

April 2, 2012

AGENDA

◆ PUBLIC NOTICE ◆

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

at the

Las Vegas Chamber of Commerce
6671 Las Vegas Boulevard, South
Las Vegas

Wednesday, April 18, 2012 – 9:00 am

Thursday, April 19, 2012 – 9:00 am

Please Note

The Nevada State Board of Pharmacy may address agenda items out of sequence to accommodate persons appearing before the Board or to aid in the efficiency or effectiveness of the meeting;

The Nevada State Board of Pharmacy may combine two or more agenda items for consideration; and

The Nevada State Board of Pharmacy may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

Public comment is welcomed by the Board, but will be heard during the public comment item and may be limited to five minutes per person. The president may allow additional time to a given speaker as time allows and in his or her sole discretion.

Prior to the commencement and conclusion of a contested case or a quasi judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126.

Please be aware that after the quasi-judicial board or commission had rendered a decision in the contested case and assuming this happens before adjournment, then you may advise the board or commission that it may **entertain public comment on the proceeding at that time.**

◆ CONSENT AGENDA ◆

The Consent Agenda contains matters of routine acceptance. The Board Members may approve the consent agenda items as written or, at their discretion, may address individual items for discussion or change.

1. Public Comments and Discussion of and Deliberation Upon Those Comments:
No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)
2. Approval of February 28, 2012 Special Board Meeting, Minutes for Possible Action
3. Approval of March 7-8, 2012, Minutes for Possible Action
4. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
 - A. Access WCP – Holmes, PA
 - B. Auxillium Specialty Apothecary Pharmacy Inc. – Hattiesburg, MS
 - C. Civic Center Pharmacy – Scottsdale, AZ
 - D. Cystic Fibrosis Pharmacy Inc. – Orlando, FL
 - E. Custom Compounding Centers, LLC – Los Alamitos, CA
 - F. Diabetic Supplies of America, Inc. – Lake Park, FL
 - G. ExclusiVet – Gilbert, AZ
 - H. Health Care Center Pharmacy – Cary, NC
 - I. Injury Med Express Pharmacy LLC – Loxley, AL
 - J. Kubat Custom Healthcare – Omaha, NE
 - K. Mandells Clinical Pharmacy – Somerset, NJ
 - L. Medex BioCare – Memphis, TN
 - M. Medical Center Pharmacy – Chula Vista, CA
 - N. PetMart Pharmacy – Maryville, TN
 - O. Physician Preferred Pharmacy – Margate, FL
 - P. Rite Aid #6800 – Gaithersburg, MD
 - Q. Transcript Pharmacy, Inc. – Flowood, MS

Applications for Out-of-State Wholesaler – Non Appearance for Possible Action:

- R. Acme Delivery Service, Inc. – Aurora, CO
- S. Anda Pharmaceuticals, Inc. – Olive Branch, MS
- T. Bioventus LLC – Memphis, TN
- U. Calvin Scott & Company, Inc. – Albuquerque, NM

V. Exel Inc. – Southaven, MS
W. Fibrocell Technologies, Inc. – Exton, PA
X. Fisher Clinical Services Inc. – Mt. Prospect, IL
Y. Healthcare and Diagnostic Solutions, Inc. – Loxley, AL
Z. Matheson Tri-Gas, Inc. – Vernon, CA
AA. ProLog Logistics, Inc. – Lexington, KY
BB. Rhodes Pharmaceuticals L.P. – Wilson, NC
CC. Safecor Health, LLC – Columbus, OH
DD. Tri-Anim Health Services, Inc. – Lenexa, KS
EE. Unomedical, Inc. – Skillman, NJ
FF. Vertical Pharmaceuticals, LLC – Sayreville, NJ
GG. Wallace Pharmaceuticals Inc. – Decatur, IL

Applications for Out-of-State MDEG – Non Appearance for Possible Action:

HH. Advanced Medical Solutions – Havell, MI
II. Advant-Edge Pharmacy Inc. – El Paso, TX
JJ. Alpha-Omega Medical Supply – Garland, TX
KK. Alternative Care Providers, Inc. – North Chelmsford, MA
LL. American Medcare Supply – Ormond Beach, FL
MM. APP Pharmaceuticals, LLC – Schaumburg, IL
NN. Arbuckle Medical Equipment – Ardmore, OK
OO. At Home Medical Supply Co. – New Bedford, MA
PP. Bioventus LLC – Memphis, TN
QQ. Brightmed Corporation – Houston, TX
RR. Brighton Pharmacy – Tempe, AZ
SS. Centrad Healthcare, LLC – Naperville, IL
TT. CardioNet, Inc. – Conshohocken, PA
UU. CardioNet, Inc. – San Francisco, CA
VV. Cardium Therapeutics, Inc. – Wood Dale, IL
WW. Colonial Medical Supplies – Alta Monte Springs, FL
XX. CPAP Supply USA LLC – Midlothian, VA
YY. Davila Pharmacy Inc. – San Antonio, TX
ZZ. Diabetic dme Supplies, LLC – Campbellsville, KY
AAA. Diabetic Experts of America – Kansas City, MO
BBB. Diabetic Health Link LLC – Titusville, FL
CCC. Diabetic Supplies Inc. – Columbus, OH
DDD. DM TEK, Inc. – Boston, MA
EEE. Easy Scripts Inc. – Des Plaines, IL
FFF. Essentia Health Medical Equipment & Supplies – Duluth, MN
GGG. Excellent Care Medical Supply – Brooklyn, NY
HHH. Freedom Medical Services, Inc. – Boca Raton, FL
III. Grace Healthcare – Gulfport, MS
JJJ. Heart Sail, Inc. – Decatur, AL
KKK. Insulet Corporation – Bedford, MA
LLL. Liberty Medical Supply, Inc. – Port St. Lucie, FL
MMM. Life Care Supplies – Commerce, MI
NNN. LifeLine Medical – Swansea, MA
OOO. Lindrobb International Inc. – Smithtown, NY

PPP. LMC Medical Supplies, Inc. – Boca Raton, FL
 QQQ. MBS Ltd. – Brooklyn, NY
 RRR. Medco Medical Supply, Inc. – Houston, TX
 SSS. Medi Home Care – Columbia, SC
 TTT. MedSupply – Fresno, CA
 UUU. Medtronic USA, Inc. – Warsaw, IN
 VVV. MedXpress – Lexington, SC
 WWW. MS Supply & Home Health Co. – Tampa, FL
 XXX. NationsHealth – Sunrise, FL
 YYY. NationsHealth – Weston, FL
 ZZZ. Northern Pharmacy and Medical Equipment – Baltimore, MD
 AAAA. One Source Medical Group LLC – Clearwater, FL
 BBBB. Owl Rexall Drug – Covina, CA
 CCCC. PHD, LLC – Cleveland, TN
 DDDD. Philips Healthcare – Tewksbury, MA
 EEEE. Praxair, Inc. #861 – Wilmington, CA
 FFFF. Procure Pharmacy – Garden Grove, CA
 GGGG. Professional Pharmacy – Wichita, KS
 HHHH. PSP Medical Rentals & Sales – Santa Fe Springs, CA
 IIII. Samkin Global, Inc. – Jacksonville, FL
 JJJJ. Sleepmed Therapies, Inc. – Pasadena, CA
 KKKK. Sleep Rx, LLC – Skokie, IL
 LLLL. Southside Infusion – Houston, TX
 MMMM. Specialized Medical Services, Inc. – Milwaukee, WI
 NNNN. Stat Rx Pharmacy Inc. – Bronx, NY
 OOOO. Sun City Envision Home Medical Equipment LLC – El Paso, TX
 PPPP. Trinity Medical Solutions LLC – Memphis, TN
 QQQQ. Tri-State Medical, LLC – Weirton, WV
 RRRR. Value Medical, Inc. – Piedmont, SC
 SSSS. Virginia Med-Plus, Inc. – Halifax, VA
 TTTT. Walgreens Mail Service, Inc. – Tempe, AZ
 UUUU. Walgreens Sleep and Respiratory Services – Broadview, IL
 VVVV. West Drug – Westminster, CA
 WWWW. West Pharmacy – Huntington Beach, CA
 XXXX. Western Medical Supplies – Ogden, UT
 YYYY. Winmar Diagnostics – Fargo, ND

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

ZZZZ. Community, A Walgreens Pharmacy – Las Vegas
 AAAAA. Integricare Rx – Reno
 BBBB. Kim's Better Health Pharmacy – Las Vegas
 CCCCC. Redrock Pharmacy – Las Vegas
 DDDDD. Safeway Pharmacy #1517 – Fallon

◆ REGULAR AGENDA ◆

5. Discipline for Possible Actions: Note – The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties.

A.	Camerina N. Gamboa, R.Ph	(11-107-RPH-S)
B.	Sothy Him, R.Ph	(10-048A-RPH-S)
C.	Jason Williamson, R.Ph	(10-048B-RPH-S)
D.	Walgreens #07841	(10-048-PH-S)
E.	Michelle Badten, R.Ph	(11-092A-RPH-S)
F.	Kenton Crowley, R.Ph	(11-092B-RPH-S)
G.	Timothy Brown, R.Ph	(11-092C-RPH-S)
H.	Pathway Specialty Compounds	(11-092-PH-S)
I.	Nakesha Henderson, PT	(12-013-PT-S)
J.	Daryl Coleman, PT	(12-012-PT-S)
K.	Pamela Jett, PT	(12-011-PT-S)
L.	Western Home Care	(09-108-MDEG-S)

6. Requests for Reinstatement of Pharmaceutical Technician License – Appearance for Possible Action:

A.	Shamika Banks	(08-035-PT-S)
B.	Cynthia (Blake) Butler	(03-027-PT-S)

7. Appearance Request for Reconsideration – Medco’s PVSV Process for Possible Action:

Linda S. Fang - Gilbert & Sackman
Representing USW Local 675

8. Request for Pharmacist Registration – Examinee – Appearance for Possible Action:

Jin Hong

9. Application for Nevada Pharmacy – Appearance for Possible Action:

Patient Care Infusion of Nevada – Las Vegas

10. Request for Practitioner Dispensing Registration - Appearance for Possible Action:

Richard L. Bailey, MD

11. Request for Controlled Substance Registration - Appearance for Possible Action:

Trevor A. Schmidt, PA

12. Applications for Out-of-State Pharmacy – Appearance for Possible Action:

- A. Allarmed Pharmacy – San Diego, CA
- B. Midwest Compounders, Inc. – Lenexa, KS
- C. Pallimed Solutions, Inc. – Woburn, MA
- D. Quality Home Infusion – Burbank, CA
- E. Wells Pharmacy Network, LLC – Wellington, FL

13. Applications for Nevada MDEG – Appearance for Possible Action:

- A. Ability Prosthetics and Orthotics of Nevada, LLC – Reno
- B. Eric M. Lindsey Ocular Artists, Inc. – Las Vegas

14. Your Success Rx Reports for Possible Action:

- A. Kelli Ramsey
- B. Walgreens #05369
- C. Vanessa Ebosiem

15. Discussion and Determination for Possible Action:

Counseling on OTC Medications

16. Executive Secretary Report for Possible Action:

- A. Financial Report
- B. Temporary Licenses
- C. Staff Activities
 - 1. Legislative Health Committee (3/13 & 4/10)
 - 2. AG's Substance Abuse Working Group (3/28)
 - 3. Task Force on Unlicensed Health Care (3/28)
 - a. Press Conference at Board Office (4/3/)
- D. Reports to Board
 - 1. Certificate of Recognition for Marguerite Snyder-Kitts (3/13)
 - 2. Hospital Regulation Planning Group (3/30)
 - 3. NABP Resolutions
 - 4. Speaking Engagements
 - a. CC Paralegal Group (4/13)
 - b. NVSHP PT Workshop (4/14)
 - c. NOMA Annual Meeting - Osteopaths (4/27)
 - d. RPD (5/29 & 5/31)
- E. Board Related News
 - 1. Missouri Discipline for Pharmacy Security Issues (theft)
- F. Activities Report

17. General Counsel Report for Possible Action:

- A. Cardinal Health Update
- B. Kerns vs. Hoppe
- C. Florida CVS's

W O R K S H O P for Possible Action

Thursday, April 19, 2012 – 9:00 am

18. **Proposed Regulation Amendment Workshop** – The purpose of the workshop is to solicit comments from interested persons on the following general topics that may be addressed in the proposed regulations.

- A. **Amendment of Nevada Administrative Code 639.753** Declination of pharmacist to fill prescription.
- B. **Amendment of Nevada Administrative Code 639.7105** Electronic transmission of prescriptions listed in schedule II.

PUBLIC HEARING for Possible Action

Thursday, April 19, 2012 – 9:00 am

19. Notice of Intent to Act Upon a Regulation for Possible Action:

Amendment of Nevada Administrative Code 453.510 Schedule I.
Because of abuse of un-regulated products containing synthetic cannabinoids being sold in head shops, law enforcement has requested that the Board of Pharmacy to schedule AM-2201, JWH-081, JWH-122, JWH-250, JWH-210 and AM-694 to Schedule 1.

20. Next Board Meeting:

June 6-7, 2012 – Reno

21. Public Comments and Discussion of and Deliberation Upon Those Comments:
No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Nevada State Board of Pharmacy, 431 W Plumb Lane, Reno, Nevada, 89509, or call Jeri Walter at (775) 850-1440, as soon as possible.

Anyone desiring additional information regarding the meeting is invited to call the board office at (775) 850-1440.

Continuing Education credit of 4 hours, including 1 hour of law, will be given per day of Board meeting attendance. You are required to attend the board meeting for a full day to receive CE credit including the law credit.

This notice has been posted at the following locations and is available for viewing at **bop.nv.gov**:

Elko County Courthouse – Elko
Mineral County Courthouse – Hawthorne
Washoe County Courthouse – Reno
Nevada State Board of Pharmacy – Reno and Las Vegas

SPECIAL BOARD MEETING

at the

Las Vegas Chamber of Commerce
6671 Las Vegas Blvd South
Las Vegas

Tuesday, February 28, 2012

The meeting was called to order at 9:00 a.m. by Beth Foster, Board President.

Board Members Present:

Beth Foster
Russell Smith
Cheryl Blomstrom

Kirk Wentworth
Jody Lewis

Jack Dalton
Kam Gandhi

Board Members Absent:

Board Staff Present:

Larry Pinson

Jeri Walter

Rose Marie Reynolds

REGULAR AGENDA

1. Public Comments and Discussion of and Deliberation Upon Those Comments:
No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)

There was no public comment.

2. Discipline for Possible Actions:

- | | | |
|----|-----------------------------|-----------------|
| A. | Michelle Badten, R.Ph | (11-092A-RPH-S) |
| B. | Kenton Crowley, R.Ph | (11-092B-RPH-S) |
| C. | Timothy Brown, R.Ph | (11-092C-RPH-S) |
| D. | Pathway Specialty Compounds | (11-092-PH-S) |

This matter was continued to the April 18, 2012 Board meeting.

3. Intent to Act Upon an Emergency Regulation For Possible Action – Amendment of Nevada Administrative Code 453.510 Schedule 1. Because of abuse of unregulated products containing synthetic cannabinoids being sold in head shops,

law enforcement has requested that the Board of Pharmacy to schedule AM-2210, JWH-081, JWH-122, JWH-250, JWH-210 and AM-694 to Schedule 1.

