



# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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 or ☐ Ownership Change (Provide current license number if making changes: PH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: METRO DRUGS 3RD AVE CORP.

Physical Address: 931 Lexington Ave.

Mailing Address: 931 Lexington Ave.

City: New York State: N.Y Zip Code: 10065

Telephone: 212-794-7200 Fax: 212-794-7230

Toll Free Number: 888-258-6106 (Required per NAC 639.708)

E-mail: marksc@metrodrugs.com Website: www.metrodrugs.pharmacy

Managing Pharmacist: Jessica TENG License Number: 046088

### TYPE OF PHARMACY

AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☒ ☐ Other: SPECIALTY-FERTILITY.

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services  
☒ ☐ Parenteral \*\*  
☐ ☒ Parenteral (outpatient)  
☐ ☒ Outpatient/Discharge  
☒ ☐ Mail Service  
☐ ☒ Long Term Care  
☒ ☐ Sterile Compounding \*\*  
☒ ☐ Non Sterile Compounding  
☒ ☐ Mail Service Sterile Compounding \*\*  
☐ ☐ Other Services: \_\_\_\_\_

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

101768

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 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.

Original Signature of Person Authorized to Submit Application, no copies or stamps

MARK SCOVOTTI  
Print Name of Authorized Person

7/11/2018  
Date

Page 2

Board Use Only

Date Processed: \_\_\_\_\_

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: New York  
Parent Company if any: NONE  
Mailing Address: 931 Lexington Ave.  
City: New York State: N.Y Zip: 10065  
Telephone: 212-794-7200 Fax: 212-794-7230  
Contact Person: Mark Scotti

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) JOSEPH TAWIL EAST 8TH ST, BROOKLYN, N.Y. 11230  
Name Address  
b) \_\_\_\_\_  
Name Address  
c) \_\_\_\_\_  
Name Address  
d) \_\_\_\_\_  
Name Address

2) Provide the number of shares issued by the corporation. 200

3) What was the price paid per share? \$0.00

4) What date did the corporation actually receive the cash assets? N/A.

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: NONE %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday 8:00 am 8:00 pm Saturday 9:00 am 7:00 pm  
Sunday 9:00 am 6:00 pm 24 Hours \_\_\_\_\_

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: \_\_\_\_\_

**Must be included with the application for a non publicly traded corporation**

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

JOSEPH TAWIL

PRESIDENT / CEO

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, MARK SCOVORTI  
Responsible Person of METRO DRUGS 3RD AVE CORP

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, 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 corporation's, any owner(s), shareholder(s) or partner(s) 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's, any owner(s), shareholder(s) or partner(s) 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.



Original Signature of Person Authorized to Submit Application, no copies or stamps

MARK SCOVORTI  
Print Name of Authorized Person

2/11/2018  
Date





## Office of the Professions

### Verification Searches

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The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

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#### Pharmacy Establishment Information \*

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07/10/2018

**Type :** PHARMACY

**Legal Name :** METRO DRUGS 3RD AVE. CORP.

**Trade Name :** METRO INTEGRATIVE PHARMACY

**Street Address :**

931 LEXINGTON AVE.

NEW YORK, NY 10021-0000

**Registration No :** 021108

**Date First Registered :** 11/15/91

**Registration Begins :** 12/01/16

**Registered through :** 11/30/19

**Supervisor :** [046088](#) TENG JESSICA

**Establishment Status :** ACTIVE

**Successor :** NONE

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\* Use of this online verification service signifies that you have read and agree to the [terms and conditions of use](#). See [HELP glossary](#) for further explanations of terms used on this page.

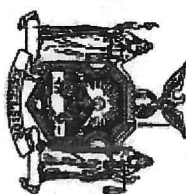
- Use your browser's back key to return to establishment list.
- You may [search](#) to see if there has been recent disciplinary action against this registered establishment.



