

**19**

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

## APPLICATION FOR OUT-OF-STATE MDEG 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..

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: Medical Action Industries, Inc.

Physical Address: 25 Heywood Road Arden, NC 28704

(This must be a business address, we can not issue a license to a home address)

Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip Code: 10921

Telephone: (828) 338-7540 Fax: (828) 681-8828

E-mail: owm@slny.com Website: www.owens-minor.com

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 12:00 to 11:59 Tue: 12:00 to 11:59 Wed: 12:00 to 11:59 Thu: 12:00 to 11:59

Fri: 12:00 to 11:59 Sat: Closed to Closed Sun: 11:00 to 11:59 Holidays:      to     

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Nichole Kimberly Early

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis           |
| <input type="checkbox"/> Diabetic Supplies           | Other: <u>Surgical Prep &amp; Sanitation Supplies</u>       |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: Nicole Kimberly Early

Telephone: 1-800-645-7042

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

<u>N/A</u>	_____	_____
_____	_____	_____
_____	_____	_____

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 ☒

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed?

Yes ☐ No ☒

Are any of the owners health professionals? If yes, please list name.

N/A

- ☐ Practitioner
- ☐ Advanced Practitioner of Nursing
- ☐ Physician's Assistant
- ☐ Physical Therapist
- ☐ Occupational Therapist
- ☐ Registered Nurse
- ☐ Respiratory Therapist

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

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

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

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

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

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

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

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partners 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 ☒

# APPLICATION FOR OUT-OF-STATE MDEG LICENSE


This page must be submitted for all types of ownership.

- 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 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 MDEG provider or 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.

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

Nicholas Joseph Pace II

Print Name of Authorized Person

11-25-19  
Date

Board Use Only

Received: MAR 09 2020

Amount: 500 -

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

**OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION**State of Incorporation: DEParent Company if any: Owens & Minor, Inc.Corporation Name: Medical Action Industries, Inc.Mailing Address: c/o State License Servicing c/o State License Servicing, 1751 State Route 17A, Suite 3City: Florida State: NY Zip: 10921Telephone: (845) 544-2482 Fax: (845) 544-2481Contact Person: Jennifer Schneider

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>Owens &amp; Minor, Inc.</u>	<u>910 Lockwood Blvd Mechanicsville, VA 23229</u>
Name	Address

b) _____	_____
Name	Address

c) _____	_____
Name	Address

d) _____	_____
Name	Address

2) Provide the number of shares issued by the corporation. Owens & Minor, Inc is the 100% Sole Owner3) What was the price paid per share? N/A4) 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

**Include 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.





110 Centerview Drive  
Post Office Box 11927  
Columbia, SC 29211-1927  
Phone: (803) 896-4700  
FAX: (803) 896-4596

South Carolina  
Department of Labor, Licensing and Regulation

Board of Pharmacy



Henry D. McMaster  
Governor

Emily H. Farr  
Director

[www.llr.sc.gov/POL/Pharmacy/](http://www.llr.sc.gov/POL/Pharmacy/)

February 7, 2020

Medical Action Industries, Inc.  
25 Heywood Road  
Arden, NC 28704

Dear Nichole Early:

Your application for a South Carolina Non-Resident Pharmacy permit was reviewed by the Non-Resident Application Review Committee at its February 6, 2020, meeting. The Committee's recommendations will be presented to the Board for approval or denial of the permit applications at its March 11, 2020, Board meeting.

The Committee is recommending your permit application for approval pending the following:

**Approved conditioned upon submission of fine in the amount of \$5,000 for shipping into SC without a permit; applicant must pay fine within six months of Board's approval of committee recommendation, or application will be considered withdrawn.**

Requested documents may be emailed to [chelsi.swartz@llr.sc.gov](mailto:chelsi.swartz@llr.sc.gov). Once the above conditions have been met, your permit will be issued.

Sincerely,

*Traci Collier*

Traci Collier, PharmD  
Administrator and Chief Drug Inspector  
SC Board of Pharmacy



## Medical Action Industries, Inc.

Corporate Address: 25 Heywood Road, Arden, NC 28704 USA  
FEIN: 11-2421849  
[www.owens-minor.com](http://www.owens-minor.com)

Drug Labeler Code:  
Incorporation State: DE  
Incorporation Date: 11/5/1987

### FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
MDA	25 Heywood Road Arden, NC 28704 County: Buncombe	1030451		03-236-4462	No	(828) 338-7540	(828) 681-8828

### FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Nichole Kimberly Early	Phoenix Circle Alexander, NC 28701	Quality Compliance Analyst	No

### OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Owens & Minor, Inc.	3 Lockwood Blvd. Mechanicsville, VA 23229		100	

### LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Christopher Michael Lowery	Seabiscuit Delta, GA 30004	President & CEO	No
Jonathan Andrew Leon	Grove Ave. Richmond, VA 23221	Vice President & Treasurer	No
Nicholas Joseph Pace II	Kanawha Road Richmond, VA 23226	Senior VP, General Counsel, Secretary	No

### REGISTERED AGENT IN ALL APPLICABLE STATES

Name
CT Corporation

Company 1412  
Particulars



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/27/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Beecher Carlson Insurance Services  
6 Concourse Parkway, Suite 2300  
Atlanta, GA 30328