President Foster advised that there were letters of support for this amendment from the Attorney General's Office, the Washoe County Sherriff's office and the Las Vegas Metropolitan Police Department

There was telephone testimony and President Foster swore them in.

Dr. Bill Anderson, toxicologist for the crime lab at the Washoe County Sherriff's office, and Carrie Hewart, also from the Washoe County crime lab, appeared by telephone and were sworn by President Foster prior to answering questions or offering testimony.

Dr. Anderson described many of the pharmalogic and clinical effects, such as paranoia and mental instability, that have been seen because of the use and abuse of synthetic cannabinoids.

David Gouldthorp, Tracy Birch, Ailee Burnett and Bruce Gentner, Las Vegas Metro Police Department Forensic Lab, appeared and were sworn by President Foster prior to answering questions or offering testimony.

They discussed the difference in the reactions different people have depending on how much and which of the synthetic cannabinoids they have used. Also, the difference in the different brands as to how they are compounded. They advised that Channel 8 reported a death of someone that used Spice, experienced psychotic behavior then killed himself.

Bruce Gentner reported that there is an increase in manufacturing and distribution in Southern Nevada and investigators in Northern Nevada are also seeing an increase.

Tracy Birch noted that youth have the perception that if these synthetic drugs are legal they should not be harmful, even though they do not know what they are taking or how much is considered "safe".

Ailee Burnett noted that a year and a half ago there were only a few compounds available, however as the law changes so do the compounds making it difficult to keep up.

Mr. Gentner stated that he attended a Drug Expo in Las Vegas last week and found that these products are being marketed as relaxation or energy products. They are that blatant to actually have a Drug Expo with all these products displayed with tips on how to market them.

Board Action:

Motion: Kam Gandhi moved to approve the Emergency Regulation as presented and to direct staff to take it to Governor Sandoval for signature.

Second: Russ Smith

Action: Passed Unanimously

President Foster signed the Emergency Regulation and directed Board staff to take it to Governor Sandoval.

4. Public Comments and Discussion of and Deliberation Upon Those Comments:
No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)

There was no public comment.

BOARD MEETING

at the

Airport Plaza Hotel
1981 Terminal Way
Reno

March 7 and 8, 2012

CONSENT AGENDA

The meeting was called to order at 9:00 a.m. by Beth Foster, Board President.

Board Members Present:

Beth Foster
Russell Smith
Cheryl Blomstrom

Kirk Wentworth
Jody Lewis

Jack Dalton
Kam Gandhi

Board Members Absent:

Board Staff Present:

Larry Pinson Jeri Walter Carolyn Cramer

1. Public Comments and Discussion of and Deliberation Upon Those Comments:
No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)

March 7, 2012 there was no public comment.

March 8, 2012 there was no public comment.

2. Approval of January 18-19, 2012, Minutes for Possible Action
3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
 - A. CarePlus CVS/pharmacy #2708 – San Francisco, CA
 - B. CarePlus CVS/pharmacy #2793 – Los Angeles, CA
 - C. CarePlus CVS/pharmacy #2822 – Berkeley, CA
 - D. Complete Pharmacy & Medical Solutions LLC – Miami Lakes, FL
 - E. Compounding Corner Pharmacy – Sugar Land, TX

- F. DailyMed Pharmacy – Indianapolis, IN
- G. Direct Pharmacy Service, Inc. – Sunrise, FL
- H. Express Scripts – Albuquerque, NM
- I. Express Scripts – Fort Worth, TX
- J. Express Scripts – Harrisburg, PA
- K. Express Scripts – Mason, OH
- L. Express Scripts – Maryland Heights, MO
- M. Express Scripts – St Louis, MO
- N. Express Scripts – Tempe, AZ
- O. Express Scripts – Trevoise, PA
- P. Express Scripts – Troy, NY
- Q. IVESCO Holdings, LLC – Jerome, ID
- R. Legacy Rx, LLC – Orlando, FL
- S. Miami Executive Pharmacy, Inc. – Miami, FL
- T. NW Pharmacy – Miami, FL
- U. Prescription Corporation of America – Denville, NJ
- V. PRN Pharmaceutical – Indianapolis, IN
- W. Regional 3406 Pharmacy – Irvine, CA
- X. Stroheckers Pharmacy – Portland, OR
- Y. The Drugstop.com – Bridgeport, WV
- Z. Towne Pharmacy – Dunellen, NJ

Applications for Out-of-State Wholesaler – Non Appearance for Possible Action:

- AA. Americares Foundation, Inc. – Stamford, CT
- BB. Apothecary Shop Wholesale, Inc. – Phoenix, AZ
- CC. BioCARE – Phoenix, AZ
- DD. Genco I, Inc. – Plainfield, IN
- EE. Inogen Inc. – Goleta, CA
- FF. McKesson Drug Company – Olive Branch, MS
- GG. Santa Cruz Biotechnology, Inc. – Paso Robles, CA
- HH. Slate Pharmaceuticals, Inc. – Durham, NC
- II. TheraCom, L.L.C. – Rockville, MD

Applications for Out-of-State MDEG – Non Appearance for Possible Action:

- JJ. A-1 Medical Supplies LLC – Cincinnati, OH
- KK. Activecare – Salt Lake City, UT
- LL. Advantage Diabetic & Medical Supply, LLC – Mobile, AL
- MM. AHC Medical Supply – Murray, UT
- NN. AllMed Discount Supply – Boca Raton, FL
- OO. All American Medical Supplies, Inc. – Venice, FL
- PP. Baytown Medical Equipment – Baytown, TX
- QQ. Bioness Inc. – Valencia, CA
- RR. Borbas Pharmacy Inc. – Brooklyn, NY
- SS. Care Concepts Louisiana, Inc. – Metairie, LA
- TT. Carolina Medical Sales, Inc. – Apex, NC

UU. Cascade Medical Supply, Inc. – Redmond, WA
 VV. CCS Medical – Clearwater, FL
 WW. Dependable Diabetic Supply, LLC – Venice, FL
 XX. Diabetes Management & Supplies – New Orleans, LA
 YY. Diabetes Supply Programs, Inc. - Jacksonville, FL
 ZZ. Easy Access Medical Supply, Inc. – Marshalls Creek, PA
 AAA. EI Medical, Inc. – Manassas Park, VA
 BBB. Entech Medical Corporation – La Verne, CA
 CCC. Evergreen Pharmaceutical, LLC – Kirkland, WA
 DDD. EZ Diabetic Supplies Inc. – West Bath, ME
 EEE. Fifty50 Pharmacy – Carrollton, TX
 FFF. G & H Diabetic Supply – Round Rock, TX
 GGG. Grubbs Pharmacy of D.C. Inc. – Washington, DC
 HHH. High Point Medical, LLC – Clearwater, FL
 III. Infinite DME Services – Washington, DC
 JJJ. iON My Health – Jupiter, FL
 KKK. J & B Medical Supply Co – Wixom, MI
 LLL. Jade Diabetic Group LLC – Melbourne, FL
 MMM. Jolis Orthopedic Shoes & Medical Supplies – Weslaco, TX
 NNN. Kohl's Pharmacy & Homecare – Omaha, NE
 OOO. Lake Diabetes & Medical Supply, Inc. – Melbourne, FL
 PPP. Legend Health, Inc. – Lakeland, FL
 QQQ. LifeCare Medical Supply, Inc. – Texarkana, TX
 RRR. Life Source Medical, Inc. – Greensboro, NC
 SSS. Lincoln Medical LLC – Nashville, TN
 TTT. Longhorn Health Solutions, Inc. – Austin, TX
 UUU. Mash, Inc. – Alabaster, AL
 VVV. Medical Solutions of AR – Jonesboro, AR
 WWW. Metron Health Care Products – Belmont, MI
 XXX. Mi-Med Supply Co. Inc. – Vista, CA
 YYY. National Diabetic Supply – Franklin, NC
 ZZZ. Nationwide DME LLC – Miami, FL
 AAAA. Monitor Medical, Inc. – Katy, TX
 BBBB. Omni Measurement Systems, Inc. – Milton, VT
 CCCC. Oxygen Plus, Corp. – Manchester, TN
 DDDD. Patriot Medical Supplies, LLC – New Port Richey, FL
 EEEE. Pinnacle Medical Solutions – Southaven, MS
 FFFF. Relief Health Supply LLC – Fort Lauderdale, FL
 GGGG. RightSource – Phoenix, AZ
 HHHH. RightSource – West Chester, OH
 IIII. Schraders Medical Supply, Inc. – Montclair, CA
 JJJJ. SpringsMed LLC – Bonita Springs, FL
 KKKK. St Louis Medical Supply, Inc. – Fenton, MO
 LLLL. TC Medical Supply LLC – Ocala, FL
 MMMM. Total Respiratory and Rehab – Omaha, NE
 NNNN. The Diabetes Store, Inc. – Memphis, TN
 OOOO. The Diabetic Shoppe – Charleston, MS

PPPP. Valley Medical Supplies, Inc. – Fayetteville, NC
QQQQ. Walnut Medical – Wilson, NC
RRRR. Welch Allyn, Inc. – Skaneateles Falls, NY
SSSS. W.H. Pickett Drug Co. – Waterbury, CT

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

TTTT. Nellis Care Pharmacy – Las Vegas
UUUU. Nevada Cancer Institute Pharmacy – Las Vegas
VVVV. Wellcare Pharmacy I, LLC “Series B” – Las Vegas

Applications for Nevada Wholesaler – Non Appearance for Possible Action:

WWWW. Lincare Inc. – Carson City
XXXX. Lincare Inc. – Elko

Board Action:

Motion: Cheryl Blomstrom moved to approve the minutes and correct the “Board Members Present” to remove Keith Macdonald and add Jack Dalton.

Second: Kirk Wentworth

Action: Passed Unanimously

Discussion:

The consent agenda applications and supporting documents were reviewed.

NOTE: Jody Lewis recused from participation in the vote for Items 3 A through C as she is employed by CVS.

Motion: Cheryl Blomstrom found the consent agenda application information to be accurate and complete and moved for approval with the exception of 3 A through C.

Second: Kirk Wentworth

Action: Passed Unanimously.

Motion: Kirk Wentworth moved to approve consent agenda applications for 3 A through C.

Second: Kam Gandhi

Action: Passed Unanimously

REGULAR AGENDA

4. Discipline for Possible Actions:

- A. Sami S. Zamzam, MD (11-061-CS-N)

Carolyn Cramer presented a Stipulated Agreement to the Board for their consideration. The terms of this Agreement include surrender of Dr. Zamzam's controlled substance registration, CS11213. Ms. Cramer explained to the Board that by Nevada law such a surrender will be considered a revocation and that Dr. Zamzam has the ability to request reinstatement after one year from the date of revocation.

Board Action:

Motion: Russ Smith moved to accept the Stipulated Agreement as presented.

Second: Kam Gandhi

Action: Passed Unanimously

- B. Mark R. Nebeker, R.Ph (11-115-RPH-N)
C. Smith's Pharmacy #388 (11-115-PH-N)

Mark Nebeker and Bonnie Brandt, District Pharmacy Manager for Smith's, appeared and were sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer presented a Stipulated Agreement for the Board's consideration. Both Mr. Nebeker and Smith's #388 acknowledge that an error occurred regarding the filling of a prescription that was written for 25 mcg. Fentanyl patches but was filled with 75 mcg. Fentanyl patches. Ms. Cramer recommended that both Mr. Nebeker and Smith's #388 participate in the Your Success Rx program at their own expense. Mr. Nebeker will be on probation for one year and Smith's #388 will pay a fine of \$250.00 plus fees and costs in the amount of \$1,045.00.

Board Action:

Motion: Cheryl Blomstrom moved to accept the Stipulated Agreement as presented.

Second: Kam Gandhi

Action: Passed Unanimously

- D. William L. Locke, R.Ph (11-098-RPH-N)
E. Hales 50 Kirman Pharmacy (11-098-PH-N)
F. William L. Locke, R.Ph (11-100-RPH-N)
G. Hales 50 Kirman Pharmacy (11-100-PH-N)

William Locke appeared and was sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer advised the Board that Mr. Locke and Hales 50 Kirman Pharmacy had admitted to the facts in the two Notices of Intended Action and Accusations and she had prepared a Stipulated Agreement that Mr. Locke signed. Ms. Cramer recommended that the Board impose discipline upon Mr. Locke in the form of a fine of \$500.00 for the violation in the First Cause of Action in Case Number 11-098-N in which a prescription for Risperidone was refilled twice without authorization, a fine of \$500.00 for the violation in the First Cause of Action in Case Number 11-100-N in which Mr. Locke filled a patient's prescription incorrectly on the patient's word alone without authorization from the prescribing physician, a fine of \$250.00 for the violation of the Second Cause of Action in Case Number 11-100-N in falsely claiming that a prescription had been transferred with incorrect prescriber and dosage information, and a fine of \$250.00 for the violation in the Third Cause of Action in Case Number 11-100-N in creating a false document to support the transfer, for a total of \$1,500.00. The discipline imposed upon Hale's 50 Kirman Pharmacy will be one year probation and participation in the Your Success Rx program. Hale's will also pay the fees and costs in this matter in the amount of \$1,045.00.

Board Action:

Motion: Kam Gandhi moved to accept the Stipulated Agreement as presented.

Second: Jody Lewis

Action: Passed Unanimously

5. Request for Reinstatement of Pharmaceutical Technician License – Appearance for Possible Action:

Lisa A. Heathcock

Lisa Heathcock appeared and was sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer advised the Board that this matter was originally scheduled for July 14, 2010, continued to October 2010 however Ms. Heathcock did not appear on either date for hearing. Ms. Heathcock worked unlicensed for approximately 205 days without having renewed her PT registration. Ms. Heathcock's registration was revoked at the October 2010 Board meeting and she is now present to request reinstatement.

Ms. Heathcock explained that she thought she had renewed her registration and would not lie for the sake of a \$40.00 registration fee and loss of her license. She explained that her license that expired was hanging on the wall in the pharmacy and she was not trying to falsify anything. Ms. Heathcock explained that she had personal issues, was

commuting between Las Vegas and Pahrump daily, her mother was seriously ill and she was helping with her care and she is a single mom raising her son. She indicated that she worked for Walgreens for eleven years and she would never intentionally do anything to jeopardize her job.

Russ Smith disclosed that he works for Walgreens but has no knowledge of this issue.

Board Action:

Motion: Cheryl Blomstrom moved to approve Ms. Heathcock's request for reinstatement providing she provide 20 hours of CE, to include one CE on ethics and Nevada law. When those are provided to Board staff the PT registration can be processed.

Second: Jody Lewis

Action: Passed Unanimously

6. Application for Out-of-State Wholesaler – Appearance for Possible Action:

Harvard Third Party Logistics – Indianapolis, IN

Carolyn Cramer advised the Board that she spoke with a representative of Harvard and she was assured that they were not going to sell CII's and felt comfortable with this representation to the Board. She also indicated that they have a good system in place and recommended that the application for out of state wholesaler be granted to Harvard Third Party Logistics.

Board Action:

Motion: Cheryl Blomstrom moved to approve the application of out of state wholesaler for Harvard Third Party Logistics with the caveat that they do not sell or ship CII controlled substances into Nevada.

Second: Jody Lewis

Action: Passed Unanimously

7. Applications for Out-of-State Pharmacy – Appearance for Possible Action:

A. Allarmed Pharmacy – San Diego, CA

The Board continued this application to the April Board meeting as no one appeared.