THE UNIVERSITY OF THE STATE OF NEW YORK  
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

SUPERVISING PHARMACIST  
GEORGE CHASABENIS



2016-19

THIS IS TO CERTIFY

METRO DRUGS 3RD AVE. CORP.  
931 LEXINGTON AVE.  
NEW YORK, NY 10021

is duly recorded as a

REGISTERED PHARMACY

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF DECEMBER, 2016.  
THIS CERTIFICATE EXPIRES ON THE THIRTIETH DAY OF NOVEMBER, 2019.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER

021108



STATE BOARD OF  
PHARMACY





## NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: **PH 02510**)  
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

#### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Vita Pharmacy, LLC dba Talon Compounding Pharmacy

Physical Address: 2950 Thousand Oaks Dr. Ste 25 San Antonio, TX 78247

Mailing Address: Same as above

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (210) 424-0025 Fax: (210) 424-0026

Toll Free Number: 1-800-250-6232 (Required per NAC 639.708)

E-mail: rph@taloncompounding.com Website: www.taloncompounding.com

Managing Pharmacist: Ronda Wenzel License Number: 51627

#### TYPE OF PHARMACY **AND**

#### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services  
☒ ☐ Parenteral \*\*  
☒ ☐ Parenteral (outpatient)  
☐ ☒ Outpatient/Discharge  
☒ ☐ Mail Service  
☐ ☒ Long Term Care  
☒ ☐ Sterile Compounding \*\*  
☒ ☐ Non Sterile Compounding  
☒ ☐ Mail Service Sterile Compounding \*\*  
☐ ☒ Other Services: \_\_\_\_\_

**\*\*if you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

The board has a legal right to require an appearance at a scheduled board meeting. If an appearance is **required**, your company will be notified in writing two (2) weeks prior to the meeting.

If you check off-site cognitive services on the application, Nevada Administrative Code 639.4916 requires "A pharmacist who is employed by an off-site pharmaceutical service provide to provide remote chart order processing services to a hospital or correctional institution pursuant to NAC 639.4915 must (a) Be licensed to practice in Nevada." Provide name and Nevada pharmacist license number. This does not have to be the managing pharmacist.

A license is usually issued and mailed within 15 days from the board meeting date, if approved.

This license is renewed in October of even numbered years, no matter when the license is issued. Fees are not pro-rated.

Please access the applicable laws on the website under "Nevada Statutes & Regulations" tab.

If you have any questions, contact the licensing specialist in the Reno office at (775) 850-1440 or by email at [pharmacy@pharmacy.nv.gov](mailto:pharmacy@pharmacy.nv.gov).

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

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Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 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.

Rouda Wenzel  
Original Signature of Person Authorized to Submit Application, no copies or stamps

Rouda Wenzel 7-30-18  
Print Name of Authorized Person Date

Page 2

Board Use Only

Date Processed: \_\_\_\_\_

Amount: \$ 500.00

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

### **OWNERSHIP IS A PUBLICLY TRADED CORPORATION**

State of Incorporation: \_\_\_\_\_

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

Corporation Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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: \_\_\_\_\_

### **Hours of Operation for the pharmacy:**

Monday thru Friday \_\_\_\_\_am \_\_\_\_\_pm

Saturday \_\_\_\_\_am \_\_\_\_\_pm

Sunday \_\_\_\_\_am \_\_\_\_\_pm

24 Hours \_\_\_\_\_

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: \_\_\_\_\_

### **Must be included with the application for a publicly traded corporation**

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.



APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: Texas

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

Mailing Address: 2950 Thousand Oaks Dr. Ste 25

City: San Antonio State: TX Zip: 78247

Telephone: (210)424-0025 Fax: (210)424-0026

Contact Person: Ronda Wenzel

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Louis Wenzel Wood Fern San Antonio, TX 78232  
Name Address

b) Jeremiah Huff Burning Rock St. San Antonio, TX 78247  
Name Address

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

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

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? \$1

4) What date did the corporation actually receive the cash assets? 08/01/18

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

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

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: \_\_\_\_\_

Officers of Vita Pharmacy, LLC

Jeremiah Huff

Managing Member

Burning Rock Street  
San Antonio, TX 78247

Louis Wenzel

Managing Member

Wood Fern  
San Antonio, TX 78232



STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Ronda Wenze  
Responsible Person of Vita Pharmacy LLC, DBA Talon Compounding  
hereby acknowledge and understand that in addition to the corporation's, any owner(s),  
shareholder(s) or partner(s) responsibilities, 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 corporation's, any owner(s), shareholder(s)  
or partner(s) 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's, any owner(s), shareholder(s)  
or partner(s) 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.

