situation. I certainly never acted in this manner previously. I would not respond like that again. I was just extremely upset about losing a patient, due to being professionally slandered the NP and her then advising my patient that they could do her wound care at their office or one of their other offices.

Dr. Stuart M. Feldman-Nevada Controlled Substance Application
Supplemental Information-Continued Explanation for Case No. C-25-396154-1 of event on or after September 17, 2025.

I pled guilty to a gross misdemeanor, which was accepted by the court. The court ordered probation and included the following conditions:

1. Payment of $1,000 fine. Completed.
2. Undergo a mental health evaluation & complete any follow-up. This has been completed. However, I decided to keep treating with my mental health counselor, as I feel it is really helping me.
3. Probation for no more than nine months. Completed in 5 months.
4. No contact with the Specialist or anyone on his staff in any manner. I've made no contact with anyone from their office.
5. After successful completion of probation, I was able to request that my guilty plea to the gross misdemeanor be dropped down to the misdemeanor of "Disorderly Conduct." The court granted my request and I sent this information to your office in my original application materials.

I absolutely regret how I handled the situation. I would not act in this manner ever again. If you have any additional questions, please feel free to call me at my office at: 702-407-2548. I look forward to speaking with you.

Sincerely,

Dr. Stuart M. Feldman

SMF/jc

Electronically Filed
5/27/2026 9:09 AM
Steven D. Grierson
CLERK OF THE COURT

AINF
STEVEN B. WOLFSON
Clark County District Attorney
Nevada Bar #1565
WENDY W. ANTEBI
Nevada Bar # 16378
200 Lewis Avenue
Las Vegas, Nevada 89155
PH: (702) 671-2500
FAX: (702) 868-2412
DAInfo@clarkcountydanv.gov
Attorney for the Plaintiff

DISTRICT COURT

CLARK COUNTY, NEVADA

THE STATE OF NEVADA,

Plaintiff,

-vs-

STUART MARC FELDMAN
#2738432

Defendant.

CASE NO: C-25-396154-1

DEPT NO: XVII

AMENDED
INFORMATION

STEVEN B. WOLFSON, District Attorney within and for the County of Clark, State of Nevada, in the name and by the authority of the State of Nevada, informs the Court:

That the Defendant(s) above named, within the County of Clark, State of Nevada, on or about September 17, 2025, committed one or more of the following crime(s), as follows to wit: **DISORDERLY CONDUCT (Misdemeanor - CCC 12.33.010 - NOC 56761)** as following, to wit:

STUART MARC FELDMAN did willfully and unlawfully act in a disorderly manner at by making threats or conveying false information.

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Case Number: C-25-396154-1

All of which is contrary to the form, force and effect of statutes in such cases made and provided, and against the peace and dignity of the State of Nevada.

STEVEN B. WOLFSON
Clark County District Attorney

BY _____
WENDY W. ANTEBI
Deputy District Attorney
Nevada Bar #16378

wa/L4
MPD EV# LLV250900064774

[redacted] APRN/PMHNP-BC

ACCESS NEVADA PSYCHIATRY

[redacted]

Patient name: **Stuart Feldman** [redacted] Today's date: 2/10/2026

Informed consent was given for treatment verbally
NVPMP checked

Pt presents to the office for an initial psych evaluation. He needs a psychiatric evaluation for the court. Pt was arrested for threatening behavior.

[redacted]

[redacted]

Stuart Feldman

First name:	Stuart
Last name:	Feldman
License:	Podiatric Physician
Credential ID:	0105
Expiration Status:	Not Expired
Expiration date:	2026-10-31
Original issue date:	2001-07-15
Renewal Date:	2025-10-28
Disciplinary Actions:	yes

17

17A

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – September 2, 2026

Explanation – Language in ***blue italics*** is new; language in ***red text*** [~~*omitted material*~~] is language to be omitted, and language in ***green text*** indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 453.162; NRS 639.070

A REGULATION relating to the adoption of a fee for the integration of the records of patients in the database of the established pursuant to NRS 453.162 with the electronic health records of practitioners; and providing other matters properly relating thereto.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto the provisions set forth is section 2 of this regulation.

