

**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: Axtell Pharmacy  
 Physical Address: 1246 Hwy 377 South, STE 100, Pilot Point, TX 76258  
 Mailing Address: 1246 Hwy 377 South, STE 100, Pilot Point, TX 76258  
 City: Pilot Point State: TX Zip Code: 76258  
 Telephone Number: 940-686-2218 Fax Number: 940-686-9286  
 Toll Free Number: 800-527-1010  
 E-mail: justin@axtellpharmacy.com Website: www.axtellpharmacy.com  
 Managing Pharmacist: Tommy Axtell, RPh License Number: 20-337

**Hours of Operation:**

Monday thru Friday	<del>8:00</del> am	<del>6:00</del> pm	Saturday	<del>8:30</del> am	<del>12:30</del> pm
	<u>closed</u>	<u>closed</u>			
Sunday	<del>1:00</del> am	<del>6:00</del> pm	24 Hours	<u>N/A</u>	

**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 type="checkbox"/> Parenteral (outpatient)     |
| <input type="checkbox"/> Nuclear                   | <input type="checkbox"/> Outpatient/Discharge        |
| <input checked="" type="checkbox"/> Out of State   | <input checked="" type="checkbox"/> Mail Service     |
| <input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Long Term Care              |

**Board Use Only**

Received: AUG 20 2011 Check Number: CC Amount: 469

57719

**OWNERSHIP IS A CORPORATION**

State of Incorporation: Texas

Parent Company if any: N/A

Corporation Name: Axtell Pharmacy, Inc.

Mailing Address: 1246 Hwy 377 South, STE 100

City: Pilot Point State: TX Zip: 76258

Telephone: 940-686-2218 Fax: 940-686-9286

License Contact Person: Justin McConnell

Professional Compliance Contact Person: Justin McConnell

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>Tommy Axtell</u>     | %: | <u>50</u>  |
| 2. | <u>Mary Nell Axtell</u> | %: | <u>50</u>  |
| 3. | <u>N/A</u>              | %: | <u>N/A</u> |
| 4. | <u>N/A</u>              | %: | <u>N/A</u> |

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: 4/17/1980  
Registration number issued: Charter Number 2515 \* Not Publicly Traded  
Stock Exchange: N/A 766

List any physician shareholders and percentage of ownership:

- |            |            |
|------------|------------|
| <u>N/A</u> | <u>N/A</u> |
| <u>N/A</u> | <u>N/A</u> |

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

N/A

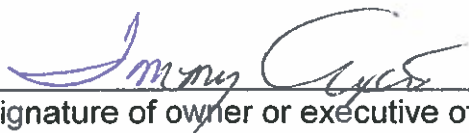
Within the last five (5) years:

- 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

8-1-11  
Date

Tommy Axtell, RPh - President  
Print or Type name and title

CORPORATE STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Tommy Axtell

Corporate Officer of Axtell Pharmacy, Inc.

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.

Tommy Axtell  
Signature

8-1-11  
Date



## TEXAS STATE BOARD OF PHARMACY

Jeanne D. Waggener, R.Ph.  
*President*  
Waco

Alice G. Mendoza, R.Ph.  
*Vice President*  
Kingsville

Dennis F. Wiesner, R.Ph.  
*Treasurer*  
Austin

Buford T. Abeldt, Sr., R.Ph.  
*Lufkin*

Rosemary Forester Combs  
*El Paso*

W. Benjamin Fry, R.Ph.  
*San Benito*

L. Suzan Kedron  
*Dallas*

Joyce A. Tipton, R.Ph.  
*Houston*

Charles F. Wetherbee  
*Boerne*

Gay Dodson, R.Ph.  
*Executive Director/Secretary*  
Austin

**Re:** Axtell's Pharmacy, Inc.

**Address:** 1246-A HWY 377 South, Ste 100  
Pilot Point, TX 76258-9753

**License No.:** 5039

**Date Issued:** Prior to 1978, when licensing records were computerized.

**Licensure Status:** Active

**Expiration Date:** November 30, 2011

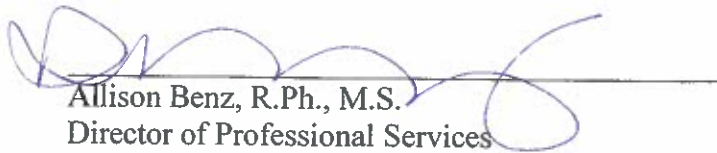
**Last Date of Inspection:** June 17, 2010

**Type of Pharmacy:** Community – Class A

**Prior Disciplinary Orders:** No

The Texas State Board of Pharmacy does not use the term "good standing." The Texas State Board of Pharmacy does maintain records regarding licensure and disciplinary action against a licensee. As of the date of the receipt of the request for license verification (April 1, 2011), Axtell's Pharmacy, Inc. (Texas Pharmacy License #5039) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

  
Allison Benz, R.Ph., M.S.  
Director of Professional Services  
Texas State Board of Pharmacy



April 15, 2011  
Date

Blank

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
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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: Sesquinox Inc d/b/a Eguinox 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@eguinoxhealthcare.com Website: N/A  
 Managing Pharmacist: Kalpash Patel License Number: MO 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: Kalpesh Patel 443-538-3502 (c)

Professional Compliance Contact Person: Kalpesh 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. Kalpesh Patel - Director of Operations %: 15
- 2. Shesali Patel - Manager %: 15
- 3. Serguinox Acquisition %: 20
- 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: 09127175

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.