Ronda Wenze  
Original Signature of Person Authorized to Submit Application, no copies or stamps

Ronda Wenze  
Print Name of Authorized Person

7-30-18  
Date



## Office of the Secretary of State

### CERTIFICATE OF FILING OF

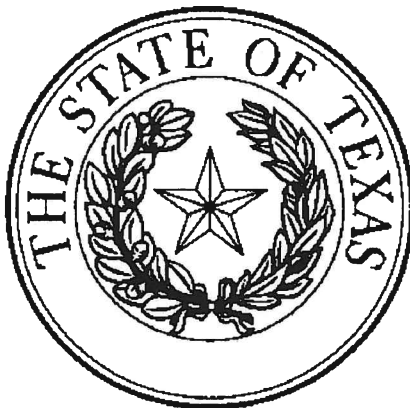
Vita Pharmacy LLC  
802917077

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Amendment for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 04/05/2018

Effective: 04/05/2018



A handwritten signature in black ink, appearing to read "R. Pablos".

Rolando B. Pablos  
Secretary of State



This certifies that the pharmacy named below is hereby licensed to operate as a Class **AS** pharmacy.


License No. **32159**

Expiration Date: **7/31/2020**

Balances: 4

**TALON COMPOUNDING PHARMACY  
2950 THOUSAND OAKS DR STE 25  
SAN ANTONIO TX 78247**



  
Allison Vordenbaumen Benz, R.Ph., M.S.  
Executive Director/Secretary

**MUST BE DISPLAYED IN FULL PUBLIC VIEW**



# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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Check box below for type of ownership and complete all required forms.  
☐ Publicly Traded Corporation – Pages 1,2,3,7      ☐ Partnership – Pages 1,2,5,7  
☐ Non Publicly Traded Corporation – Pages 1,2,4,7      ☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: TwelveStone Medical, Inc.

Physical Address: 352 W. Northfield Blvd, Suite 3A

Mailing Address: PO BOX 12369

City: Murfreesboro State: TN Zip Code: 37129

Telephone: 844-893-0012 Fax: 615-278-3355

Toll Free Number: 844-893-0012 (Required per NAC 639.708)

E-mail: compliance@12stonehealth.com Website: www.12stonehealth.com

Managing Pharmacist: Kevin Norris License Number: TN 9197

### TYPE OF PHARMACY

AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☐ Hospital (# beds \_\_\_\_\_)  
☐ ☐ Internet  
☐ ☐ Nuclear  
☐ ☐ Ambulatory Surgery Center  
☐ ☐ Community  
☒ ☐ Other: Infusion

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services  
☒ ☐ Parenteral \*\*  
☐ ☒ Parenteral (outpatient)  
☐ ☒ Outpatient/Discharge  
☒ ☐ Mail Service  
☐ ☒ Long Term Care  
☒ ☐ Sterile Compounding \*\*  
☐ ☒ Non Sterile Compounding  
☐ ☒ Mail Service Sterile Compounding \*\*  
☒ ☐ Other Services: compliance packaging

\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 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.

