

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY 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 Pharmacy Ownership Change Name Change Location Change
 (Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Sesquinox LLC d/b/a Equinox Healthcare
 Physical Address: 3240 B Corporate Ct, Ellicott City, Maryland 21042
 Mailing Address: 3240 B Corporate Court
 City: Ellicott City State: Maryland Zip Code: 21042
 Telephone Number: 410-203-1701 Fax Number: 410-203-1702
 Toll Free Number: 800-715-6650
 E-mail: Kpate1@equinoxhealthcare.com Website: N/A
 Managing Pharmacist: Kalpash Patel License Number: MD 13024

Hours of Operation:

Monday thru Friday 8:30 am 6:30 pm Saturday 8:30 am 1:00 pm
 Sunday Pharmacist + Nurse on call 24/7 24 Hours 17

TYPE OF PHARMACY

SERVICES PROVIDED

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Out of State
- Ambulatory Surgery Center

- Off-site Cognitive Services
- Parenteral
- Parenteral (outpatient) Home Infusion
- Outpatient/Discharge
- Mail Service
- Long Term Care

Board Use Only

Received: AUG 09 2011 Check Number: mo Amount: 500.00

57629

OWNERSHIP IS A CORPORATION

State of Incorporation: Delaware

Parent Company if any: _____

Corporation Name: Serguinox LLC

Mailing Address: 3840 R Corporate Ct

City: Ellicott City State: MD Zip: 21042

Telephone: 410-203-1701 Fax: 410-203-1702

License Contact Person: Kallesh Patel 443-538-3502 (c)

Professional Compliance Contact Person: Kallesh Patel

**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. Kallesh Patel - Director of Operations %: 15
- 2. Shasali Patel - Manager %: 15
- 3. Serguinox Acquisition %: 70
- 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: 12-22-2009 see attached
Registration number issued: 091127175
Stock Exchange: N/A - Private

List any physician shareholders and percentage of ownership:

No physicians are shareholders or owners

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

Please see attached list

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 pharmacy may be grounds for the revocation of this permit.

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



Signature of owner or executive officer

6-29-11

Date

Kapash Patel, Director of Operations, Owner

Print of Type name and title

Pharmacist in Charge

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Clay Ritchey

Corporate Officer of Serguinox LLC db/a Equinox Healthcare
hereby acknowledge and understand that in addition to the corporation's
responsibilities, my fellow officers and I, as corporate officers of said corporation,
may be responsible for any violations of pharmacy law that may occur in a pharmacy
owned or operated by said corporation.

I further acknowledge and understand that the corporate officers may be
named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation cannot require or
permit the pharmacist(s) in said pharmacy to violate any provision of any local, state
or federal laws or regulations pertaining to the practice of pharmacy.

Clay Ritchey
Signature

6-27-11
Date



STATE OF MARYLAND

DHMH

Department of Health and Mental Hygiene

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

MARYLAND BOARD OF PHARMACY

4201 Patterson Avenue, Baltimore, Maryland 21215-2299

Michael Souranis, Board President – LaVerne G. Naesea, Executive Director

MARYLAND BOARD OF PHARMACY
PHARMACY VERIFICATION FORM

NAME OF PHARMACY

Equinox Healthcare
3240B Corporate Court
Ellicott City, MD 21042

TYPE OF REGISTRATION ISSUED:

Pharmacy

LICENSE NUMBER:

PW0332

EXPIRATION DATE:

12/31/2011

LAST INSPECTION DATE:

04/14/2010

ORIGINAL ISSUANCE DATE:

01/15/2010

CURRENT STATUS:

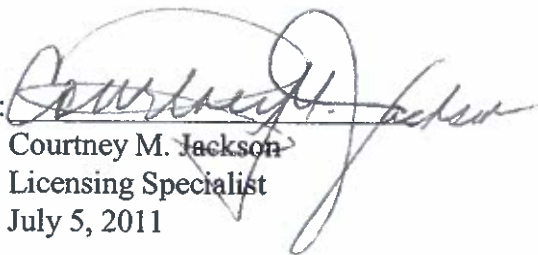
Active Non-Renewed Closed

GOOD STANDING:

Yes No

HAS PHARMACY BEEN FOUND GUILTY OF ANY VIOLATIONS FOR WHICH DISCIPLINARY ACTION WAS TAKEN? Yes No

SIGNATURE:


Courtney M. Jackson
Licensing Specialist
July 5, 2011



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JUL 11 2011

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

FEE \$500.00 (non-refundable and not transferable)
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New Pharmacy Ownership Change Name Change Location Change
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: University of Utah Hospital Infusion Pharmacy
Physical Address: 675 Arapleen Drive, Suite 100, SLC, UT 84108
Mailing Address: 675 Arapleen Drive, Suite 100, SLC, UT 84108
City: SLC State: UT Zip Code: 84108

Telephone Number: _____ Fax Number: (801) 587-8620

Toll Free Number: 877-518-0411

E-mail: jay.lewandowski@hsc.utah.edu Website: http://healthcare.utah.edu/pharm

Managing Pharmacist: Jay Lewandowski License Number: 153283-1701
Controlled Substance 153283-8911

Hours of Operation:

Monday thru Friday 8:30 am 6:00 pm Saturday 10:00 am 4:00 pm
Sunday 10:00 am 4:00 pm 24 Hours (on-call)

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

Board Use Only

Received: AUG 03 2011 Check Number: 848 Amount: 500.00

57522

OWNERSHIP IS A CORPORATION

State of Incorporation: Body of Politic of State of Utah
Parent Company if any: University of Utah
Corporation Name: University of Utah Hospital Infusion Pharmacy
Mailing Address: 675 Aspen Drive Suite #100
City: Salt Lake City State: Utah Zip: 84108
Telephone: 801 587-8600 Fax: 801-587-8620
License Contact Person: Jay Lewandowski Pharmacy Manager
Professional Compliance Contact Person: Karen Wilson Compliance Executive Director

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)

n/a per conversation with Candy, per Jay Lewandowski

- 1. State of Utah %: _____
- 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.

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Registration number issued: _____
Stock Exchange: _____

n/a per conversation with Candy, per Jay Lewandowski

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11 JUN 28 4:19:07

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
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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.

Quinn McKenna
Signature of owner or executive officer

6/1/11
Date

Quinn McKenna, Chief Operating Officer
Print or Type name and title



State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

GARY R. HERBERT
Governor

FRANCINE A. GIANI
Executive Director

MARK B. STEINAGEL
Division Director

VERIFICATION OF UTAH LICENSURE

Created On: 6/16/2011
Created By: Amber Cooper

Name of Licensee (as it appears in our records): University of Utah Hospital Infusion Pharmacy
675 Arapeen Dr Ste 100
Salt Lake City UT 84108

Classification of License Issued: Pharmacy - Class B
Dispensing Controlled Substance License

License Number: 6621056-1704
6621056-8913

Obtained by: Application

Current Status: Active

Original Date of Licensure: 07/12/2007

Expiration Date: 09/30/2011

Disciplinary Action:

No

Pending, certified copies of all Petitions are attached

Yes, certified copies of all Petitions and Orders are attached

Signature: _____

Date: June 16, 2011