B. Cystic Fibrosis Pharmacy Inc. – Orlando, FL

Continued to the April Board meeting.

C. HomeChoice Partners, Inc. – Norfolk, VA

Mary Ann Cope appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Cope explained that HomeChoice Partners is an infusion pharmacy and gave a detailed overview of their operation and shipping procedures to the Board's satisfaction.

Board Action:

Motion: Cheryl Blomstrom moved to approve the application for HomeChoice Partners.

Second: Kirk Wentworth

Action: Passed Unanimously

D. Royal Palm Specialty Pharmacy LLC – Webster, MA

Mark Rubin appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Rubin explained that he is a pharmacist and his wife owns the pharmacy. Ms. Rubin was the managing pharmacist, however they hired Karen Blakely to be the managing pharmacist while his wife is out on maternity leave. Mr. Rubin stated that they have no patients in Nevada at this time however they go to trade shows to develop relationships to obtain patients. They fill patient specific prescriptions and ship direct to the patient. They do not sell to doctor's offices. Mr. Rubin indicated that they are mainly doing parenterals mostly for vitamins and calcium gluconate.

Board Action:

Motion: Kam Gandhi moved to approve the application for Royal Palm Specialty Pharmacy with the addition of parenterals checked on the original application.

Second: Russ Smith

Action: Passed Unanimously

8. Application for Nevada MDEG – Appearance for Possible Action:

Eric M. Lindsey Ocular Artists, Inc. – Las Vegas

The Board continued this application to the April Board meeting as no one appeared.

9. Request for Intern License – Appearance for Possible Action:

Hong T. Tran

Hong Tran appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Tran explained that next year she will be a fourth year pharmacy student at the school of pharmacy in Rancho Cordova, California, and would like to be an Intern in the Reno/Tahoe area. She indicated that she had a DUI, paid a fine, went to DUI school and fulfilled all of the requirements of the court. When asked if the California Board was aware of her DUI she indicated that they were aware and that she is a registered Intern in California.

President Foster indicated that she would consider her request for an Intern license in Nevada if the Dean of her college sent a letter of support to the Board office prior to issuing the license.

Board Action:

Motion: Kam Gandhi moved to approve the Intern application pending receipt of a letter of support from her Dean.

Second: Jody Lewis

Action: Passed Unanimously

10. General Counsel Report for Possible Action:

A. DEA Suspensions

Ms. Cramer presented a news release dated February 6, 2012 regarding DEA Suspension Orders upon Cardinal Health in Lakeland, Florida and two CVS pharmacies also located in Florida. The Orders were part of a continuing effort to combat Florida's prescription drug abuse problem.

B. Lam's Civil Settlement

Ms. Cramer also provided a copy of an e-mail from Cheryl Blomstrom noting that Lam's Pharmacy is to pay a \$1 million settlement to the DEA to resolve civil allegations that it violated federal drug laws. A DEA investigation into Lam's record-keeping from May 2006 to February 2012 found that the pharmacy may have violated civil provisions of the Controlled Substances Act involving prescription drug trafficking.

11. Executive Secretary Report for Possible Action:

Larry Pinson announced that Keith Macdonald will be honored by NABP at the Annual Meeting this coming May. It is a well deserved honor. Mr. Pinson also indicated that Joe Depczynski was asked to speak at the NABP Annual Meeting.

A. Financial Report

Mr. Pinson gave the financial report to the Board's satisfaction.

1. Treasurer's Report (Kirk)

B. Temporary Licenses

One temporary license was issued since the last Board meeting.

C. Staff Activities

1. Legislative Committee on Regulations (2/15)

Mr. Pinson advised that he got the Emergency Regulation for synthetic cannabinoids signed by Governor Sandoval and time stamped by the Secretary of State. He also appeared before the Committee for the final adoption of Bath Salts which became effective on February 15, 2012.

2. JTNN (2/7)

Larry Pinson reported that he attended a meeting at Join Together Northern Nevada regarding a collaboration between the Board and the Community Prescription Drug Roundup Coalition to develop a statewide health care provider and consumer education program.

3. Task Force on Unlicensed Health Care (2/28)

Mr. Pinson met with Frankie Sue DelPapa. Ms. DelPapa obtained a grant to help fund the Task Force on Unlicensed Health Care. The Latino Research Center of the University of Nevada, Reno, is in the process of developing a statewide comprehensive public awareness outreach campaign. Ms. DelPapa appeared to be anxious to begin working on this project.

D. Reports to Board

1. Pharmaceutical Technician Advisory Committee (2/9)

Board staff met with the PT Advisory Committee and discussed the ongoing problems with theft and errors. The PT schools are all talking about these problems and how to screen applicants more effectively. Russ Smith is the new Board representative on the Committee. This was his first meeting and he was an active participant. The PT Committee was asked to think about solutions to theft and error problems and report back at the next meeting with suggestions.

Mr. Pinson also discussed the steps CVS is considering to prevent diversion of controlled substances in their pharmacies – such as smart shelves, bottle caps with keys and unbelievable technology to help prevent the losses they have incurred.

2. MDEG Advisory Committee (2/16)

The Committee met and discussed the screening process for new MDEG applicants, licensing and site inspections, scope of license issues, rental equipment in unlicensed locations, and inspection issues for multiple sites.

3. Email: bath salts

Mr. Pinson shared an e-mail from an appreciative parent for the Board's recent scheduling of Bath Salts.

4. Expiration of Regulatory Freeze

The Governor has lifted the regulatory freeze, however he still requires Boards to notify the his office of proposed regulatory action prior to notice of Workshops or Public Hearings.

5. Regulation Repeal Secondary to Comprehensive Review of Regulations

Through this review staff has identified for repeal the regulations requiring completion of pharmacy data (referred to as the “purple sheets”) as unnecessary as we cannot use this data. As previously noted, our regulations are in a constant state of revision as the profession evolves.

6. Certificate of Recognition for Marguerite Snyder-Kitts

President Foster learned that Marguerite Snyder-Kitts was believed to be the first woman pharmacist licensed in Nevada and that she is living here in Reno. After research it was found to be true and Larry Pinson had a certificate of recognition made to honor her and arrangements will be made to present the certificate to her.

7. Hospital Regulation Work Group

Mr. Pinson advised that Keith Macdonald has agreed to head the Hospital Regulation Work Group. Various pharmacists have volunteered to participate in the process and Mr. Macdonald will coordinate their efforts.

E. Board Related News

1. Pharmacy Today Article on Klasch v Walgreen's Case

Larry Pinson provided a copy of an article to the Board, based on the Klasch v. Walgreens case, which was an open discussion regarding the duty of the pharmacist when filling prescriptions.

2. NABP Registration for Annual Meeting

Mr. Pinson reminded the Board that if they were planning to attend the NABP Annual Meeting to ensure they registered and made hotel reservations by the deadline dates so not to incur higher rates.

F. Activities Report

WORKSHOP

12. **Proposed Regulation Amendment Workshop**

A. **Amendment of Nevada Administrative Code 639.753** Declination of pharmacist to fill prescription.

Carolyn Cramer explained to the Board that she wrote language that was succinct and covers the intent of the regulation and it would not change the original language to incite the abortion issue again.

Liz Macmenamin appeared and presented language that RAN and the industry would like to see made rather than what Board staff had written. The Board, Board staff and Ms. Macmenamin reviewed the proposed changes RAN presented item by item. Mr. Pinson advised that using the words “initially” and “shall” in sections 1 and 2 brings the language back to what the Board had already indicated they did not want to see. It would mandate that a pharmacist must fill a prescription. Ms. Macmenamin indicated

that was not her intent, was not married to the word, and it could be removed from the language.

Dan Luce, representing Walgreens, would like to see 1(b), "The filling of the prescription would be potentially harmful to the medical health of the patient;" removed. He indicated that the other changes RAN brought forth, such as changing the word "may" to "shall", is not appropriate and feels it should remain "may" to allow the pharmacist to use his professional judgment to fill a prescription.

Ms. Macmenamin indicated that she would check with their legal counsel, Josh Hicks, to see if it would be acceptable to leave the word "may" in the language as is. She indicated that RAN is firm on removing 3(b), "Not potentially harmful to the medical health of the patient" from the existing language.

Adam Porath appeared and supported the language the Board's staff presented. He does not support the language RAN proposed and wants to see 1(b) left in so a pharmacist does not have to fill a prescription he knows will harm a patient.

Ken Bender appeared and suggested the language in 1(b) be left in, amending it to read, "The filling of the prescription would [~~be potentially harmful~~] *present imminent harm* to the [~~medical health of the~~] patient." After discussion, the Board thought that would be a good compromise.

Elisa Cafferata appeared, representing Planned Parenthood, and indicated that they would like to see the words "medical health of the patient" left in 1(b).

Larry Matheis, representing the Medical Association, indicated he thought the original language is good the way it stands. He indicated that he was not sure the Legislative Counsel Bureau would allow liability language to be added. Mr. Matheis warned that making major changes to the original language could cause unintended consequences. He also feels that the "imminent harm" suggestion is more precise than "potential harm" but would suggest the Board keep "medical health" in the language.

After discussion, the Board directed staff to bring the language back to Workshop after the language in 1(b) is changed to reflect "imminent harm" as discussed, take the word "initially" out of section 1 and 2 of RAN's language and incorporate number 4 into number 3.

Mr. Luce reappeared and advised the Board that he supports the imminent harm language.

B. Amendment of Nevada Administrative Code 639.7105 Electronic transmission of prescriptions listed in schedule II.

Ken Whitamore and Pete Palmer appeared to answer questions regarding the SureScripts electronic prescribing system. Mr. Whitamore was given a copy of the proposed language that would require a system to be able to capture specific data

before allowing CII prescriptions to be electronically transmitted. He indicated that there really weren't fields that would state specific requirements such as the controlled substance registration number, date of the last physical examination by the patient and a diagnosis code. Mr. Whitmore did indicate that they do have the capability of turning off the prescriber's privileges if they are suspected of transmitting unlawful prescriptions. Mr. Palmer indicated that there would have to be enhancements to the current SureScripts software to allow for the requirements in the proposed language.

Liz Macmenamin asked if the Nevada Board was trying to set a new standard and she was told that they were to ensure patient safety.

It was noted that the DEA had still not announced a final ruling on the certification entities.

Dan Luce advised the Board that other states had tried to require diagnosis codes, however the attempt had failed throughout the country.

Dennis McAllister, representing Medco Health Solutions and a member of the Arizona Board of Pharmacy, highly recommended that the Board not delay the regulatory process and approve electronic prescribing of CII's.

President Foster asked SureScripts for information on timelines for them to make the necessary software changes to include the proposed requirements in this amendment.

The Board's staff was directed to bring the language back after they obtained more information.

- C. **Amendment of Nevada Administrative Code 453.510** Schedule I.
Because of abuse of un-regulated products containing synthetic cannabinoids being sold in head shops, law enforcement has requested that the Board of Pharmacy to schedule AM-2201, JWH-081, JWH-122, JWH-250, JWH-210 and AM-694 to Schedule 1.

Mr. Pinson noted that this language was adopted as a emergency regulation amendment at a special meeting held on February 28th. He drove it down to Governor Sandoval's office for signature and it was time stamped by the Secretary of State's office on February 29th. The Board has 120 days to complete the process, beginning with this Workshop and a final Public Hearing for it to become permanent, but it is effective now.

Carrie Heward and Bill Anderson appeared to support adding the synthetic cannabinoids compounds listed in Schedule I because of the serious harmful effects they are seeing when people use these products.

Larry Matheis came forward and supports the addition of these compounds to Schedule I.

Liz Macmenamin noted for the record that RAN supports this language.

Board Action:

Motion: Russ Smith moved to go forward to Public Hearing with the language as presented.

Second: Cheryl Blomstrom

Action: Passed Unanimously

13. Next Board Meeting:

April 18-19, 2012 – Las Vegas

14. Public Comments and Discussion of and Deliberation Upon Those Comments:
No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)

March 7, 2012 there was no public comment.

March 8, 2012 there was no public comment.

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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.

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Access WCP

Physical Address: 2173 MacDade Blvd Units "G" + "J"

Mailing Address: _____

City: Holmes State: PA Zip Code: 19043

Telephone: 1-866-605-1001 Fax: 1-866-211-1416

Toll Free Number: 866-605-1001 (Required per NAC 639.708)

E-mail: KOBrien@accesswcp.com Website: _____

Managing Pharmacist: Kevin O'Brien License Number: RP 035437

Hours of Operation:

Monday thru Friday 9 am 6 pm

Saturday _____ am _____ pm

Sunday _____ am _____ pm

24 Hours on call service
24 hrs 7 days/wk

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" 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 checked="" type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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59586

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

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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: Auxilium Specialty Apothecary Pharmacy Inc
Physical Address: 208 S. 27th Ave Suite 4
Mailing Address: Same
City: Hattiesburg State: MS Zip Code: 39401
Telephone Number: 877 847 4612 Fax Number: 1877 471 3289
Toll Free Number: 877 847 4612 (Required per NAC 639.708)
E-mail: 959pr@gmail.com Website: -
Managing Pharmacist: Todd Lee License Number: E- 8515

Hours of Operation:

Monday thru Friday 8 am 5 pm Saturday _____ am _____ pm
Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

Board Use Only

Received: MAR 22 2012 Amount: 500.00 Entity: 59591 1

NEVADA STATE BOARD OF PHARMACY
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership – Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CIVIC CENTER PHARMACY

Physical Address: 7331 E. OSBORN DRIVE #208

Mailing Address: 7331 E. OSBORN DRIVE #208

City: SCOTTSDALE State: ARIZONA Zip Code: 85251

Telephone: 480-945-9519 Fax: 480-945-9854

Toll Free Number: 1-866-945-9510 (Required per NAC 639.708)

E-mail: WELLRX@AOL.COM Website: CIVICCENTERPHARMACY.COM

Managing Pharmacist: ARI SCHAFER License Number: S008740

Hours of Operation:

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

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 checked="" type="checkbox"/> Parenteral (outpatient) <input checked="" type="checkbox"/> Outpatient/Discharge <input type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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CORPORATION

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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: CYSTIC FIBROSIS PHARMACY INC.
Physical Address: 3901 E. COLONIAL DR.
Mailing Address: SUITE D
City: ORLANDO State: FL Zip Code: 32803
Telephone Number: 407-898-4427 Fax Number: 407-897-2108
Toll Free Number: 888-307-4427 (Required per NAC 639.708)
E-mail: mccullypharm.com Website: www.cfpharmacy.com
Managing Pharmacist: TULIO S ADAMS License Number: PS 10217

Hours of Operation:

Monday thru Friday 8:30 am 5:30 pm Saturday on call 24 hr
Sunday on call 24 hours 24 Hours ☒

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|--|---|
| <input checked="" 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 checked="" type="checkbox"/> Mail Service |
| <input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Long Term Care |

Board Use Only

Received: JAN 26 2012 Amount: 500.00 Entity: 59012 1



3901 E. COLONIAL DRIVE • ORLANDO, FL 32803

PHONE: (407) 898-4427 or (800) 714-4427

FAX: (407) 897-2108

WWW.CFPHARMACY.COM

March 19, 2012

Ms Candy M Nally
Licensing Specialist
Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, NV 89509

Re: Cystic Fibrosis Pharmacy Out-of-State Application
April 19, 2012 Board Meeting

Dear Ms Nally:

We are in receipt of your letter requesting appearance of our Pharmacist on April 19, 2012 Board Meeting to discuss our application for out-of-state licensure.

