

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**  
**CORPORATION**

FEE \$500.00 (non-refundable and not transferable)  
Application must be printed legibly

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

New Wholesaler <input checked="" type="checkbox"/> Ownership Change _____ Name Change _____ Location Change _____ (Please provide current license number if making changes: WH _____)
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**GENERAL INFORMATION**

Facility Name: PGxHealth, LLC

Physical Address: 5 Science Park, New Haven, CT 06511

Mailing Address: One Gateway Center, Suite 702

City: Newton State: MA Zip Code: 02458

Telephone Number: 617-527-9933 Fax Number: n/a

Toll Free Number: n/a

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

Facility Manager: Stephen Wald, Vice President, Technical Operations

Professional qualifications and experience of facility manager: more than 25 years in pharmaceutical industry, including executive management of drug discovery, process development and commercial technical operations. B.S., Cornell University; M.S., Chemical Engineering, UC-Berkeley

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

- Legend Pharmaceuticals, Supplies or Devices       Hypodermic Devices  
 Poisons or Chemicals       Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 Other: \_\_\_\_\_

<b>Board Use Only</b>
Received: <u>DEC 07 2010</u> Check Number: <u>487</u> Amount: <u>500 -</u>

55612  
2028

**OWNERSHIP IS A CORPORATION** <sup>\*</sup> (See attached PGxHealth, LLC Ownership Structure)

State of Incorporation: Delaware  
Parent Company if any: PGxHealth Holding, Inc.\*  
Corporation Name: PGxHealth, LLC  
Mailing Address: One Gateway Center, Suite 702  
City: Newton State: MA Zip: 02458  
Telephone: 617-527-9933 Fax: n/a  
License Contact Person: Deanna Patton (913-661-3867)  
Professional Compliance Contact Person: Kimberley Fabrizio

Ownership Information – Complete Section 1 or 2  
**Do not use N/A in this section – Section 1 or 2 must be completed.**

Section 1: List the corporations four largest shareholders:  
(Name and percentage of ownership)

- |    |                                 |                |
|----|---------------------------------|----------------|
| 1. | <u>PGxHealth Holding, Inc.*</u> | %: <u>100%</u> |
| 2. | _____                           | %: _____       |
| 3. | _____                           | %: _____       |
| 4. | _____                           | %: _____       |

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: \_\_\_\_\_  
Registration number issued: \_\_\_\_\_  
Stock Exchange: \_\_\_\_\_

If corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list officers.

\_\_\_\_\_  
\_\_\_\_\_

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes  No  If yes, list the persons, their address and their business names.

a) \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
Business

b) \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
Business

c) \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
Business

d) \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
Business

- 2) Are you or have you in the last 10 years been associated with any person, business or health care entity in which pharmaceutical products (drugs) were sold, dispensed or distributed? Yes  No  If yes, list the persons, their address and their business names.

a) see attached PGxHealth, LLC Management Team Employment History (last 10 years)  
Name Address  
\_\_\_\_\_  
Business

b) \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
Business

c) \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
Business

d) \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
Business

Within the last five (5) years:

- 1) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No
- 2) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes  No
- 3) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No
- 4) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes  No
- 5) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes  No

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

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

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

James P. Shaffer  
Signature of owner or executive officer

11/16/10  
Date

James P. Shaffer, EVP, Chief Commercial Officer  
Print or Type name and title

**Attachment to PGxHealth, LLC application for Out-of-State Wholesaler (Corporation) License**

PGxHealth, LLC management submitting fingerprints for criminal records check in support of PGxHealth, LLC application for Out-of-State Wholesaler licensure

PGxHealth, LLC is a limited liability company whose sole Member is PGxHealth Holding, Inc. The ultimate parent company of PGxHealth, LLC and PGxHealth Holding, Inc. is Clinical Data, Inc. These Clinical Data, Inc. officers submitted fingerprints in support of PGxHealth, LLC's application.

<b>Name</b>	<b>Title</b>	<b>SSN (last 4 digits)</b>
Fromkin, Andrew Jon	President & CEO	8055
Ballantyne, Charles Evan	Executive Vice President & CFO	3850
Belbel, Caesar Jacques	Executive Vice President & Chief Legal Officer	4795
Shaffer, James Paul	Executive Vice President & Chief Commercial Officer	7988
Reed, Carol Ruth	Executive Vice President & Chief Medical Officer	8991

PGxHealth, LLC Employees Who Handle Drugs on Daily Basis

PGxHealth, LLC is a virtual pharmaceutical company. All products are manufactured by a contract manufacturer and are then shipped directly to a third-party logistics provider for warehousing and distribution. As a result, there are no drugs at this PGxHealth, LLC facility and no PGxHealth, LLC employees at this facility come in contact with any drug products on a daily basis.

