

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: California
Parent Company if any: N/A
Corporation Name: Pacific Medical, Inc.
Mailing Address: 1700 N. Chrisman Road
City: Tracy State: CA Zip: 95304-9314
Telephone: 866.726.9180 Fax: 209.830.4614
License Contact Person: Vangie Nishimoto
Professional Compliance Contact Person: Mark Weaver

Name and title of each officer and director (Use separate sheet if necessary)

<u>Officer or director name</u>	<u>Officer or director title</u>
<u>John Pettlansky - owner/CEO</u>	
<u>Jeff Leonard CEO</u>	

For any corporation non publicly traded, disclose the following:

- 1) List any persons to whom the shares were issued by the corporation?
 - a) John Pettlansky 3411 S. Kesson Road, Tracy, CA 95304
Name Address
 - b) _____
Name Address
 - c) _____
Name Address
 - d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form.

- 2) Provide the number of shares issued by the corporation. 100% owned by John Pettlansky
- 3) What was the price paid per share? N/A
- 4) What date did the corporation actually receive the cash assets? N/A
- 5) Provide a copy of the corporations stock register evidencing the above information

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

N/A

6) Has the firm or any owner(s), shareholder(s) 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) N/A
Name Address

Business

b) Name Address

Business

c) Name Address

Business

d) Name Address

Business

7) Has the firm or any owner(s), shareholder(s) in the last 10 years been associated with any person, business or health care entity in which pharmaceutical products were sold, dispensed or distributed?

Yes No If yes, list the persons, their address and their business names.

a) N/A
Name Address

Business

b) Name Address

Business

Within the last five (5) years:

8) Has the firm or any owner(s), shareholder(s) with any 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

9) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes No

- 10) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No
- 11) Has the firm or any owner(s), shareholder(s) with any 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
- 12) Has the firm or any owner(s), shareholder(s) with any 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 8 through 12 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.



 Signature of corporation officer

8/6/10

 Date

Mark Weaver, General Counsel and C.O.O.

 Print or Type name and title