In reviewing the terms of your application, we noted the language "if the applicant ... (c) is applying for the licensure of a pharmacy located outside the state that will be shipping compounded products into this state."

These terms do not apply to us because we do not prepare compounded products for out-of-state delivery. Therefore, we will not need to appear at your Board meeting.

We look forward to your review and final approval of our application for shipment of non-parenteral drugs to patients in the state of Nevada.

If you require further information, please feel free to contact us.

Sincerely,

Susan Maret, CPC
Administrative Assistant



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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Custom Compounding Centers, LLC

Physical Address: 10525 Humbolt Street, Los Alamitos, CA 90720

Mailing Address: 10525 Humbolt Street

City: Los Alamitos State: CA Zip Code: 90720

Telephone: 714-894-2120 Fax: 714-894-2150

Toll Free Number: 888-894-2120 (Required per NAC 639.708)

E-mail: ginger@heritagegroupusa.com Website: _____

Managing Pharmacist: Paul R. Wheeler License Number: _____

Hours of Operation:

Monday thru Friday 8 am 430 pm Saturday 9 am 12 Noon pm

Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" 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 checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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12/16

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

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<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Diabetic Supplies of America, Inc.

Physical Address: 802-3 Old Dixie Highway

Mailing Address: Same

City: Lake Park State: FL Zip Code: 33403

Telephone: ⁽⁵⁶¹⁾ 840-1043 Fax: 561-840-1042

Toll Free Number: 800-555-2561 (Required per NAC 639.708)

E-mail: diabeticamerica@gmail.com Website: www.dsamedical.com

Managing Pharmacist: N/A License Number: N/A

Hours of Operation: EST

Monday thru Friday 9:30 am 5:00 pm

Saturday closed am _____ pm

Sunday closed am _____ pm

24 Hours N/A

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

59276

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

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Application must be printed legibly or typed

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Exclusivet

Physical Address: 1485 S. Higley Road, Ste. # 102

Mailing Address: P.O. Box 520, Lake Forest, CA. 92609

City: Gilbert State: Arizona Zip Code: 85296

Telephone: 480-838-1165 Fax: 480-838-1343

Toll Free Number: 877-928-3879 (Required per NAC 639.708)

E-mail: support@exclusivet.com Website: www.exclusivet.com

Managing Pharmacist: Matthew Curley License Number: Arizona # 5010589
california # 47692

Hours of Operation:

Monday thru Friday 9 am 5:30 pm

Sunday closed am pm

Saturday 9 am 5:30 pm

24 Hours open for phone support
7 days a week

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 checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
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Application must be printed legibly or typed

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New Pharmacy X Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Health Care Center Pharmacy

Physical Address: 700 Research Dr., Bldg W, Suite 1151

Mailing Address: P.O. Box 901, Deerfield, IL 60015

City: Cary State: NC Zip Code: 27513

Telephone Number: 1-919-678-8261 Fax Number: 1-919-678-8159

Toll Free Number: 1-866-827-8975 (Required per NAC 639.708)

E-mail: Rxm.15242@store.walgreens.com Website: www.walgreens.com

Managing Pharmacist: Trisha Lou Reaves License Number: 19639 - North Carolin

Hours of Operation:

Monday thru ~~Friday~~ ^{Thur} 9 am 6:30 pm (Eastern) Saturday Closed am _____ pm
~~Friday~~ ^{Friday} 9am to 5:30pm Sunday Closed am _____ pm (Eastern) 24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

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

- ☐ Off-site Cognitive Services
 - ☐ Parenteral
 - ☐ Parenteral (outpatient)
 - ☐ Outpatient/Discharge
 - ☐ Mail Service
 - ☐ Long Term Care
- See Attached
Description

Board Use Only

Received: MAR 22 2012 Amount: 500.00 Entity: 59590 1

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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.

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Injury Med Express Pharmacy LLC
Physical Address: 30245 County Rd 49, Room 100
Mailing Address: same
City: Loxley State: AL Zip Code: 36551
Telephone: 888-633-0747 Fax: 888-633-1747
Toll Free Number: 888-633-0747 (Required per NAC 639.708)
E-mail: dbeard@injurymedx.com Website: N/A
Managing Pharmacist: Mary Grandquest License Number: 11882 - AL

Hours of Operation:

Monday thru Friday 8 am 5 pm Saturday 8 am 12 pm
Sunday _____ am _____ pm 24 Hours _____

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 checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
CORPORATION

\$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

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New Pharmacy X Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Kubat Custom Healthcare
Physical Address: 4924 Center St.
Mailing Address: 4924 Center St.
City: Omaha State: NE Zip Code: 68106
Telephone Number: 402-558-2474 Fax Number: 402-561-1252
Toll Free Number: 1 800 782 9988 (Required per NAC 639.708)
E-mail: compounding@kubatpharmacy.com Website: _____
Managing Pharmacist: Michael Kubat License Number: 10873

Hours of Operation:

Monday thru Friday 9 am 5:30 pm Saturday _____ am _____ pm
Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

Board Use Only

Received: **MAR 22 2012** Amount: 500.00 Entity: 59589 1

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: MANDALLS Clinical Pharmacy

Physical Address: 7 CEDAR GROVE LANE, Suite 24

Mailing Address: SAME

City: Somerset State: NJ Zip Code: 08873

Telephone: 877-252-0553 Fax: 877-252-0450

Toll Free Number: SAME (Required per NAC 639.708)

E-mail: KATHY @ mandellsrx.com Website: MANDALLS Clinical Pharmacy.com

Managing Pharmacist: Teresa Melanda License Number: 288500431800

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday 9 am 5 pm

Sunday — am — pm 24 Hours —

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" 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

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

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<input type="checkbox"/> New Pharmacy <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH 02196) <input type="checkbox"/> Partnership - Pages 1,2,5,7 <input type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: FFP Acquisition II, LLC dba Medex BioCare

Physical Address: 8024 Stage Hills Blvd., #107

Mailing Address: 8024 Stage Hills Blvd., #107

City: Memphis State: Tennessee Zip Code: 38133

Telephone: 901-388-5899 Fax: 901-380-5877

Toll Free Number: 800-962-6339 (Required per NAC 639.708)

E-mail: tpeck@medexbiopharm.com Website: _____

Managing Pharmacist: Jessica K. Liska License Number: TN #28188

Hours of Operation:

Monday thru Friday 8:00am 5:00pm Saturday on-callam _____pm

Sunday on-callam _____pm 24 Hours on-call

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|---|---|
| <input checked="" 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 checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Long Term Care |
|---|---|

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Medical Center Pharmacy
Physical Address: 340 4th Avenue, Suite 1 Chula Vista, CA 91910
Mailing Address: 340 4th Avenue, Suite 1
City: Chula Vista State: CA Zip Code: 91910
Telephone: 619-422-9291 Fax: 619-422-3607
Toll Free Number: 888-615-5330 (Required per NAC 639.708)
E-mail: mcp1@mcprx.com Website: rxmcp.com
Managing Pharmacist: Douglas Martin Faucher License Number: 37890

Hours of Operation:

Monday thru Friday 9 am 5:30 pm Saturday — am — pm
Sunday — am — pm 24 Hours —

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 checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
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New Pharmacy X Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: PetMart Pharmacy
Physical Address: 2207 East Broadway Ave. Maryville, TN 37804
Mailing Address: 2207 East Broadway Ave. Maryville, TN 37804
City: Maryville State: TN Zip Code: 37804
Telephone Number: (877) 220-6337 Fax Number: (988) 908-0198
Toll Free Number: (877) 220-6337 (Required per NAC 639.708)
E-mail: petmartpharmacy@gmail.com Website: petmartpharmacy.com
Managing Pharmacist: Emily Joyce Abbott License Number: 11673 (TN #)

Hours of Operation:

Monday thru Friday 8 am 6 pm Saturday 8 am 6 pm
Sunday closed am closed 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: FEB 28 2012 Amount: 500.00 Entity: 59332 1

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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\$500.00 Fee made payable to: Nevada State Board of Pharmacy

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Physician Preferred Pharmacy
Physical Address: 5221 Coconut Creek Parkway, Margate FL 33003
Mailing Address: Same
City: Margate State: FL Zip Code: 33063
Telephone: 954-960-7360 Fax: 954-960-7355
Toll Free Number: 877-697-7779 (Required per NAC 639.708)
E-mail: LKaplan@myppprx.com Website: www.myppprx.com
Managing Pharmacist: Lori Kaplan License Number: PS26243

Hours of Operation:

Monday thru Friday 900 am 530 pm Saturday N/A am N/A pm
Sunday N/A am N/A pm 24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" 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 checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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<input checked="" type="checkbox"/> New Pharmacy <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7 Please check box for type of ownership and complete correct part of the application.	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH _____) <input type="checkbox"/> Partnership - Pages 1,2,5,7 <input type="checkbox"/> Sole Owner – Pages 1,2,6,7
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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Rite Aid #6800
Physical Address: 704 Quince Orchard Rd., Ste. 150
Gaithersburg, MD 20878-1787
Mailing Address: Licensing Dept., PO Box 3165
City: Harrisburg State: PA Zip Code: 17105
Telephone: 301-556-9278 Fax: 877-273-1414
Toll Free Number: 877-244-4415 (Required per NAC 639.708)
E-mail: — Website: —
Managing Pharmacist: Wendy Blackston License Number: 18204

Hours of Operation:

Monday thru Friday 8 am 6 pm Saturday 9 am 11 am
Sunday — am — pm 24 Hours —

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 checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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59333

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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.

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Transcript Pharmacy, Inc.

Physical Address: 2506 Lakeland Dr. Ste. 201

Mailing Address: -Same-

City: Flowood State: MS Zip Code: 39232

Telephone: 601.420.4041 Fax: 601.420.4040

Toll Free Number: 866.420.4041 (Required per NAC 639.708)

E-mail: info@transcriptpharmacy.com Website: www.transcriptpharmacy.com

Managing Pharmacist: Billy Clifton Osborn, Jr. License Number: TD8628

Hours of Operation:

Monday thru Friday 8 am 5 pm Saturday _____ am _____ pm
Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" 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 checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
CORPORATION

\$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

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New Wholesaler: ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Acme Delivery Service, Inc.

Physical Address: 18101 East Colfax Avenue

Mailing Address: Same

City: Aurora State: CO Zip Code: 80011

Telephone Number: 303-340-2100 Fax Number: 303-367-3322

Toll Free Number: _____

E-mail: doug_sampson@acmd.com Website: www.acmedistribution.com

Facility Manager: Doug Sampson

Professional qualifications and experience of facility manager: Experienced & qualified manager to oversee process control of subject items.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

Board Use Only

Received: MAR 29 2012 Amount: 500.00 Entity: 59670 1

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

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Application must be printed legibly or typed

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<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH_____)	

<input checked="" 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 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Anda Pharmaceuticals, Inc
Physical Address: 8644 Polk Lane Olive Branch, MS 38654
Mailing Address: 2915 Weston Rd Attn: Emily Schultz
City: Weston State: FL Zip Code: 33331
Telephone: 662-895-9700 Fax: 954-217-4606
Toll Free Number: 800-331-2632
E-mail: Emily.Schultz@andanet.com Website: www.andanet.com
Facility Manager: Alberto Esteves

Professional qualifications and experience of facility manager: Over 20 years of pharmaceutical experience

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA) pending
☐ Other: _____

2/22

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

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<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH _____)	

<input checked="" 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 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: BIOVENTUS LLC

Physical Address: 3303 E Holmes Road, Memphis TN 38118-8101

Mailing Address: c/o Business Licenses, PO Box 867

City: Monsey State: NY Zip Code: 10952

Telephone: 800-396-4325 Fax: 901-566-7657

Toll Free Number: 800-396-4325

E-mail: alicia.stevens@smith-nephew.com Website: _____

Facility Manager: Anthony James

Professional qualifications and experience of facility manager: See attached resume of Anthony James

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> Other: _____	

PT

59275

2/22

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

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New Wholesaler ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: CALVIN SCOTT & COMPANY, INC.

Physical Address: 209 EUBANK BLVD. NE

Mailing Address: (SAME)

City: ALBUQUERQUE State: NM Zip Code: 87123

Telephone Number: (505) 294-8825 Fax Number: (505) 294-8826

Toll Free Number: (800) 545-6545

E-mail: lphillips@calvin-scott-inc.com Website: www.calvin-scott-inc.com

Facility Manager: LAURA SCHLAFMAN-PHILLIPS

Professional qualifications and experience of facility manager: DESIGNATED REP. LICENSED IN: FLORIDA, CALIFORNIA & IDAHO. TRAINING COURSES COMPLETED ON DRUG LAWS & RULE FOR FLORIDA 12/19/10 AND FOR CALIFORNIA 10/16/10. EMPLOYED AS MANAGEMENT W/CALVIN
Types of licensed outlets or authorized persons firm will serve: SCOTT SINCE 1/22/2007.

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☐ Other: _____

☒ Board Use Only

Received: FEB 22 2012 Amount: 500 Entity: 59274 1

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

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<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH _____)	

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Exel Inc

Physical Address: 8890 Commerce Dr, Southaven MS 38671

Mailing Address: Same as above

City: _____ State: _____ Zip Code: _____

Telephone: 717-395-5141 Fax: 601-865-7867

Toll Free Number:

E-mail: paul.nugent@exel.com Website: www.exel.com

Facility Manager: Paul Nugent

Professional qualifications and experience of facility manager: Facility Manager oversees all day to day operation of the facility. The facility manager has been with Exel 7 years.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH_____)
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<input checked="" 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 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Fibrocell Technologies, Inc.

Physical Address: 405 Eagleview Boulevard, Exton, PA 19341

Mailing Address: 405 Eagleview Boulevard

City: Exton State: PA Zip Code: 19341

Telephone: 484-713-6000 Fax: 484-713-6001

Toll Free Number: N/A

E-mail: jmaslowski@fibrocellscience.com Website: www.fibrocellscience.com

Facility Manager: John Maslowski, VP Operations

Professional qualifications and experience of facility manager: MS Biology. 12 years pharma/biotech experience in Manufacturing/QA/Operations Management, including warehouse/distribution.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

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

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<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH _____)
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<input checked="" 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 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Fisher Clinical Services Inc.

Physical Address: 699 N. Wheeling Road, Mt. Prospect, IL 60056

Mailing Address: 7554 Schantz Road

City: Allentown State: PA Zip Code: 18106

Telephone: 610-871-4009 Fax: 610-871-9318

Toll Free Number: 888-252-8579 X 4009

E-mail: vicky.whitehouse@thermofisher.com Website: www.fisherclinicalservices.com

Facility Manager: James Benkendorf

Professional qualifications and experience of facility manager: Employment in the clinical supplies & pharmaceutical packaging field since 1991. Holding positions from room supervisor up to GM during career.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: Drugs are for clinical trials/studies not for resale.

Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☒ Other: Controlled substances & non-controlled drugs are distributed for clinical trials/studies and not for resale.