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Kevin Norris  
Original Signature of Person Authorized to Submit Application, no copies or stamps

Kevin Norris  
Print Name of Authorized Person

7/16/18  
Date

Page 2

Board Use Only

Date Processed: \_\_\_\_\_

Amount: \$ 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: Tennessee  
Parent Company if any: Twelve Stone Holdings, Inc.  
Mailing Address: PO Box 12369  
City: Murfreesboro State: TN Zip: 37129  
Telephone: 844-893-0012 Fax: 615-278-3355  
Contact Person: Tara Harnelson

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a)	<u>Shane Reeves</u>	<u>Blackberry Lane, Murfreesboro TN</u>
	Name	Address
b)	<u>Claritas Capital</u>	<u>Burton Hills Blvd Ste 100, Nashville TN</u>
	Name	Address
c)		
	Name	Address
d)		
	Name	Address

2) Provide the number of shares issued by the corporation. 33,350,000  
3) What was the price paid per share? \$1.00  
4) What date did the corporation actually receive the cash assets? 6-16-17  
5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: \_\_\_\_\_  
Name: \_\_\_\_\_ %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday 8 am 6 pm      Saturday n/a am \_\_\_\_\_ pm  
Sunday n/a am \_\_\_\_\_ pm      24 Hours pharmacist on call

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: n/a



Stock Issuance / Transfer Ledger for TwelveStone Holdings, Inc.

Name of Stockholder	Place of Residence	Certificates Issued		From Whom Shares were Transferred (if original issue, enter as such)	Amount paid Thereon	Date of Transfer of Shares	To Whom Shares were Transferred	Certificates Surrendered		Number of Shares Held (Balance)	Investment/Ownership
		Cert No	No of Shares					Date Issued	Cert No		
Common Shareholders											
W. Shane Reeves	Blackberry Ln. Murfreesboro, TN 37130	1	20,000,000	6/16/2017	Original Issue					20,000,000	60%
Other Employees- Options			5,000,000		Available					5,000,000	15%
										25,000,000	75%
Preferred Investors											
W. Shane Reeves	Blackberry Ln. Murfreesboro, TN 37130	A-2-1	5,000,000	6/16/2017	Original Issue					5,000,000	15%
Claritas Opportunity Fund IV, L.P.	Burton Hills Blvd, Ste 100 Nashville, TN 37215	A-1-1	1,500,000	6/16/2017	Original Issue	\$ 1.00				1,500,000	4.5%
Claritas Capital Fund V, L.P.	Burton Hills Blvd, Ste 100 Nashville, TN 37215	A-1-2	1,250,000	6/16/2017	Original Issue	\$ 1.00				1,250,000	3.7%
Claritas Cornerstone Fund, L.P.	Burton Hills Blvd, Ste 100 Nashville, TN 37215	A-1-3	600,000	6/16/2017	Original Issue	\$ 1.00				600,000	1.8%
										8,350,000	25%
										3,350,000	

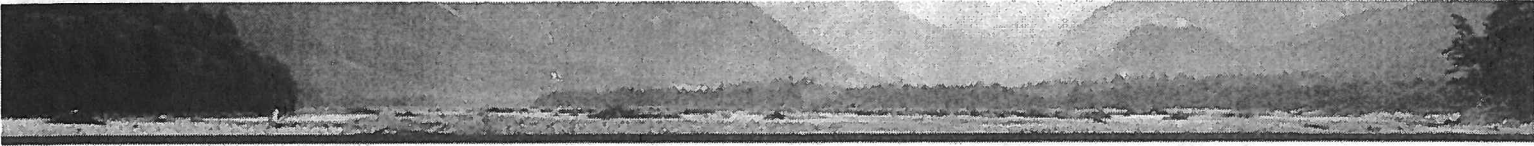
Holdings

Common stock 35,000,000 par \$.001 per share, 20,000,000 issued and outstanding

Preferred stock 8,350,000, par \$.001

Series A-1 Preferred Stock 3,350,000, issued and outstanding

Series A-2 Preferred Stock 5,000,000, issued and outstanding



TwelveStone Medical is owned by TwelveStone Holdings, located at 352 W. Northfield Blvd, Murfreesboro, TN 37129. Articles included.

Corporate officers are listed below.