Sec. 2. NAC 639.220 is hereby amended to read as follows:

1. The Board hereby adopts the following schedule of fees:

* * *

For the integration of the records of patients in the database of the program established pursuant to NRS 453.162 with the electronic health records of practitioners, each practitioner or other person who dispenses any controlled substance upon registration and the biennial renewal of a registration pursuant to NRS 453.226.

…….100

DRAFT

17B

Current language

PRODUCTS THAT ARE PRECURSORS TO METHAMPHETAMINE

NAC 639.815 Real-time, stop sale system: Minimum requirements for approval by the Board. (NRS 639.070**,** 639.430**)**

1. For a real-time, stop sale system to be approved by the Board pursuant to NRS 639.430 for use by pharmacies in this State, the real-time, stop sale system must, at a minimum:

(a) Satisfy the requirements set forth in subsection 1 of NRS 639.430;

(b) Allow pharmacies in this State to electronically submit the following information to the system:

(1) The information set forth in subsection 2 of NRS 453.357; and

(2) The name or initials of or the unique identifier which is approved by the Board for the pharmacist or the employee of the pharmacy who sold or transferred the product;

(c) Be capable of producing a record of the information described in paragraph (b) for use by law enforcement agencies; and

(d) Maintain the confidentiality of all data and information entered into the system and be capable of preventing access to the data and information in the system unless such access is authorized pursuant to a specific state or federal law.

2. The Board will deem the electronic record created by a real-time, stop sale system approved by the Board pursuant to NRS 639.430 as satisfying the requirements for entering information in a logbook pursuant to subsection 2 of NRS 453.357.

(Added to NAC by Bd. of Pharmacy by R097-13, eff. 3-28-2014)

NAC 639.817 Real-time, stop sale system: Duties of pharmacy; completion of sale or transfer despite an alert from or without first consulting the system authorized in certain circumstances. (NRS 639.070**,** 639.430**,** 639.440**)**

1. Except as otherwise provided in NRS 639.440, on or before the 90th day after a pharmacy in this State receives notice from the Board that it has approved a real-time, stop sale system pursuant to NRS 639.430, the pharmacy shall:

(a) Obtain access to and begin using the real-time, stop sale system to document the sale or transfer of each product that is a precursor to methamphetamine;

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(b) Verify that the pharmacy is submitting to the system the information required pursuant to paragraph (b) of subsection 1 of NAC 639.815 in real time;

(c) In accordance with NRS 639.440, obtain any information necessary from the person seeking the purchase or transfer of a product that is a precursor to methamphetamine to receive notice from the real-time, stop sale system;

(d) Review the information provided by the real-time, stop sale system before completing any sale or transfer of a product that is a precursor to methamphetamine to verify that the sale or transfer of the product does not violate NRS 453.355 or any other state or federal law which prohibits the sale or transfer of a product that is a precursor to methamphetamine; and

(e) Except as otherwise provided in subsection 2, not allow the sale or transfer of a product to be completed if the pharmacy receives an alert from the real-time, stop sale system that the sale or transfer of the product may violate NRS 453.355 or any other state or federal law which prohibits the sale or transfer of a product that is a precursor to methamphetamine.

2. A pharmacist or an employee of the pharmacy may complete a sale or transfer of a product despite an alert from the real-time, stop sale system that the sale or transfer of the product may violate NRS 453.355 or any other state or federal law which prohibits the sale or transfer of a product that is a precursor to methamphetamine if the pharmacist or employee of the pharmacy has a reasonable fear of imminent bodily harm if the sale or transfer is not completed. If a pharmacist or an employee of the pharmacy completes a sale or transfer pursuant to this subsection, the pharmacist or employee of the pharmacy shall report the sale or transfer to the Board and an appropriate law enforcement agency as soon as the pharmacist or the employee of the pharmacy reasonably believes that the imminent danger has subsided but not later than 24 hours after the sale or transfer.

3. A pharmacist or an employee of a pharmacy may complete a sale or transfer of a product that is a precursor to methamphetamine without first consulting a real-time, stop sale system approved by the Board pursuant to NRS 639.430 if the pharmacy:

(a) Experiences a mechanical or electronic failure of the real-time, stop sale system or the real-time, stop sale system is otherwise unavailable;

(b) Requests and is granted from the Executive Secretary a temporary waiver of the requirement of using the real-time, stop sale system; and

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(c) Maintains the information required to be submitted to the real-time, stop sale system pursuant to NAC 639.815 on a written list or in another alternative format until the waiver is terminated.