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Healthcare and Diagnostic Solutions, Inc.
Physical Address: 29922 County Road 49 Loxley, AL 36551
Mailing Address: P.O. Box 730
City: Loxley State: AL Zip Code: 36551
Telephone: 866-865-4437 Fax: 866-875-4437
Toll Free Number: 866-865-4437
E-mail: Stacey@4hds.net Website: www.4hds.net
Facility Manager: Matt McDonald

Professional qualifications and experience of facility manager: Sales manager for respiratory wholesaler - 3 1/2 years. Head of marketing for pharmacy - 18 months.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

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

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(non-refundable and not transferable **money order or cashier's check only**)
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<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH_____)	

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Matheson Tri-Gas, Inc

Physical Address: 5555 District Boulevard

Mailing Address: 1916 2nd Street NW, Albuquerque NM 87102

City: Vernon State: CA Zip Code: 90058

Telephone: 323-771-0923 Fax: 313-773-0157

Toll Free Number: none

E-mail: btolen@mathesongas.com Website: mathesongas.com

Facility Manager: Bill Tolen

Professional qualifications and experience of facility manager: Over 35 years experience related to the manufacture and distribution of Medical and Industrial grade atmospheric gases.

Types of licensed outlets or authorized persons firm will serve:

<input checked="" type="checkbox"/> Pharmacies	<input type="checkbox"/> Practitioners	<input checked="" type="checkbox"/> Hospitals	<input checked="" type="checkbox"/> Wholesalers
<input type="checkbox"/> Other: _____			

Type of Products to be handled or wholesaled by firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> Other: _____	

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH_____)
--	---

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Prolog Logistics, Inc
Physical Address: 2100 Capstone Dr. #103 Lexington, KY 40511
Mailing Address: 3010 Saddle Creek Rd
City: Lakeland State: FL Zip Code: 33801
Telephone: 863-668-4451 Fax: 863-665-1162
Toll Free Number: _____
E-mail: Karen@saddlecreek.com Website: Prologistics.com
Facility Manager: John Mains
Professional qualifications and experience of facility manager: see attached.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: Dentists

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

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

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☒ New Wholesaler ☐ Ownership Change
(Please provide current license number if making changes: WH_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☒ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: _____ RHODES PHARMACEUTICALS L.P.
Physical Address: _____ 4701 Purdue Drive, Wilson, NC 27893
Mailing Address: _____ State License Servicing, 321 Rte. 94 South
City: _____ Warwick _____ State: _____ NY _____ Zip Code: _____ 10990
Telephone: _____ 845-544-2482 _____ Fax: _____ 845-544-2482
Toll Free Number: _____ 888-827-0616
E-mail: _____ RPL@SLSNY.COM _____ Website: _____ www.rhodespharma.com
Facility Manager: _____ David Lundie

Professional qualifications and experience of facility manager: _____
Management of cGMP operations. FDA and DEA regulated sites. General management skills. Drug delivery technology.
Computer skills. SAP, LIMS, RFID/e222. B.Sc. in Molecular Genetics, Trinity College, Dublin, Ireland
Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☐ Other: _____

manufacturer

59337

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

\$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

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New Wholesaler X Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Safecor Health, LLC

Physical Address: 4060 Business Park Dr, Suite B

Mailing Address: _____

City: Columbus State: OH Zip Code: 43204

Telephone Number: 614.351.6117 Fax Number: 614.351.6122

Toll Free Number: 800.447.1006

E-mail: sfischbach@safecorhealth.com Website: www.safecorhealth.com

Facility Manager: Sarah Cooney

Professional qualifications and experience of facility manager: 15 years of plant management with the past year as the pharmaceutical packaging manager for Columbus facility

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☐ Other: _____

Board Use Only

Received: MAR 29 2012 Amount: 500.00 Entity: _____ 1

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

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(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH_____)
--	---

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Tri-anim Health Services, Inc.

Physical Address: 11010 Strang Line Road, Lenexa, KS 66215

Mailing Address: Attn.: Regulatory Affairs, PO Box 8023

City: Dublin State: OH Zip Code: 43016

Telephone: 913.663.2233 Fax: 913.451.6288

Toll Free Number: N/A

E-mail: regulatory@sarnova.com Website: www.tri-anim.com

Facility Manager: Joe Gwadera

Professional qualifications and experience of facility manager: Extensive experience as supervisor of drug distributing warehouse (please see resume)

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> Other: _____	

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

FEE \$500.00 (non-refundable and not transferable)
Application must be typed or 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 Wholesaler ☒

Ownership Change ☐ Name Change ☐

(Please provide current license number if making changes: WH

FACILITY INFORMATION

Facility Name: UNOMEDICAL, INC.

Physical Address: 100 HEADQUARTERS PARK DRIVE, SKILLMAN, NJ 08558

Mailing Address: STATE LICENSE SERVICING, 321 RTE. 94 SOUTH

City: WARWICK, State: NY Zip Code: 10990

Telephone Number: 908-904-2730 FACILITY Fax Number: 908-533-9113

Telephone Number: 845-544-2482 LICENSING Fax Number: 845-544-2481

E-mail: UNO@SLSNY.COM

Facility Manager: SARA VINER

Professional qualifications and experience of facility manager: _____

PLEASE REFER TO ATTACHED CV.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other OTHER MANUFACTURERS

Type of Products to be handled or wholesaled by firm

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA certificate)
☐ Other _____

Board Use Only

Received FEB 28 2012 Check Number 110 Amount 500.00

59336

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

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<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH_____)	

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Vertical Pharmaceuticals, LLC

Physical Address: 2400 Main Street Extension, Suite 6, Sayreville, NJ 08872

Mailing Address: 2400 Main Street Extension, Suite 6

City: Sayreville State: NJ Zip Code: 08872

Telephone: (732) 721-0070 Fax: (732) 721-3430

Toll Free Number: N/A

E-mail: ssuarez@verticalpharma.com Website: www.verticalpharma.com

Facility Manager: Greg Voyles

Professional qualifications and experience of facility manager: See attached Resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled be firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input checked="" type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> Other: _____	

59584

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

GENERAL INFORMATION

Facility Name: Wallace Pharmaceuticals Inc.

Physical Address: 705 East Eldorado Street, Decatur, IL 62523

Mailing Address: Meda Pharmaceuticals Inc., Attn: Elena Slade, 265 Davidson Avenue, Suite 300

City: Somerset State: NJ Zip Code: 08873

Telephone Number: 217-424-8400 Fax Number: 732-564-2377

Toll Free Number: N/A

E-mail: Bill.Taraszewski@meda.us Website: www.medapharma.us

Facility Manager: William Taraszewski

Professional qualifications and experience of facility manager: See Attachment D

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers

Type of Products to be handled or wholesaled:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA) (Pending) ☐ Parenterals
☐ Other: _____

Licensed as a Manufacturer by the FDA? ☒ Yes ☐ No, If yes include a copy of the FDA registration. See Attachment C

Board Use Only

Received: **MAR 22 2012** Check Number: _____ Amount: 500.00

59582

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 checked="" 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: Advanced Medical Solutions

Physical Address: 1000 W Grand River Ave
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as above

City: Hawell State: MI Zip Code: 48843

Telephone: 517 548 1443 Fax: 517 548 1588

E-mail: amsdme@sbglobal.net Website: amsdme.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 to 5:30 Tue: 8:30 to 5:30 Wed: 8:30 to 5:30 Thu: 8:30 to 5:30 Fri: 8:30 to 5:30 Sat: 9 to 1 Sun: N/A Holidays: N/A on call 800 248 2229

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Renee Brown

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

☐ Medical Gases**

☐ Respiratory Equipment**

☐ Life-sustaining equipment**

☒ Diabetic Supplies

☐ Assistive Equipment

☐ Parenteral and Enteral Equipment**

☐ Orthotics and Prosthesis

Other: _____

**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: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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<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 checked="" 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: Advant-Edge Pharmacy Inc.

Physical Address: 1576 Lomaland Dr, El Paso, TX 79935
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1576 Lomaland Dr

City: El Paso State: TX Zip Code: 79935

Telephone: (915) 595-0409 Fax: (915) 595-1306

E-mail: j.rivas@advant-edge.biz Website: www.advantedgepharmacy.net

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 6pm Tue: 9am to 6pm Wed: 9am to 6pm Thu: 9am to 6pm

Fri: 9am to 6pm Sat: 9am to 2pm Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Eustacio Rivas Jr

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 checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: n/a

Telephone: n/a

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

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<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 checked="" 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: Renji John dba Alpha-Omega Medical Supply

Physical Address: 3016 S. Shiloh Rd Garland TX 75041
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 922 Myers Meadows Dr

City: Garland State: TX Zip Code: 75043

Telephone: 214-227-4353 Fax: 214-227-4356

E-mail: renji4u@hotmail.com Website: www.alphaomegamedicalsupply.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10 to 4:30 Tue: 10 to 4:30 Wed: 10 to 4:30 Thu: 10 to 4:30

Fri: 10 to 4:00 Sat: closed to Sun: closed to Holidays: closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Renji John

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: _____

**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: N/A

Telephone: _____

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 checked="" 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: ALTERNATIVE CARE PROVIDERS, INC.

Physical Address: 51 MIDDLESEX ST
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME

City: N. CHELMSFORD State: MA Zip Code: 01863

Telephone: 978-251-7077 Fax: 978-251-7252

E-mail: CSCHLEIPFER@ACPHME.COM Website: WWW.ACP CARES.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 AM to 5 PM Tue: 8 AM to 5 PM Wed: 8 AM to 5 PM Thu: 8 AM to 5 PM

Fri: 8 AM to 5 PM Sat: — to — Sun: — to — Holidays: — to —

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: CATHERINE SCHLEIPFER

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 checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<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 checked="" 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: American Diabetic Supply, Inc dba American Medicare Supply

Physical Address: 400 S. Atlantic Avenue, Suite 108 Ormond Beach, FL 32176
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME

City: _____ State: _____ Zip Code: _____

Telephone: 386-677-1002 Fax: 386-673-9421

E-mail: SALES@AMERICANDIABETICSUPPLY.COM Website: WWW.AMERICANDIABETICSUPPLY.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5

Fri: 8 to 5 Sat: CLOSED to Sun: CLOSED to Holidays: CLOSED to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Randall Helle

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

☐ Medical Gases**

☐ Respiratory Equipment**

☐ Life-sustaining equipment**

☒ Diabetic Supplies

☐ Assistive Equipment

☐ Parenteral and Enteral Equipment**

☐ Orthotics and Prosthesis

Other: Urological Supplies

**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: N/A

Telephone: _____

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

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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" 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: APP PHARMACEUTICALS, LLC

Physical Address: 1110 Thorndale Avenue

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

Mailing Address: 1501 E. Woodfield Rd., Schaumburg, IL 60173

City: Bensenville State: IL Zip Code: 60106

Telephone: (800) 909-3873 Fax: (847) 413-2673

E-mail: cengdahl@apppharma.com Website: www.apppharma.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7:00a to 6:00p Tue: 7:00a to 6:00p Wed: 7:00a to 6:00p Thu: 7:00a to 6:00p

Fri: 7:00a to 6:00p Sat: Closed to Sun: Closed to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Kate Sivertson

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

☐ Medical Gases**

☐ Respiratory Equipment**

☐ Life-sustaining equipment**

☐ Diabetic Supplies

☐ Assistive Equipment

☐ Parenteral and Enteral Equipment**

☐ Orthotics and Prosthesis

Other: Autotransfusion, blood banking, and apheresis devices

**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: _____

Telephone: _____

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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

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<input checked="" 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: Arbuckle Medical Equipment

Physical Address: 1001 N. Washington Street, Ardmore, OK 73401-6736
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Post Office Box 2431

City: Lexington State: SC Zip Code: 29071-2431

Telephone: (580) 226-5380 Fax: (580) 226-5382

E-mail: emcmillian@msa-corp.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00 to 5:00 Tue: 8:00 to 5:00 Wed: 8:00 to 5:00 Thu: 8:00 to 5:00

Fri: 8:00 to 5:00 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Bryan Scott

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

- ☒ Medical Gases**
- ☒ Respiratory Equipment**
- ☒ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☒ Assistive Equipment
- ☒ Parenteral and Enteral Equipment**
- ☒ Orthotics and Prosthesis

Other: _____

**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: FGKG, LLC d/b/a Brace Yourself (Orthotic)
Airgas USA, LLC (Oxygen)

Telephone: (702) 395-3355
(702) 649-2020

59265

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

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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" 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: American Diagnostic Lab Inc. d/b/a At Home

Physical Address: 92 Grape St #2A, NEW BEDFORD MA 02740
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as above

City: _____ State: _____ Zip Code: _____

Telephone: 508-984-5200 Fax: 508-819-4998

E-mail: ce home medical@gmail.com Website: ce home medical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10 to 4 Tue: 10 to 4 Wed: 10 to 4 Thu: 10 to 4
Fri: 10 to 4 Sat: closed Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Gore GIDWANI

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 checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: _____

Telephone: _____

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<input checked="" 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: BIOVENTUS LLC

Physical Address: 3303 E Holmes Road, Memphis TN 38118-8101

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

Mailing Address: c/o Business Licenses, PO Box 867

City: Monsey State: NY Zip Code: 10952

Telephone: 800-396-4325 Fax: 901-566-7657

E-mail: alicia.stevens@smith-nephew.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7:30am to 7:00 pm Tue: 7:30am to 7:00 pm Wed: 7:30am to 7:00 pm Thu: 7:30am to 7:00 pm

Fri: 7:30am to 7:00 pm Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Anthony James

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☐ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: Osteogenesis stimulator and hyaluronic acid (Class III Medical Devices)

**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: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" 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: Brightmed Corporation
Physical Address: 9630 Clarewood Dr, Suite A-14, Houston, TX 77036
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 9630 Clarewood Dr, ste A-14
City: Houston State: TX Zip Code: 77036
Telephone: 713-772-7700 Fax: 713-772-7706
E-mail: brightmed@yahoo.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 to 5:00 Tue: 9:00 to 5:00 Wed: 9:00 to 5:00 Thu: 9:00 to 5:00
Fri: 9:00 to 5:00 Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: GUOJUN Yu

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 checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: N/A Telephone: N/A

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" 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: Brighton Pharmacy

Physical Address: 1403 W. 10th place St. 119 Tempe AZ 85281
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1403 W. 10th place St. 119

City: Tempe State: AZ Zip Code: 85281

Telephone: 866.226.0057 Fax: 888.789.4575

E-mail: pharmacist@brightondiabetic.com Website: NA

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7am to 4pm Tue: 7am to 4pm Wed: 7am to 4pm Thu: 7am to 4pm
Fri: 7am to 4pm Sat: on to call Sun: on to call Holidays: on to call

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Ryan Lien

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 checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: _____ Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$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

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New MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Centrad Healthcare, LLC

Physical Address: 184 Shuman Blvd Ste 130
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 184 Shuman Blvd Ste 130

City: Naperville State: IL Zip Code: 60563

Telephone Number: 630 369 5840 Fax Number: 630 369 6019

E-mail: mcassidy@centradhealthcare.com Website: www.centradhealthcare.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5

Fri: 8 to 5 Sat: \ to \ Sun: \ to \ Holidays: \ to \

FACILITY ADMINISTRATOR INFORMATION

Name: Melissa Cassidy

After Hours Emergency # 800 478-507

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☒ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: Medical Supplies / Wound Care

**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: Amy Hickman Telephone: 800-478-5070

Board Use Only

Received MAR 22 2012 Amount 500.00 Entity 59576

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$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

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New MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: CardioNet, Inc.