 6-29-11  
Signature of owner or executive officer Date

Kapash Patel, Director of Operations, Owner  
Print or Type name and title Pharmacist in Charge

CORPORATE STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Clay Aitchney

Corporate Officer of Sesquinox LLC db/a Equisox 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 Aitchney  
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:**

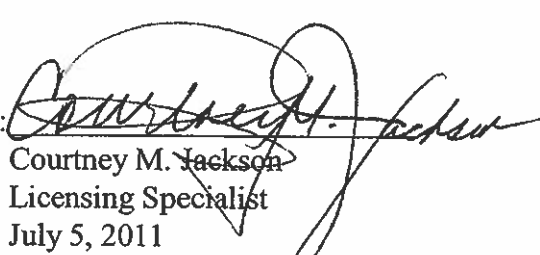
Active  Non-Renewed  Closed

**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



Blank

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New Pharmacy <input checked="" type="checkbox"/> Ownership Change <input type="checkbox"/> Name Change <input type="checkbox"/> Location Change <input type="checkbox"/> (Please provide current license number if making changes: PH _____)
---

**GENERAL INFORMATION**

Pharmacy Name: CVS Rx Services, Inc. dba Retail Pharmacy Customer Care Center  
 Physical Address: 2100 Highland Corporate Park Drive, Cumberland, RI 02864  
 Mailing Address: 9501 E. Shea Blvd., MC024  
 City: Scottsdale State: AZ Zip Code: 85250  
 Telephone Number: Contact: 480.661.3692 Fax Number: Contact: 480.862.1354  
 Toll Free Number: 866.908.2343  
 E-mail: dianne.edwards@caremark.com Website: N/A  
 Managing Pharmacist: Donald F. Dean License Number: RPH04891

**Hours of Operation:**

Monday thru Friday <u>8:00</u> am <u>8:00</u> pm	Saturday <u>closed</u> am <u>closed</u> pm
Sunday <u>closed</u> am <u>closed</u> pm	24 Hours <u>Available 24/7</u>

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

X-Non-resident call Center - mail orde

**Board Use Only**

Received: AUG 29 2011 Check Number: cc Amount: 500.00

57718



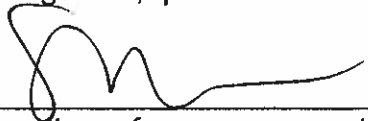
Within the last five (5) years:

- 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

July 26, 2011  
\_\_\_\_\_  
Date

Sara M. Hankins, Assistant Secretary  
\_\_\_\_\_  
Print or Type name and title

CVS Rx Services, Inc. dba Retail Pharmacy Customer Care Center

- *As indicated in the October 14, 2010 letter to the State Board of Pharmacy, CVS Rx Services, Inc.'s parent company, CVS Pharmacy, Inc., voluntarily entered into a Non-Prosecution Agreement and a Civil Settlement Agreement on October 13, 2010 with the United States Attorneys' Offices for the Central District of California and for the District of Nevada, and a Memorandum of Agreement with the United States Department of Justice, Drug Enforcement Administration ("DEA")(the "Agreements"). Accordingly, no state agency or pharmacy boards were government parties to the Agreements; only DEA and the United States Attorneys' Offices.*

*The Agreements do not impose any termination, suspension, or revocation of any DEA registration for the Nevada and California CVS facilities subject to the Agreements and neither CVS, nor any of its employees or affiliates, have been charged with or convicted of any crime as a result of the Agreements. Moreover, the Agreements do not place a term of probation on any of the CVS facilities.*

*The Agreements stem from sales in 2007 and 2008 of non-prescription pseudoephedrine products ("PSE") made by certain CVS retail stores in California and Nevada that exceeded the federal limits on PSE sales. The PSE sales occurred in the front store area of the CVS facilities and not from the pharmacy dispensing area in the retail stores.*

*Thus, while the Agreements may not qualify for a positive answer to the questions on your application, we are providing this explanation for your information. Please do not hesitate to contact: Peg Griffiths, Senior Legal Counsel at (847) 559-4952 if you need any additional information on this issue.*