NRS 453.3535 "Retail distributor" defined. "Retail distributor" means a grocery store, general merchandise store, drugstore, pharmacy or other entity or person whose exclusively or almost exclusively to sales for personal use by an ultimate user, both in number of sales and volume of sales, either directly to walk-in customers or in face-to-face transactions by direct sales.

(Added to NRS by 2007, 775, 3123)

New language

NAC 639.818 Digital identify verification and use of real-time, stop sale system:

1. Except as provided in this section, a pharmacy may use the Internet or any other lawful means of exchange to effectuate the retail sale of a product that is a precursor to methamphetamine as defined in NRS 639.400 and NRS 453.353.

2. If the retail sale of a product that is a precursor to methamphetamine is not conducted in person, the pharmacy must submit the purchaser's identification information through a real-time, stop sale system that utilizes a secure digital identification system.

3. After reviewing the identification of the purchaser the real-time, stop sale system will return to the pharmacy an approval or a stop-sale response.

4. As used in this section, the term "real-time, stop sale system" means a system approved by the Board pursuant to NRS 639.430.

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18

19

Executive Secretary Report

A. Financial Report
B. Issuance of Temporary Licenses and Registrations
C. Change of Address Business List
D. Meetings with Other Health Care Regulatory Boards
E. Licensing Activities Report
F. Citations & Fines issued pursuant to NRS 632.2895
G. Legislative Update
H. Inspection Report

September 2026 - Temporary License since last Board Meeting

Pharmacist Name	Pharmacist License #
Emelia Maglieri	25198
Kyle St John	25223
Nichelle Chang	25197
Kelly Ann Tanaka	25239
Quynh Remmel	25235
Joshua Roper	25270

Business Name	License #	City, State
LillyDirect Pharmacy, LLC	PH04834	Indianapolis, IN
Central Care Pharmacy/GHST Rx Inc	PH04831	Encino, CA
ZOLL Medical Corporation	WH04055	Wilmington, MA

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
Amendment to Nevada Administrative Code (NAC). The proposed amendments establish the minimum staffing standards in a pharmacy and modify the number of pharmaceutical technicians and pharmaceutical technicians in training a pharmacist may supervise.	5/29/24	6/3/24	R113-24	6/25/24 – To Yenh/Dave for review 7/15/24 –sent revised version to Dave/Yenh	12/10/24	1/16/25 – This public hearing was withdrawn from the agenda and will be heard at a future BM. 4/17/25 – To possibly be heard at a future BM.		
Amendment to the Nevada Administrative Code ("NAC") 639. The proposed amendments relate to the licensing requirements for facilities for treatment with narcotics and provide other matters properly relating thereto.	10/17/24	10/21/24	R197-24	7/21/25 – Sent to Dave/Yenh for review.	10/28/25	12/4/25	1/21/26	2/27/26

Amendment to the Nevada Administrative Code ("NAC") 639. The proposed amendments relate to the licensing requirements for facilities for intermediate care or facilities for skilled nursing licensed by the State Board of Health pursuant to NRS 449.0303 and provide other matters properly relating thereto.	12/5/24	12/9/24	R203-24	9/19/25 – Sent to Dave/Yenh for review	10/28/25	12/4/25	1/21/26	2/27/26
Amendment to the Nevada Administrative Code ("NAC") 639.742. The proposed amendments relate to removing the requirement that Dispensing Practitioners must personally dispense at a facility and provide other matters properly relating thereto. The change would allow Dispensing Practitioners to mail prescriptions to individual patients in their care as allowed by the Center for Medicare and Medicaid Services.	12/5/24 – Waiting for the federal reg to pass. The Board would like to see at a future meeting.							
A REGULATION relating to controlled substances adding ethylphenidate and 2-methyl AP-237 to the controlled substances listed in Schedule I; and providing other matters properly relating thereto.	12/5/24	12/9/24	R204-24	7/23/25 – Sent to Dave/Yenh for review	10/28/25	12/4/25	1/21/26	2/27/26