<u>Shane Reeves CEO</u> DOB                      SSN	Blackberry Lane, Murfreesboro, TN 37129 TN License # 9124
<u>Dave Carter CBDO</u> DOB                      SSN	Woodland Hills Drive, Brentwood, TN 37027
<u>Jozef Nuyens CFO</u> SSN	Charity Drive, Brentwood, TN 37027 DOB
<u>Cannon Loughry COO</u> SSN	Avon Rd, Murfreesboro, TN 37129 DOB
<u>Lee Golden CPO</u> SSN	Allen Rd, Murfreesboro, TN 37129 DOB TN License # 10462



**AFFIDAVIT for Out-of-State Pharmacy License**

STATE OF TN )  
Rutherford ) ss. COUNTY )

I, Kevin Norris, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist-in-Charge for TwelveStone Medical (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Kevin Norris, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Kevin Norris  
Name

SUBSCRIBED AND SWORN TO  
before me, a notary public this  
10th day of July, 2018.

Glenda Dean  
NOTARY PUBLIC

My Commission Expires  
September 5, 2021



STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Kevin Norris  
Responsible Person of Twelve Stone Medical, Inc.  
hereby acknowledge and understand that in addition to the corporation's, any owner(s),  
shareholder(s) or partner(s) responsibilities, 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 corporation's, any owner(s), shareholder(s)  
or partner(s) 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's, any owner(s), shareholder(s)  
or partner(s) 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.

Kevin Norris  
Original Signature of Person Authorized to Submit Application, no copies or stamps

Kevin Norris  
Print Name of Authorized Person

\_\_\_\_\_  
Date


44695

 TENNESSEE DEPARTMENT OF HEALTH  
DIVISION OF HEALTH RELATED BOARDS


ID NUMBER 0000002978  
EXPIRATION DATE: 03/31/2019

*This is to certify that all requirements of the State of Tennessee have been met.*

PHARMACY BOARD  
PHARMACY  
TWELVESTONE MEDICAL, INC.

  
COMMISSIONER OF HEALTH

PHARMACY DEPT.  
TWELVESTONE MEDICAL, INC.  
352 WEST NORTHFIELD BLVD.  
SUITE 3A  
MURFREESBORO TN 37129

 State of Tennessee  
Department of Health

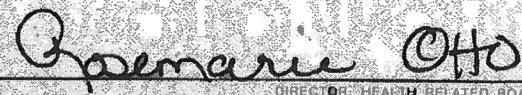
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44695


TENNESSEE BOARD OF PHARMACY  
PHARMACY  
TWELVESTONE MEDICAL, INC.  
352 WEST NORTHFIELD BLVD  
STE. 3A  
MURFREESBORO TN 37129

*This is to certify that all requirements of the State of Tennessee  
have been met.*

ID NUMBER: 0000002978  
EXPIRATION DATE: 03/31/2019

CONTROLLED SUBSTANCE REGISTRATION  
STERILE COMPOUNDING

  
DIRECTOR, HEALTH RELATED BOARDS

  
COMMISSIONER



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
DIVISION OF HEALTH LICENSURE AND REGULATION  
OFFICE OF HEALTH RELATED BOARDS  
665 Mainstream Drive, Second Floor  
Nashville, TN 37243  
<http://tn.gov/health>

Tennessee Board of Pharmacy  
Pharmacy  
1-800-778-4123 or

July 18, 2018

TO WHOM IT MAY CONCERN:

This verification can be considered primary source. To expedite the verification process, this is the standard format used by the Tennessee Board of Pharmacy. We are pleased to furnish the following information from our files:

PROFESSION: Pharmacy

NAME: Tewlvestone Medical Inc.

ADDRESS: PO Box 12369 Murfreesboro, TN 37129

LICENSE NUMBER: 2978

ISSUE DATE: March 03, 2017

EXPIRATION DATE: March 31, 2019

CURRENT STATUS: Licensed

STATUS DATE: August 01, 1994

SPECIAL ENDORSEMENT: Controlled Substance Registration  
Sterile Compounding

COMMENTS: There is no derogatory information in our files concerning this facility.

Sincerely,

*Mannery*  
Tennessee Board of Pharmacy

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