Physical Address: 227 Washington Street, Suite 300

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

Mailing Address: 227 Washington Street, Suite 300

City: Conshohocken State: PA Zip Code: 19428

Telephone Number: 888-312-2328 Fax Number: 610-828-8048

E-mail: N/A Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30am to 5:00pm Tue: 8:30am to 5:00pm Wed: 8:30am to 5:00pm Thu: 8:30am to 5:00pm

Fri: 8:30am to 5:00pm Sat: - to - Sun: - to - Holidays: - to -

FACILITY ADMINISTRATOR INFORMATION

Name: Anna McNamara

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☐ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis
- Other: Mobile Cardiac Monitors

**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: N/A Telephone: N/A

Board Use Only
Received MAR 07 2012 Amount 500.00 Entity 59464

2/22

NEVADA STATE BOARD OF PHARMACY

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

**APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG)
LICENSE - CORPORATION**

\$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

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New MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATIONFacility Name: CardioNet, Inc.Physical Address: 456 Montgomery Street, Suite 200

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

Mailing Address: 456 Montgomery Street, Suite 200City: San Francisco State: CA Zip Code: 94104Telephone Number: 415-671-7675 Fax Number: 877-738-3806E-mail: N/A Website: N/A**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 8:30am to 5:00pm Tue: 8:30am to 5:00pm Wed: 8:30am to 5:00pm Thu: 8:30am to 5:00pmFri: 8:30am to 5:00pm Sat: - to - Sun: - to - Holidays: - to -**FACILITY ADMINISTRATOR INFORMATION**Name: Joseph Adam**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**☐ Medical Gases**☐ Respiratory Equipment**☐ Life-sustaining equipment**☐ Diabetic Supplies☐ Assistive Equipment☐ Parenteral and Enteral Equipment**☐ Orthotics and ProsthesisOther: Mobile Cardiac Monitors

**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: N/A Telephone: N/A

✓ Board Use Only

Received

FEB 22 2012

Amount

500.00

Entity

59262

1

217

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

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New MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Cardium Therapeutics, Inc.

Physical Address: 950 Lively Blvd., Wood Dale, IL 60191

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

Mailing Address: 12255 El Camino Real, Suite 250

City: San Diego State: CA Zip Code: 92130

Telephone Number: 858-436-1000 Fax Number: 858-436-1001

E-mail: legal@cardiumthx.com Website: cardiumthx.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7 to 5 Tue: 7 to 5 Wed: 7 to 5 Thu: 7 to 5

Fri: 7 to 5 Sat: _____ to _____ Sun: _____ to _____ Holidays: 7 to 5

FACILITY ADMINISTRATOR INFORMATION

Name: George L. Euson, CPP

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

☐ Medical Gases**

☐ Respiratory Equipment**

☐ Life-sustaining equipment**

☐ Diabetic Supplies

☐ Assistive Equipment

☐ Parenteral and Enteral Equipment**

☐ Orthotics and Prosthesis

Other: Collagen gel for application to wounds

**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: _____ Telephone: _____

Board Use Only

Received

FEB 22 2012

Amount

500.00

Entity

59267

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2/20

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$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 MDEG ☒ Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Florida Home Medical Supply Inc, DBA: Colonial Medical Supplies

Physical Address: 614 E Altamonte Drive Altamonte Springs FL 32701
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same as above

City: _____ State: _____ Zip Code: _____

Telephone Number: 407 849 6455 Fax Number: 407 849 6458

E-mail: admin@colonialmed.com Website: www.colonialmed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 830_{am} to 6pm Tue: 830_{am}to 6pm Wed: 830_{am}to 6pm Thu: 830_{am}to 6pm

Fri: 830_{am}to 6pm Sat: 9am to 4pm Sun: closed Holidays: vary to

FACILITY ADMINISTRATOR INFORMATION

Name: David Breinima

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

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input checked="" type="checkbox"/> Respiratory Equipment** | <input checked="" type="checkbox"/> Parenteral and Enteral Equipment** (only enteral) |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis (off shelf only) |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: David Breinima Telephone: 800-747-0246

☒ Board Use Only

Received

FEB 22 2012

Amount

500.00

Entity

59260

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW <u>MP00873</u>)
<input checked="" 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: CPAP Supply USA LLC

Physical Address: 12730 Spectrum Lane, Ste. G. Midlothian, VA 23112
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Lincare Licensing Dept. PO Box 9004

City: Clearwater State: FL Zip Code: 33758-9004

Telephone: 804-353-4240 Fax: 866-560-4227

E-mail: fjones28@lincare.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm

Fri: 8am to 5pm Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Paula Kurr

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

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input checked="" type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthetics |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>CPAP 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: Paula Kurr Telephone: 804 353 4240

NEVADA STATE BOARD OF PHARMACY

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<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: Davila Pharmacy Inc.

Physical Address: 1423 Guadalupe St Suite 108

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

Mailing Address: 1423 Guadalupe St Suite 108

City: San Antonio State: Texas Zip Code: 78207

Telephone: 210-226-5293 Fax: 210-224-9257

E-mail: rudyd@davilapharmacy.com Website: www.davilapharmacy.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 8 Tue: 9 to 8 Wed: 9 to 8 Thu: 9 to 6

Fri: 9 to 8 Sat: 9 to 2 Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Alicia Montelongo

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: _____

**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: _____

Telephone: _____

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" 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: Diabetic dme Supplies, LLC

Physical Address: 1306 EAST BROADWAY Campbellsville, Ky 42718
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1306 EAST BROADWAY

City: Campbellsville State: Ky Zip Code: 42718

Telephone: 270 789 9869 Fax: 270 849 3427

E-mail: Michael@diabeticdme.com Website: diabeticdme.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5
Fri: 9 to 5 Sat: 9 to 5 Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: SHELBY CALDWELL

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 checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: _____ Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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<input checked="" 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: lincare Inc dba Diabetic Experts of America

Physical Address: 10800 N. Congress Ave Ste C
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 10800 N Congress Ave Ste C

City: Kansas City State: MO Zip Code: 64153

Telephone: 816 801 7500 Fax: 800 804 3615

E-mail: N/A Website: www.lincare.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 730 to 530 Tue: 730 to 530 Wed: 730 to 530 Thu: 730 to 530

Fri: 730 to 530 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Michael Pedersen

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: _____

**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: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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(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 checked="" 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: Diabetic Health Link LLC

Physical Address: 1410 White Dr Suite D
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same

City: Titusville State: FL Zip Code: 32780

Telephone: 321-385-9956 Fax: 321-267-5582

E-mail: L.Buckner@HNECorporate.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5
Fri: 9 to 5 Sat: closed to Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jack Brigham

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 checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: Jack Brigham Telephone: 321-385-9956

NEVADA STATE BOARD OF PHARMACY

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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" 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: DIABETIC SUPPLIES, INC

Physical Address: 2140 RIVERSIDE DR #4, COLUMBUS, OH 43221
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2140 RIVERSIDE DR #4

City: Columbus State: OH Zip Code: 43221

Telephone: 614-481-9841 Fax: 877-288-2520

E-mail: genadsic@gmail.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10 to 5 Tue: 10 to 5 Wed: 10 to 5 Thu: 10 to 5

Fri: 10 to 5 Sat: 10 to 5 Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: GENIA TRAKHTENBERG

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 checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: _____

Telephone: _____

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New MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: DM TEK, INC

Physical Address: 90 NORTH WASHINGTON STREET 2ND FLOOR
(This must be a business address, we can not issue a license to a home address)

Mailing Address: - SAME -

City: BOSTON State: MA Zip Code: 02114

Telephone Number: 617.717.6800 Fax Number: 781.319.1919

E-mail: NTREITMAN@CAMBIUMWELLNESS.COM Website: CAMBIUMWELLNESS.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9A to 3P Tue: 9A to 3P Wed: 9A to 3P Thu: 9A to 3P
Fri: 9A to 3P Sat: - to - Sun: - to - Holidays: - to -

FACILITY ADMINISTRATOR INFORMATION

Name: NEIL TREITMAN

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: _____

**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: NEIL TREITMAN Telephone: 617.717.6800

Board Use Only
Received MAR 27 2012 Amount 500.00 Entity 59624 1

NEVADA STATE BOARD OF PHARMACY

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APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

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New MDEG ☒ Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: EASY SCRIPTS INC

Physical Address: 2307 S. MOUNT PROSPECT ROAD
(This must be a business address, we can not issue a license to a home address)

Mailing Address: _____

City: DES PLAINES State: IL Zip Code: 60018

Telephone Number: 877-235-6768 Fax Number: 847-768-1386

E-mail: easyscriptinc@gmail.com Website: www.easyscriptinc.biz

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 AM to 5 PM Tue: 9 AM to 5 PM Wed: 9 AM to 5 PM Thu: 9 AM to 5 PM
Fri: 9 AM to 5 PM Sat: Closed to _____ Sun: Closed to _____ Holidays: Closed to _____

FACILITY ADMINISTRATOR INFORMATION

Name: PARIXIT MODI

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis
- Other: _____

**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: _____ Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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<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 checked="" 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: MIDWEST MEDICAL EQUIPMENT SUPPLIES DBA ESSENTIA HEALTH MEDICAL EQUIPMENT SUPPLIES

Physical Address: 4418 HAINES ROAD, SUITE 1200, DULUTH, MN. 55811

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

Mailing Address: SAME

City: DULUTH State: MN Zip Code: 55811

Telephone: (218) 722-3420 Fax: (218) 720-6158

E-mail: GREGORY.NYQUIST@ESSENTIAHEALTH.ORG Website: MWMEDEICAL.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5³⁰ Tue: 8 to 5³⁰ Wed: 8 to 5³⁰ Thu: 8 to 5³⁰
Fri: 8 to 5³⁰ Sat: 8³⁰ to 6 Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: GREG W. NYQUIST

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 checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input checked="" 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: Excellent Care Medical Supply

Physical Address: 885 Rutland Road Brooklyn, NY, 11203
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 885 Rutland Road

City: Brooklyn State: NY Zip Code: 11203

Telephone: (800) 915-9261 Fax: (866) 612-3121

E-mail: csuaby@excellntcaremed.com Website: excellntcaremed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5
Fri: 9 to 5 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: CLEVELAND SWABY

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

- | | |
|---|--|
| <input type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input checked="" type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: _____ Telephone: _____

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NEVADA STATE BOARD OF PHARMACY

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<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	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: FREEDOM MEDICAL SERVICES, INC.

Physical Address: 951 BROKEN SOUND PKWY NW #160 BOCA RATON, FL 33487-3539
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME

City: BOCA RATON State: FL Zip Code: 33487-3539

Telephone: 561-338-4900 Fax: 561-338-4904

E-mail: rweinroth@freedomed.com Website: www.freedomed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5
Fri: 9 to 5 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: ROBERT S. WEINROTH

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

Medical Gases**

Respiratory Equipment**

Life-sustaining equipment**

☒ Diabetic Supplies

Assistive Equipment

Parenteral and Enteral Equipment**

☒ Orthotics and Prosthesis

Other: _____

**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: Pamela J. Weinroth

Telephone: 561-699-8500

NEVADA STATE BOARD OF PHARMACY

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<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 checked="" 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: Wolf Industries, Inc. dba Grace Healthcare

Physical Address: 1120 Broad Avenue

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

Mailing Address: 1120 Broad Avenue

City: Gulfport State: MS Zip Code: 39501

Telephone: 228-863-3331 Fax: 228-863-3392

E-mail: contact@gracehcms.com Website: www.gracehcms.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5

Fri: 8 to 5 Sat: NA to NA Sun: NA to NA Holidays: NA to NA

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: David J. Wolf

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

- | | |
|---|--|
| <input type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: _____ Telephone: _____

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane μ Reno, NV 89509 μ (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

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<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 μ Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation μ Pages 1,2,3,5	<input type="checkbox"/> Sole Owner μ Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Heart Sail, Inc.

Physical Address: 4505 Highway 31 South, Suite C, Decatur, AL 35603

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

Mailing Address: PO Box 1672, Hartselle, AL 35640

City: Decatur State: AL Zip Code: 35603

Telephone: (256) 309-5454 Fax: (256) 309-5455

E-mail: nick.letson@heartsail.com Website: www.heartsail.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 a to 5:00 p Tue: 8:30 a to 5:00 p Wed: 8:30 a to 5:00 p Thu: 8:30 a to 5:00 p

Fri: 8:30 a to 5:00 p Sat: CLOSED Sun: CLOSED Holidays: CLOSED

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Nick Letson, President

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 Prosethetics |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: n/a

Telephone: n/a

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input checked="" 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: Insulet Corporation

Physical Address: 9 Oak Park Drive, Bedford, MA 01730
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 9 Oak Park Drive

City: Bedford State: MA Zip Code: 01730

Telephone: 781-457-5000 Fax: 781-457-5011

E-mail: sfortier@insulet.com Website: www.myomnipod.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm

Fri: 8am to 5pm Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Duane DeSisto

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

☐ Medical Gases**

☐ Respiratory Equipment**

☐ Life-sustaining equipment**

☒ Diabetic Supplies

☐ Assistive Equipment

☐ Parenteral and Enteral Equipment**

☐ Orthotics and Prosthesis

Other: _____

**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: _____

Telephone: _____

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

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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" 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 INFORMATIONFacility Name: Liberty Medical Supply, Inc.Physical Address: 10045 US Federal Hwy, Port St. Lucie, FL 34952

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

Mailing Address: 1640 Century Center Parkway, Suite 101, Memphis, TN 38134

City: _____ State: _____ Zip Code: _____

Telephone: 772-398-5800Fax: N/AE-mail: Corporatelicensing@Accredohealth.comWebsite: Libertymedical.com**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 8:30 5:00 am to pm Tue: 8:30 5:00 am to pm Wed: 8:30 5:00 am to pm Thu: 8:30 5:00 am to pm
 Fri: 8:30 5:00 am to pm Sat: 9:00 3:00 am to pm Sun: on call to _____ Holidays: _____ to _____
on call 24/7

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basisName: Phillip Monaco, RPh.**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

- ☐ Medical Gases**
☒ Respiratory Equipment**
☐ Life-sustaining equipment**
☒ Diabetic Supplies

- ☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosthesis
 Other: Ostomy Supplies and Urology devices

**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: Phillip Monaco, RPh.Telephone: 772-398-5800

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<input checked="" 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: Nedich, Inc., DBA Life Care Supplies
Physical Address: 4305 Pineview Dr. suite 300, Commerce, MI 48390
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 4305 Pineview Dr. suite 300
City: Commerce State: MI Zip Code: 48390
Telephone: (248) 366-7000 Fax: (248) 366-7031
E-mail: home@lcsupplies.com Website: www.lcsupplies.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 to 5 Tue: 8:30 to 5 Wed: 8:30 to 5 Thu: 8:30 to 5
Fri: 8:30 to 4 Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Sasa Nedich

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: _____

**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: N/A

Telephone: N/A

NEVADA STATE BOARD OF PHARMACY

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

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<input checked="" 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: Lifeline medical

Physical Address: 1211 GAR Highway SWANSEA MA 02777
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 122 Hailes Hill rd

City: SWANSEA State: MA Zip Code: 02777

Telephone: 1-508-646-6400 Fax: 1-508-646-9922

E-mail: _____ Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 5pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pm
Fri: 9am to 5pm Sat: 9am to 1pm Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Stephen Puscizna

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 checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: Steve Puscizna Telephone: 1-508-646-6400

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" 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: Lindroth International Inc.