Amendment to Nevada Administrative Code NAC 454. The proposed amendment revises the ability of an advanced emergency medical technicians to possess and administer dangerous drugs upon the order of a practitioner in a license hospital when practicing under their scope of practice as determined by the State of Nevada Health Department.	4/17/25	4/28/25	R004-25	7/22/25 – Sent to Dave/Yenh for review	10/28/25	12/4/25 Note: Agenda item was "A REGULATION relating to the possession and administration of dangerous drugs by an advanced emergency medical technician or paramedic."	1/21/26	2/27/26
Amendment to Nevada Administrative Code (NAC) 639. The proposed amendment specifies the requirements for pharmacies and practitioners to be authorized to engage in the sterile or nonsterile compounding of drug products.	7/17/25	6/30/26	R158-26					

A REGULATION relating to the authority of a homeopathic physician who is not licensed as an allopathic or osteopathic physician in Nevada to possess, administer, prescribe and dispense controlled substances and dangerous drugs; and providing other matters properly relating thereto.	9/4/25 – Tabled and work with Homeopathic Board. 12/4/25	12/9/25	R106-25	1/21/26 – Sent to Dave/Yenh for review	3/17/26	4/16/26	4/22/26	7/1/26
Amendment to Nevada Administrative Code (NAC). The proposed amendments establish standards for licensees relating to staffing, supervision, duties of a pharmacy, duties of a pharmacist and requirements related to the timing of dispensing prescription drugs and devices	9/4/25 – Tabled and make modifications to language. 10/16/25 – Approved with amendments	10/22/25	R072-25	4/1/26 – Sent to Dave/Yenh for review	5/5/26	6/4/26 – Tabled		
A REGULATION relating to controlled substances adding dipentylone and seven fentanyl related substances to the controlled substances listed in Schedule I; and providing other matters properly relating thereto.	12/4/25	12/9/25	R107-25	12/17/25 – Sent to Dave/Yenh for review	1/28/26	3/5/26	3/19/26	4/29/26

Amendment to Chapter 639 of the Nevada Administrative Code. The proposed amendments reduce the minimum age to register to become a pharmaceutical technician in training along with modify certain requirements to become a pharmaceutical technician in training.	1/15/26	1/20/26	R010-26	2/11/26 – Sent to Dave/Yenh for review	3/17/26	04/16/26	4/22/26	7/1/26
Amendment to Nevada Administrative Code (NAC) 453. The proposed amendments relate to controlled substances adding N-pyrrolidino metonitazene and N-pyrrolidino protonitazene to the controlled substances listed in Schedule I.	3/5/26	3/10/26	R038-26	3/31/26 – Sent to Dave/Yenh & Darla	4/29/26	6/4/26	6/15/26	7/1/26
Amendment to Nevada Administrative Code (NAC) 639. The proposed amendments establishes record keeping requirements of controlled substances by a pharmacy and other matters properly relating thereto.	4/16/26 – Tabled to have further discussion with industry to modify language. 6/4/26 – Tabled to amend language as discussed. 7/16/26	8/5/26	R170-26					

Amendment to Nevada Administrative Code (NAC) 453. The proposed amendments relate to controlled substances adding mitragynine, 7-hydroxymitragynine and mitragynine pseudoindoxyl to the controlled substances listed in Schedule I.	4/16/26	4/29/26	R105-26					
Amendment to Nevada Administrative Code (NAC) 639.708. Regulation authorizing the delivery of a commercially manufactured prescription drug product to a practitioner.	4/16/26	4/29/26	R106-26	5/22/26 – Sent to Dave/Yenh for review.				
Amendment to Nevada Administrative Code (NAC) 639. The proposed amendment requires packaging used to ship prescriptions to contain a device which monitors the temperature of the prescription and alerts the patient if the prescription is exposed to temperatures outside the temperature range listed in the manufacturer's package insert.	6/4/26 - Tabled to amend language as discussed. 7/16/26	7/21/26	R169-26					

Citations & Fines issued pursuant to NRS 639.2895 (Since last Board Meeting)

- **Cease & Desist/Citation –**
  - **Unlicensed Practice: 18**
  - **Other: 0**

- **Citation & Fine –**
  - **Unlicensed Practice: 0**
  - **Misfill: 0**
  - **Other: 7**

20

21

22