CONTACT NAME: Beecher Carlson Insurance Services  
PHONE (A/C, No, Ext): 678-539-4800 FAX (A/C, No): 770-870-3031  
E-MAIL ADDRESS:

www.beecher Carlson.com

INSURED Owens & Minor, Inc.  
c/o Medical Action Industries Inc.  
9120 Lockwood Blvd  
Mechanicsville VA 23116

INSURER(S) AFFORDING COVERAGE NAIC #

INSURER A: Safety National Casualty Corporation 15105

INSURER B: ACE Property and Casualty Insurance Co 20699

INSURER C:

INSURER D:

INSURER E:

INSURER F:

## COVERAGES

CERTIFICATE NUMBER: 52644256

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			GLA4057854	12/1/2019	12/1/2020	EACH OCCURRENCE \$3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$6,000,000 PRODUCTS - COMP/OP AGG \$ \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CAA4057853	12/1/2019	12/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$25,000			XEU G71762907 001	12/1/2019 12/1/2019 12/1/2019	12/1/2020 12/1/2020 12/1/2020	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	LDC4057855 PS4057856 Work Comp - WI (Retro)	12/1/2019 12/1/2019	12/1/2020 12/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E L EACH ACCIDENT \$1,000,000 E L DISEASE - EA EMPLOYEE \$1,000,000 E L DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

EVIDENCE OF INSURANCE

## CERTIFICATE HOLDER

## CANCELLATION

Owens & Minor, Inc.  
c/o Medical Action Industries Inc  
9120 Lockwood Blvd.  
Mechanicsville VA 23116

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE Beecher Carlson Insurance Services, LLC

Beecher Carlson Insurance Services, LLC

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ACORD 25 (2016/03)

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# NORTH CAROLINA

## Department of the Secretary of State

1414  
HOME  
STATE GOOD  
STANDING

### CERTIFICATE OF AUTHORIZATION

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### MEDICAL ACTION INDUSTRIES INC.

a corporation organized under the laws of Delaware was authorized to transact business in the State of North Carolina by issuance of a certificate of authority on the 23rd day of May, 1988.

I FURTHER certify that the said corporation's certificate of authority is not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation's certificate of authority is not revoked for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 has been delivered to the Secretary of State; and that a certificate of withdrawal has not been issued in the name of the said corporation as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 28th day of January, 2020.

*Elaine F. Marshall*

Secretary of State

2020

NOT TRANSFERABLE  
STATUTE GS 61.106.119

North Carolina Department of Agriculture & Consumer Services  
Steve Troxler, Commissioner  
Food and Drug Protection Division

LICENSE/CERTIFICATE NO.  
125

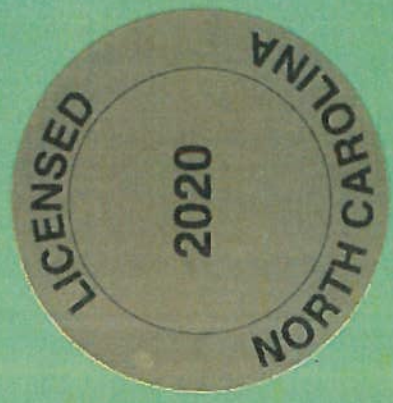
LICENSE/CERTIFICATE:  
TYPE  
Expiration Date

Repackager  
PRESCRIPTION DRUG LICENSE  
12/31/2020

LICENSEE  
OR  
CERTIFICATOR

Medical Action Industries, Inc.  
25 Heywood Road  
Arden

NC 28704



*Steve W. Troxler*  
STEVE TROXLER, COMMISSIONER

THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

# Food & Drug Protection Division

## Drug License Search

[Go Back](#)[New Search \(search.asp\)](#)

Your search for 125 returned the following results...

~~Organon Teknika Corporation,~~  
LLC  
100 Rodolphe Street, Bldg. 1300  
Durham, NC 27712

*License Type: 086*  
*License Number: 125*  
*Description: Manufacturer*

*Status: Active – in good standing*  
*Issue Date: 12/13/2019*  
*Expiration Date: 12/31/2020*

~~Abbott Laboratories, Inc. Crown~~  
Carriers  
400 English Road  
Rocky Mount, NC 27804

*License Type: 087*  
*License Number: 125*  
*Description: Distributor*

*Status: Inactive*  
*Issue Date: 12/7/2009*  
*Cancellation Date: 10/28/2010*

~~Air Liquide America Specialty~~  
Gases LLC  
1311 New Savannah Road  
Augusta, GA 30901

*License Type: 088*  
*License Number: 125*  
*Description: Wholesaler*

*Status: Inactive*  
*Issue Date: 12/17/2009*  
*Cancellation Date: 11/24/2010*

Medical Action Industries, Inc.  
25 Heywood Road  
Arden, NC 28704

*License Type: 089*  
*License Number: 125*  
*Description: Repackager*

*Status: Active – in good standing*  
*Issue Date: 11/5/2019*  
*Expiration Date: 12/31/2020*

NORTH CAROLINA  
DOES NOT SUPPLY  
OFFICIAL VERIFICATION  
OF LICENSURE

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICAL ACTION INDUSTRIES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF FEBRUARY, A.D. 2020.



2142766 8300

SR# 20201081913

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202384739

Date: 02-13-20