Physical Address: 308 W Main Street Suite 202A Smithtown, NY 11787
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 308 W. Main Street Suite 202A

City: Smithtown State: NY Zip Code: 11787

Telephone: 877-389-1108 Fax: 631-382-8184

E-mail: Gayle@goldeodiabeticSupply.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5

Fri: 9 to 5 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Gayle Lindroth

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

☐ Medical Gases**

☐ Respiratory Equipment**

☐ Life-sustaining equipment**

☒ Diabetic Supplies - mail order

☐ Assistive Equipment

☐ Parenteral and Enteral Equipment**

☐ Orthotics and Prosthesis

Other: _____

**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: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" 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: LMC MEDICAL SUPPLIES, INC.

Physical Address: 950 PENINSULA CORPORATE CIRCLE, SUITE 1024
(This must be a business address, we can not issue a license to a home address)

Mailing Address:

City: BOCA RATON State: FL Zip Code: 33487

Telephone: 561-995-0611 Fax: 561-995-8188

E-mail: Yael@LMCMEDICAL.COM Website: WWW.LMCMEDICAL.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 to 5:00 Tue: 9:00 to 5:00 Wed: 9:00 to 5:00 Thu: 9:00 to 5:00
Fri: 9:00 to 5:00 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Yael Camhi

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 checked="" type="checkbox"/> Diabetic Supplies | Other: UROLOGY AND OSTOMY |

**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: Telephone:

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" 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: MB5 LTD.

Physical Address: 409 HoxT ST.
(This must be a business address, we can not issue a license to a home address)

Mailing Address: _____

City: BROOKLYN State: NY Zip Code: 11231

Telephone: 718-624-3144 Fax: 718-624-0666

E-mail: GEORGEHOFFMANMB5@GMAIL.COM Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 to 5:00 Tue: 8:30 to 5:00 Wed: 8:30 to 5:00 Thu: 8:30 to 5:00

Fri: 8:30 to 2:00 Sat: CLOSED Sun: CLOSED Holidays: CLOSED

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: GEORGE HOFFMAN

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 checked="" type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: EUTAH HENRIQUES

Telephone: 702-825-0627

NEVADA STATE BOARD OF PHARMACY

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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" 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: Medco Respiratory Instruments, Inc. - dba
~~Medco Medical Supply, Inc.~~

Physical Address: 10305 Round UP Lane, Ste 100,

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

Mailing Address: 10305 Round Up Lane, Ste 100

City: Houston State: TX Zip Code: 77064-5560

Telephone: 713-956-5288 Fax: 713-956-1435

E-mail: medco@e-medco.com Website: www.e-medco.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5

Fri: 8 to 5 Sat: ++ to ++ Sun: ++ to ++ Holidays: ++ to ++

++ -
Supervisors on
call after
hours and on
holidays

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: John C. Calhoun, IV

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 checked="" type="checkbox"/> Diabetic Supplies (mail order) | Other: _____ |

**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: John C. Calhoun Telephone: 713-956-5288

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<input checked="" 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: Medi Home Care

Physical Address: 1950B Bush River Road, Columbia, SC 29210-6800

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

Mailing Address: Post Office Box 2431

City: Lexington State: SC Zip Code: 29071-2431

Telephone: (803) 731-4246 Fax: (803) 731-53789

E-mail: emcmillian@msa-corp.com

Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00 to 5:00 Tue: 8:00 to 5:00 Wed: 8:00 to 5:00 Thu: 8:00 to 5:00

Fri: 8:00 to 5:00 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Casey Phipps

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

☒ Medical Gases**

☒ Respiratory Equipment**

☒ Life-sustaining equipment**

☒ Diabetic Supplies

☒ Assistive Equipment

☒ Parenteral and Enteral Equipment**

☒ Orthotics and Prosthesis

Other: _____

**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: FGKG, LLC d/b/a Brace Yourself - (Orthotic)

Telephone: (702) 395-3355

Airgas USA, LLC - (Oxygen)

(702) 649-2020

NEVADA STATE BOARD OF PHARMACY

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<input checked="" 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: MedSupply
Physical Address: 5850 E. Shields Avenue, Suite 105 Fresno, CA 93727
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 5850 E Shields Avenue, Suite 105
City: Fresno State: CA Zip Code: 93727
Telephone: (559) 696-9356 Fax: (559) 292-1539
E-mail: adam.freerichs@gomedsupply.net Website: www.gomedsupply.net

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5
Fri: 8 to 5 Sat: on call Sun: on call Holidays: on call
24/7 on call service 1-800-389-9081

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: ADAM J. FREERICH

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☐ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthetics

Other: Negative Pressure Wound Therapy & Surgical Dressings

**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: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG WHOLESALER
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 MDEG x Ownership Change Name Change Location Change

FACILITY INFORMATION

Facility Name: Warsaw Orthopedic, Inc. DBA Medtronic USA, Inc.

Physical Address: 2500 Silveus Crossing
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same

City: Warsaw State: IN Zip Code: 46582

Telephone Number: 574-372-7937 Fax Number: 574-268-9553

E-mail: kathy.gurka@medtronic.com Website: www.medtronic.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 12am to 12pm Tue: 12am to 12pm Wed: 12am to 12pm Thu: 12am to 12pm

Fri: 12am to 12pm Sat: 12am to 12pm Sun: 12am to 12pm Holidays: 12am to 12pm

FACILITY ADMINISTRATOR INFORMATION (Person who is on site on a daily basis.)

Name: Kathy Gurka

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>medical devices & instrumentation</u> |

Board Use Only
Received MAR 29 2012 Check Number Amount 500.00

59673

2117

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 checked="" 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: MedXpress

Physical Address: 171B Monroe Lane, Lexington, SC 29072

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

Mailing Address: Post Office Box 2431

City: Lexington State: SC Zip Code: 29071-2431

Telephone: (803) 358-6760 Fax: (803) 957-1209

E-mail: emcmillian@msa-corp.com

Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00 to 5:00 Tue: 8:00 to 5:00 Wed: 8:00 to 5:00 Thu: 8:00 to 5:00

Fri: 8:00 to 5:00 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Kelly A MCCloud

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: _____

**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: _____

Telephone: _____

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 checked="" 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: MS Supply & Home Health Co.

Physical Address: 1013 S. US Hwy 301 Tampa, FL 33619
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 1013 S. US Hwy 301

City: Tampa State: FL Zip Code: 33619

Telephone: (813) 621-2001 Fax: (813) 621-2480

E-mail: robert.mssupply@gmail.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5

Fri: 9 to 5 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Manuel Santos

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 checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: _____

Telephone: _____

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 checked="" 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: United States Pharmaceutical Group, LLC dba NationsHealth

Physical Address: 775 Taylor Road, Suite 100

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

Mailing Address: 13621 NW 12th St, Suite 100

City: Sunrise State: FL Zip Code: 33323

Telephone: 954.903.5000 Fax: 954.903.5290

E-mail: Licensingdept@uspqi.com Website: www.NationsHealth.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm

Fri: 8am to 5pm Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Kenneth Brown

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 checked="" type="checkbox"/> Diabetic Supplies | Other: <u>See below</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: N/A Telephone: _____

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

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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" 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: United States Pharmaceutical Group, LLC dba NationsHealth

Physical Address: 2955 W. Corporate Lakes Blvd, Suite 400

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

Mailing Address: 13621 NW 12th St, Suite 100

City: Sunrise State: FL Zip Code: 33323

Telephone: 954-903-5000 Fax: 954-903-5290

E-mail: Licensingdept@uspgi.com Website: www.NationsHealth.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 5:30 Tue: 9am to 5:30 Wed: 9am to 5:30 Thu: 9am to 5:30

Fri: 9am to 5:30 Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Joseph Lettrich

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 Prosethics |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u>See Below</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: N/A Telephone: _____

Page 1

[x] Other: Strips, lancets, lancing devices, control solutions

59676

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

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<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 checked="" 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: Northern Pharmacy and Medical Equipment

Physical Address: 6701 Harford Rd. Baltimore MD 21234
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same as above

City: Baltimore State: MD Zip Code: 21234

Telephone: 410 254 2055 Fax: 443 740 9184

E-mail: tsheeler@northernpharmacy.com Website: www.northernpharmacy.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 6am to 9pm Tue: 6am to 9pm Wed: 6am to 9pm Thu: 6am to 9 [m
Fri: 6am to 9pm Sat: 6am to 7pm Sun: 6am to 6pm Holidays: 6am to 6pm

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Howard Bernstein

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 checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: NA Telephone: _____

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

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<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 checked="" 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: One Source Medical Group LLC

Physical Address: 13505 Icot Blvd. Ste 209
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 13505 Icot Blvd Ste 209

City: Clearwater State: FL Zip Code: 33760

Telephone: 866-834-7473 Fax: 877-490-9111

E-mail: bdeje@oneourcemg.com Website: www.oneourcemg.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5

Fri: 8 to 5 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Robert Mueller

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☒ Orthotics and Prosthesis

Other: CPAP Supplies, catheters

**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: _____

Telephone: _____

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 checked="" 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: Saint Paul Enterprises inc, DBA owl Rexall Drug

Physical Address: 401 N. Vincent ave, Covina, CA 91722
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 401 N. Vincent ave, Covina, CA 91722

City: Covina State: CA Zip Code: 91722

Telephone: 626-962-1061 Fax: 626-962-1157

E-mail: Mikegindi@owlrexall.com Website: www.owlrexall.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 AM to 6 PM Tue: 9 AM to 6 PM Wed: 9 AM to 6 PM Thu: 9 AM to 6 PM

Fri: 9 AM to 6 PM Sat: 9 AM to 1 PM Sun: on to call Holidays: on to call

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Kamal Yousef

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 checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: _____

Telephone: _____

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

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<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 checked="" 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: Pharmacy Home Delivery LLC. DBA PHD, LLC
Physical Address: 110 Keith St. SW Suite 1, Cleveland, TN 37311
(This must be a business address, we can not issue a license to a home address)
Mailing Address: PO Box 668
City: Roswell State: Georgia Zip Code: 30077
Telephone: 800-862-1456 Fax: 888-805-2406
E-mail: dhicks@pharmhd.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 6 Tue: 8 to 6 Wed: 8 to 6 Thu: 8 to 6
Fri: 8 to 6 Sat: 9 to 5 Sun: — to — Holidays: — to — N/A

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: ~~Don Hicks~~ Hunter M Hicks

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 checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: N/A Telephone: 800-862-1456

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 checked="" 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: Philips Healthcare, a division of Philips Electronics North America Corporation

Physical Address: 836 North Street, Tewksbury, Massachusetts, 01876

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

Mailing Address: Attn: Peggy Erb, 3000 Minuteman Road

City: Andover State: MA Zip Code: 01810

Telephone: 978-659-3907 Fax: 978-659-4722

E-mail: causby.lewis@philips.com Website: www.healthcare.philips.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7am to 7pm Tue: 7am to 7pm Wed: 7am to 7pm Thu: 7am to 7pm

Fri: 7am to 7pm Sat: closed Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Causby Lewis, Senior Logistics Manager

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☐ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

☒ Other: Medical supplies in support of monitoring equipment

**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: _____

Telephone: _____

2/21

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$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 MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: Praxair, Inc. #8101

Physical Address: 2300 East Pacific Coast Highway
(This must be a business address, we can not issue a license to a home address)

Mailing Address: "Same"

City: Wilmington State: CA Zip Code: 90744

Telephone Number: 562-983-2175 Fax Number: 562-983-2102

E-mail: Don-Medling@praxair.com Website: www.praxair.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: to Tue: to Wed: to Thu: to
Fri: to Sat: to Sun: to Holidays: to

24/7
365 days/yr

FACILITY ADMINISTRATOR INFORMATION

Name: Don Medling

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

- | | |
|--|---|
| <input checked="" 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> </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: Praxair, Inc. Telephone: 1-800-621-7100

Board Use Only

Received FEB 22 2012 Amount 500.00 Entity 59273

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

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<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 checked="" 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: Procare Pharmacy

Physical Address: 9191 Westminster Ave Garden Grove Ca 92844
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 9191 Westminster Ave

City: Garden Grove State: CA Zip Code: 92844

Telephone: 714-899-1111 Fax: 714-890-9073

E-mail: procarepharmacy991@gmail.com Website: www.oc.procarepharmacy.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:30 to 6:30 Tue: 9:30 to 6:30 Wed: 9:30 to 6:30 Thu: 9:30 to 6:30

Fri: 9:30 to 6:30 Sat: 9:30 to 1:30 Sun: 9:30 to 1:30 Holidays: to
close

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Chau Phan

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis
- Other: None

**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: Chris Zampino

Telephone: 702 451-8800

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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 checked="" 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: Rx Plus Pharmacies Inc dba Professional Pharmacy

Physical Address: 744 N. Waco Wichita KS 67203
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 744 N. Waco

City: Wichita State: KS Zip Code: 67203

Telephone: 316-263-5218 Fax: 316-263-1016

E-mail: mbryant@wichitapharmacy.com Website: wichitapharmacy.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 to 6:00 Tue: 8:30 to 6:00 Wed: 8:30 to 6:00 Thu: 8:30 to 6:00

Fri: 8:30 to 6:00 Sat: 9:00 to 6:00 Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Mark Bryant

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis
- Other: _____

**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: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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☒ New MDEG

☐ Ownership Change

(Please provide current license number if making changes: MP or MW _____)

☐ Publicly Traded Corporation – Pages 1,2,3,4

☐ Partnership – Pages 1,2,3,6

☒ Non Publicly Traded Corporation – Pages 1,2,3,5

☐ 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: PSP Medical Rentals & Sales

Physical Address: 11731 East Telegraph Road, Suite K, Santa Fe Springs
(This must be a business address, we can not issue a license to a home address) California 90670

Mailing Address: Same

City: _____ State: _____ Zip Code: _____

Telephone: (562) 801-4700 Fax: (562) 801-4711

E-mail: _____ Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00 AM to 5:00 PM Tue: 8:00 to 5:00 Wed: 8:00 to 5:00 Thu: 8:00 to 5:00
Fri: 8:00 to 5:00 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: HOWARD RUDIN

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

☐ Medical Gases**

☐ Assistive Equipment

☐ Respiratory Equipment**

☐ Parenteral and Enteral Equipment**

☐ Life-sustaining equipment**

☐ Orthotics and Prosthesis

☒ Diabetic Supplies

Other: _____

**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: Howard Rudin

Telephone: (562) 801-4700

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" 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: SAMKIN GLOBAL, INC.