- *On March 18, 2008, CVS Caremark Corp. reached a settlement agreement with the federal government and a number of state Attorneys General (IL, CA, DE, D.C., FL, HI, LA, MA, NV, TN, TX, VA) to resolve an investigation into the practice of its CVS/pharmacy retail pharmacies of dispensing the generic drug Ranitidine in capsule rather than tablet form to Medicaid recipients. CVS has expressly denied this allegation. The settlement calls for payment by CVS to the federal government and the Medicaid Participating States the sum of \$36.7 million, plus approximately \$800,000 in investigative costs and other fees. Pursuant to the Settlement Agreement, CVS has expressly denied engaging in any wrongful conduct. CVS also entered into a Corporate Integrity Agreement ("CIA") with the Office of the Inspector General. The CIA is applicable to CVS's retail and mail service operations and calls for maintaining CVS's existing compliance program, code of conduct and an employee ethics "hotline," as well as instituting certain employee training.*

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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 Specialty Pharmacy  
 Physical Address: 3328 Garfield Ave. Commerce, CA  
 Mailing Address: Same 90040  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone Number: (323) 201-4488 Fax Number: (909) 728-4814  
 Toll Free Number: \_\_\_\_\_  
 E-mail: ilissa@greenvalleymed.com website: www.universitysp.com  
 Managing Pharmacist: Ron Yuan License Number: 36525

**Hours of Operation:**

Monday thru Friday 8:30 am 5 pm Saturday — am — pm  
 Sunday — am — pm 24 Hours —

**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 type="checkbox"/> Parenteral (outpatient)     |
| <input type="checkbox"/> Nuclear                   | <input type="checkbox"/> Outpatient/Discharge        |
| <input checked="" type="checkbox"/> Out of State   | <input checked="" type="checkbox"/> Mail Service     |
| <input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Long Term Care              |

**Board Use Only**

Received: 7-25-11 Check Number: cc Amount: 500.00

57467

**OWNERSHIP IS A CORPORATION**

State of Incorporation: Nevada

Parent Company if any: \_\_\_\_\_

Corporation Name: FVS Holdings, Inc.

Mailing Address: 1850 Whitney mesa #180

City: Henderson State: NV Zip: 89014

Telephone: (702) 564-2079 Fax: (702) 564-8273

License Contact Person: Hissa Vogel

Professional Compliance Contact Person: Hissa Vogel

**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. Please see \_\_\_\_\_ %: \_\_\_\_\_
- 2. attached. \_\_\_\_\_ %: \_\_\_\_\_
- 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: \_\_\_\_\_

List any physician shareholders and percentage of ownership:

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

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

\_\_\_\_\_

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
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- 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

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\_\_\_\_\_  
Signature of owner or executive officer

7/7/11  
\_\_\_\_\_  
Date

Scot Silber  
\_\_\_\_\_  
Print or Type name and title

CEO/President  
\_\_\_\_\_

## Partner Information

Silber Family Trust  
Scot Silber, Trustee  
30 Chalet Hills Terrace  
Henderson, NV 89052  
(702) 458-1347

38% owner

Gans Survivors Trust  
Julie Gans, Trustee (Partner)  
763 Ricota Court  
Henderson, NV 89012  
(702) 580-1956

22% owner

Lawrence M. Preston (Partner)  
6570 East Viewpoint Dr.  
Las Vegas, NV 89156  
(702) 809-5200

20% owner

Kenneth Hooks (Partner)  
2073 Dover Ridge Ct.  
Henderson, NV 89014  
(702) 303-6340

20% owner

CORPORATE STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Scot Silber

Corporate Officer of FVS Holdings, Inc.

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.

  
\_\_\_\_\_  
Signature

7/7/11  
\_\_\_\_\_  
Date



**California State Board of Pharmacy**  
1625 N. Market Blvd, N219, Sacramento, CA 95834  
Phone: (916) 574-7900  
Fax: (916) 574-8618  
www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY  
DEPARTMENT OF CONSUMER AFFAIRS  
GOVERNOR EDMUND G. BROWN JR.

June 30, 2011

Nevada State Board of Pharmacy  
431 W. Plumb Lane  
Reno, NV 89509

**California State Board of Pharmacy License Verification**

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

**Licensee Name:** UNIVERSITY SPECIALTY PHARMACY

**License Type:** PHARMACY

**License Number:** PHY 50160

**Status:** ACTIVE

**Issue Date:** 08/16/10

**Expiration Date:** 08/01/11

**Address of Record:** 3328 GARFIELD AVE COMMERCE CA 90040

**Disciplinary Action:** NO RECORD OF DISCIPLINARY ACTION

Virginia Herold  
Executive Officer

By

Barbera Schleicher  
Public Inquiry Technician  
(916) 574-7902  
Barbera.Schleicher@dca.ca.gov