PGxHealth, LLC Exempt from Resident State Licensure

PGxHealth, LLC does not have licensure in its resident state because PGxHealth, LLC is exempt from Connecticut licensure. Please see attached exemption letter from the Connecticut Drug Control Division.

**Patton, Deanna**


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**From:** Gadea, John [John.Gadea@ct.gov]  
**Sent:** Thursday, October 14, 2010 2:59 PM  
**To:** Patton, Deanna  
**Subject:** FW: PGxHealth, LLC Application for Drug Wholesaler (CSW2495) - withdraw, refund and exempt letter


Hi Deanna,

The information you were provided is correct in that the company PGxHealth, LLC is in fact a manufacturer and not a wholesaler. Since it is located outside the state of Connecticut it is not required to register as a wholesaler. Please accept this notification as being notified that due to your actual manufacturing and distribution is located outside of the State of Connecticut you are not required to be registered with us or be subject to a registration fee.

Thank you,

John

John Gadea, Jr., Director  
 Drug Control Division  
 Department of Consumer Protection  
 165 Capitol Avenue  
 Hartford, CT 06106-1630  
 work: 860-713-6079  
 fax: 860-706-1243  
 john.gadea@ct.gov

 *Go Green! Please don't print this e-mail unless you really need to.*

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**From:** Patton, Deanna [mailto:DPatton@beckloff.com]  
**Sent:** Wednesday, October 13, 2010 6:13 PM  
**To:** Gadea, John  
**Cc:** Manga, Cheryl  
**Subject:** FW: PGxHealth, LLC Application for Drug Wholesaler (CSW2495) - withdraw, refund and exempt letter

John—

The Drug Control Division has been very helpful with my request to withdraw PGxHealth's LLC's application for Drug Wholesaler licensure (CSW2495). When I talked with Sharon Wilhelm (I previously referred to her as Sharon Wilhouse, but I believe I misunderstood her last name) about the status of this application, she explained that PGxHealth would be exempt from CT licensure because PGxHealth is a virtual pharmaceutical company and its products are not being distributed from its Connecticut facility. With no product being physically distributed from PGxHealth's New Haven headquarters, Connecticut Drug Wholesaler licensure was not required. Sharon advised that I could send a fax to Cheryl Manga requesting that PGxHealth's application be withdrawn and that my company (Beckioff Associates) be refunded the application we paid on behalf of PGxHealth. In a telephone conversation with Cheryl, I know that she is in the process of withdrawing the application and refunding the fee.

In addition, I requested that the Drug Control Division send me (or PGxHealth, LLC if you prefer to issue directly to my client) a letter of exemption that could included with all of PGxHealth's applications to other state licensing agencies. As you know, it's standard practice that other state licensing agencies require proof of resident state

10/25/2010

licensure prior to awarding licensure. In cases where the resident state does not require licensure, the other states then require proof from the resident state licensing agency that the applicant does not require a license.

Could you please review the attached copy of the fax I sent Cheryl as well as review PGxHealth, LLC's application and issue a letter of exemption? From my experience, I know that other state licensing agencies will accept the exemption in email form.

Thanks,

**Deanna Patton**  
State Licensing  
Beckloff Associates, Inc.  
Commerce Plaza II, Suite 300  
7400 W. 110th Street  
Overland Park, KS 66210  
913-661-3867 (direct)  
913-451-3955 (main)  
913-451-3848 (fax)

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**From:** Patton, Deanna  
**Sent:** Monday, October 11, 2010 11:18 AM  
**To:** 'cheryl.manga@ct.gov'  
**Subject:** RE: PGxHealth, LLC Application for Drug Wholesaler (CSW2495) - withdraw, refund and exempt letter

Cheryl—

Were you able to discuss this with the Director? Do I need to talk with the Director?

Please advised on next steps.

Thanks,

**Deanna Patton**  
State Licensing  
Beckloff Associates, Inc.  
Commerce Plaza II, Suite 300  
7400 W. 110th Street  
Overland Park, KS 66210  
913-661-3867 (direct)  
913-451-3955 (main)  
913-451-3848 (fax)

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**From:** Patton, Deanna  
**Sent:** Friday, October 08, 2010 10:47 AM  
**To:** 'cheryl.manga@ct.gov'  
**Subject:** PGxHealth, LLC Application for Drug Wholesaler (CSW2495) - withdraw, refund and exempt letter

Cheryl—

Thank you for returning my phone call today. Attached is a copy of the fax I sent you on 10/1 as directed by Sharon Wilhouse. It provides the information that you and the Director need.

PGxHealth, LLC will need a letter of exemption from Connecticut because other states require either a copy of the resident state license OR a letter of exemption if licensure is not required. PGxHealth will not be able to obtain licenses in other states without documentation from Connecticut that it is exempt and therefore does not have CT licensure.

Please let me know what the next steps are.

Thanks,

10/25/2010

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