Physical Address: 3948 SUNBEAM ROAD, SUITE 3
(This must be a business address, we can not issue a license to a home address)

Mailing Address: — N/A

City: JACKSONVILLE State: FL Zip Code: 32257

Telephone: (904) 900-3340 Fax: (904) 900-3455

E-mail: SUE@DIABETXCARE.COM Website: DIABETXCARE.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9AM to 5PM Tue: 9AM to 5PM Wed: 9AM to 5PM Thu: 9AM to 5PM

Fri: CLOSED Sat: CLOSED Sun: CLOSED Holidays: CLOSED

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: SUDHA (SUE) CHANGELA

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 checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: _____ Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW <u>NA</u>)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" 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: Sleepmed Therapies, Inc.
Physical Address: 959 E Walnut St., #125, Pasadena, CA 91106
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 200 Corporate Place, #5B
City: Peabody State: MA Zip Code: 01960
Telephone: 626-449-3033 Fax: 626-449-3549
E-mail: contracts@sleepmed.md Website: www.sleepmed.md

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 4 Tue: 9 to 4 Wed: 9 to 4 Thu: 9 to 4
Fri: 9 to 4 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Tracey Payne

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>CPAP's, BiPAP's</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: NA Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<input checked="" 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: Sleep RX, LLC

Physical Address: 7536 N. St. Louis, Skokie, IL 60076
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same

City: _____ State: _____ Zip Code: _____

Telephone: 847-676-4138 Fax: 847-676-4148

E-mail: gretchen@sleeprxonline.com Website: www.sleeprxonline.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 5pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pm

Fri: 9am to 5pm Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Gretchen Rakowicz

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input checked="" 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: _____ |

**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: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" 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: Southside Infusion

Physical Address: 7700 Main St. #210 Houston, TX. 77030
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7700 Main St. #210 Houston, TX. 77030

City: Houston State: TX Zip Code: 77030

Telephone: 713-660-8888 Fax: 713-661-4828

E-mail: Askari@SSRX.COM Website: WWW.SSRX.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8A to 6P Tue: 8A to 6P Wed: 8A to 6P Thu: 8A to 6P
Fri: 8A to 6P Sat: 9A to 3P Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Askari Nagvi, PIC

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 checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: _____ Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<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 checked="" 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: Specialized Medical Services, Inc.

Physical Address: 5343 N. 118th Ct., Milwaukee, WI 53225
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5343 N. 118th Ct.

City: Milwaukee State: WI Zip Code: 53225

Telephone: 414-476-1112 Fax: 414-476-6118

E-mail: johnm@specializedmed.com Website: www.specializedmed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 am to 4:30 pm Tue: 8 am to 4:30 pm Wed: 8 am to 4:30 pm Thu: 8 am to 4:30 pm

Fri: 8 am to 4:30 pm Sat: Closed to Sun: Closed to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Steven F. Marshall, President

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 checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: _____ Telephone: _____

2/21

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

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<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 checked="" 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: Stat Rx Pharmacy Inc
Physical Address: 235 E 167 Street, Bronx, NY 10456
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 235 E 167 Street
City: Bronx State: NY Zip Code: 10456
Telephone: 718 538-4754 Fax: 718 538-4802
E-mail: alexk@statrxpharmacy.com Website: statrxpharmacy.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9^{am} to 6^{pm} Tue: 9^{am} to 6^{pm} Wed: 9^{am} to 6^{pm} Thu: 9^{am} to 6^{pm}
Fri: 9^{am} to 5^{pm} Sat: closed Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Anh Thai Diep, R Ph

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 checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: N/A

Telephone: _____
Page 1

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" 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: Sun City Envision Home Medical Equipment LLC

Physical Address: 1625 Hawkins Blvd. Suite B

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

Mailing Address: Same as above

City: El Paso State: TX Zip Code: 79925-1201

Telephone: (915) 313-3600 Fax: (915) 313-0475

E-mail: jcenvision@yahoo.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm

Fri: 8am to 5pm Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Juan R. Carmona

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: _____

**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: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<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: Trinity Medical Solutions LLC

Physical Address: 1296 MaryJanne Avenue, Memphis, TN, 38116
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1296 MaryJanne Avenue

City: Memphis State: TN Zip Code: 38116

Telephone: (901) 461-5441 Fax: _____

E-mail: tmscarolyn@aol.com Website: NOT APPLICABLE

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8AM to 5PM Tue: 8AM to 5PM Wed: 8AM to 5PM Thu: 8AM to 5PM
Fri: 8AM to 5PM Sat: CLOSED Sun: CLOSED Holidays: CLOSED

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Carolyn Hunt

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 checked="" type="checkbox"/> Diabetic Supplies | Other: <u>DURABLE MEDICAL EQUIPMENT 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: _____ Telephone: _____

2/21

NEVADA STATE BOARD OF PHARMACY

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<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: Tri-State Medical, LLC

Physical Address: 3924 Main Street
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3924 Main Street

City: Weirton State: WV Zip Code: 26062

Telephone: 304 797-8746 Fax: 304 797-8752

E-mail: probinson@tristatemedicalgroup.com Website: tristatemedicalgroup.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9a to 5p Tue: 9a to 5p Wed: 9a to 5p Thu: 9a to 5p
Fri: 9a to 5p Sat: 9a to 3p Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Patricia Robinson

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 checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: Patricia Robinson
Tri-State Medical

Telephone: 888 297-8752

Page 1

24 hour Service / Emergency
507.71

NEVADA STATE BOARD OF PHARMACY

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

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Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Value Medical, Inc.

Physical Address: 107 Kiowa Lane
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 107 Kiowa Lane

City: Piedmont State: SC Zip Code: 29673

Telephone: 800-861-4965 Fax: 888-448-1725

E-mail: malford@valuemedical.com Website: www.valuemedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 6 Tue: 8 to 6 Wed: 8 to 6 Thu: 8 to 6

Fri: 8 to 6 Sat: - to - Sun: - to - Holidays: - to -

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: R. Brett Stewart

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 checked="" type="checkbox"/> Diabetic Supplies | Other: <u>N/A</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: N/A

Telephone: N/A

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: Virginia Med-Plus, INC.

Physical Address: 5037 Halifax Rd. Suite L-8
(This must be a business address, we can not issue a license to a home address)

Mailing Address: PO Box 1070

City: Halifax State: VA Zip Code: 24558

Telephone: 434-572-4274 Fax: 434-572-3033

E-mail: Manager@Vamcplus.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5

Fri: 8 to 5 Sat: - to - Sun: - to - Holidays: - to -

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Raquel Morgan

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input checked="" type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: Jeff Souza

Telephone: 888-525-0255

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)

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☒ New MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW _____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ 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: Walgreens Mail Service, Inc.

Physical Address: 8350 S. River Pkwy., Tempe, AZ 85284-2615
(This must be a business address, we can not issue a license to a home address)

Mailing Address: P.O. Box 901

City: Deerfield State: IL Zip Code: 60015

Telephone: 480-752-5200 Fax: 480-752-5271

E-mail: brady.bowen@walgreens.com Website: www.walgreensmail.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: to Tue: to Wed: to Thu: to 24 hrs./7 Days a week

Fri: to Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Darren Kennedy

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

- ☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☒ Diabetic Supplies
- ☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosthesis
 Other:

****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: _____ Telephone: _____

59459

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

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<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 checked="" 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: Walgreens Sleep and Respiratory Services

Physical Address: 1815 Gardner Road
(This must be a business address, we can not issue a license to a home address)

Mailing Address: PO Box 377 Deerfield, IL 60015

City: Broadview State: IL Zip Code: 60155-4401

Telephone: (708) 345-7400 Fax: (708) 450-1638

E-mail: jerry.bousk@walgreens.com Website: www.walgreenshealth.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00 to 5:00 Tue: 8:00 to 5:00 Wed: 8:00 to 5:00 Thu: 8:00 to 5:00 on call 24/7

Fri: 8:00 to 5:00 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jerry Bousk

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input checked="" 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: _____ |

**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: Joe Dodge Telephone: (702) 258-0011

59458

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

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<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 checked="" 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: F+ N PHARMA INC. DBA: WEST DRUG

Physical Address: 8526 WESTMINSTER AVE WESTMINSTER, CA. 92683
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 8526 WESTMINSTER AVE

City: WESTMINSTER State: CA Zip Code: 92683

Telephone: (714) 892-6916 Fax: (714) 893-6557

E-mail: CAPHARMA@AOL.COM Website: WWW.Westdrug.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 7 Tue: 9 to 7 Wed: 9 to 7 Thu: 9 to 7
Fri: 9 to 7 Sat: 10 to 5 Sun: - to - Holidays: - to -

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: FAYEK N. BICHA

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis
- Other: _____

**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: _____

Telephone: _____

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

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<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 checked="" 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: F+N PHARMA INC. DBA: WEST PHARMACY

Physical Address: 18061 BEACH BLVD HUNTINGTON BEACH, CA. 92648
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 18061 BEACH BLVD

City: HUNTINGTON BEACH State: CA Zip Code: 92648

Telephone: (714) 842-5390 Fax: (714) 842-5795

E-mail: CAPHARMA@AOL.COM Website: WWW.Westdrug.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 7 Tue: 9 to 7 Wed: 9 to 7 Thu: 9 to 7

Fri: 9 to 7 Sat: 10 to 5 Sun: - to - Holidays: - to -

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: FAYEK N. BICHA

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 checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: _____

Telephone: _____

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

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<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 checked="" 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: Western Medical Supplies

Physical Address: 3293 Harrison Blvd. Suite 210 Ogden, UT 84403.
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3293 Harrison Blvd. Suite 210

City: Ogden State: UT Zip Code: 84403

Telephone: 877-937-8342 Fax: 866-808-3418

E-mail: mike@westerndiabetic.com Website: westerndiabetic.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: to Wed: to Thu: to

Fri: to Sat: closed Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Mike Walsh

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 checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: _____ Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE Medical Device Equipment & Gases (MDEG)

SOLE OWNER

\$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 MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Winmar Diagnostics

Physical Address: 2700 12th Ave S Ste B Fargo ND 58103
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2700 12th Ave S Ste B Fargo ND 58103

City: Fargo State: ND Zip Code: 58103

Telephone Number: 701.235.7424 Fax Number: 701.239-4792

E-mail: Marcia.nelson@winmar-sleep.com Website: WWW.winmar-sleep.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5

Fri: 8 to 5 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

FACILITY ADMINISTRATOR INFORMATION

Name: Marcia Nelson

on call service available

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

- ☐ Medical Gases**
- ☒ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☐ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: pap supplies and accessories

**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: 24 hr. on-call available Telephone: 800.962.8145

Board Use On Received MAR 07 2012 Amount 500.00 Entity 59463 1

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE
PUBLICLY TRADED 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 X Name Change X Location Change _____
(Please provide current license number if making changes: PH01378)

GENERAL INFORMATION

Pharmacy Name: Community, A Walgreens Pharmacy

Physical Address: 901 South Rancho Drive, #20, Las Vegas, NV 89406

Mailing Address: PO Box 901

City: Deerfield State: IL Zip Code: 60015

Telephone Number: 847-527-4274 Fax Number: 847-368-6691

Toll Free Number: N/A

E-mail: joan.petrowski@walgreens.com Website: www.walgreens.com

Managing Pharmacist: Susan Bennett License Number: 12479

Hours of Operation:

Monday thru Friday 8:30 am 5:30 pm Saturday closed am _____ pm

Sunday closed am _____ pm 24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

Board Use Only

Received: **FEB 22 2012** Check Number: 419 Amount: 500.00

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Integricare Rx

Physical Address: 8725 Technology Way Ste C-1 Reno NV 89521

Mailing Address: PO Box 17448

City: Reno State: NV Zip Code: 89511

Telephone: 775-851-7788 Fax: 775-851-7787

Toll Free Number: —

E-mail: Jamie@iecanv.com Website: —

Managing Pharmacist: Christopher Shea License Number: 15026

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday — am — pm

Sunday — am — pm oncall 24 Hours — oncall

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 type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input checked="" type="checkbox"/> Long Term Care

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

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Kim's Better Health Pharmacy

Physical Address: 6850 Spring Mountain Rd Ste U-3 Las Vegas, NV 89146

Mailing Address: 3635 Hardwick Hall Way

City: Las Vegas State: NV Zip Code: 89135

Telephone: 702-686-4653 Fax: N/A

Toll Free Number: N/A

E-mail: kehkim1970@gmail.com Website: N/A

Managing Pharmacist: Ke Kim License Number: 12446

Hours of Operation:

Monday thru Friday 10 am 8 pm

Saturday 10 am 2 pm

Sunday closed am closed pm

24 Hours —

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input 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
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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA 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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b LLC
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: RED ROCK PHARMACY

Physical Address: 5243 W. CHARLESTON BLVD. #4 LAS VEGAS, NV 89146

Mailing Address: 5243 W. CHARLESTON BLVD. #4 LAS VEGAS, NV 89146

City: LAS VEGAS State: NV Zip Code: 89146

Telephone: NOT YET Fax: NOT YET

Toll Free Number: -

E-mail: NOT YET Website: NOT YET

Managing Pharmacist: RAJENDRA BHANDARI License Number: 13786

Hours of Operation:

Monday thru Friday <u>9</u> am <u>6</u> pm	Saturday <u>10</u> am <u>3</u> pm
Sunday <u>-</u> am <u>-</u> pm	24 Hours <u>-</u>

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|--|--|
| <input checked="" 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 type="checkbox"/> Out of State | <input type="checkbox"/> Mail Service |
| <input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Long Term Care |

PH02803

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Safeway Pharmacy # 1517

Physical Address: 890 W. Williams Ave.

Mailing Address: same

City: Fallon State: NV Zip Code: 89406

Telephone: 775-428-2330 Fax: 775-428-2335

Toll Free Number: _____

E-mail: _____ Website: www.Safeway.com

Managing Pharmacist: Jignesh Patel License Number: 16575

Hours of Operation:

Monday thru Friday <u>8</u> am <u>7</u> pm	Saturday <u>9</u> am <u>5</u> pm
Sunday <u>Closed</u> am _____ pm	24 Hours <u>—</u>

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**CAMERINA N. GAMBOA, RPH.
Certificate of Registration No. 16995**

Case No. 11-107-RPH-S

Respondent.

_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and make the following that will serve as both a Notice of Intended Action under Nevada Revised Statutes (NRS) 233B.127(3) and as an Accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Camerina N. Gamboa is a registered pharmacist with the Board.

II.

On or about September 28, 2011, the Nevada State Board of Pharmacy received notification from Richard Mazzoni, Director of Regulatory Compliance for CVS Caremark, that Respondent Gamboa had been terminated from employment from CVS #3172, located at 4391 East Washington Avenue in Las Vegas, Nevada.

III.

On September 20, 2011, CVS District Pharmacy Supervisor Jody Lewis and Candace Garvey, CVS Loss Prevention, interviewed Ms. Gamboa regarding two early refills of Soma for a CVS pharmacy patient. Ms. Gamboa admitted in her written statement that she refilled a prescription early because the patient indicated that he would not have the money when the prescription would normally be filled. Ms. Gamboa

not only filled the prescription once, but filled it a second time two days later. Ms. Gamboa refilled this prescription twice, knowing that the prescription had expired and that she had not contacted the prescriber for authorization to refill. In her written statement, Ms. Gamboa attributed the fills to not paying enough attention.

IV.

On September 28, 2011, Ms. Lewis and Ms. Garvey again interviewed Ms. Gamboa. At this meeting, Ms. Gamboa admitted to reducing the price of the controlled substance for the CVS patient that she filled and dispensed the expired prescriptions to because she had misquoted the price to the patient. She then charged him a price closer to the price she had quoted rather than the actual store price for the medication.

V.

During this interview, Ms. Gamboa was asked if she had filled a controlled substance prescription for hydrocodone 10/500 tablets for her mother that was also expired. Ms. Gamboa admitted that she had, but that her mother had given her prescriptions for medications which she put in her purse and forgot about. She did not think to call her mother's physician to get a new prescription for the hydrocodone. Ms. Gamboa also admitted that she had re-filled her mother's hydrocodone 10/500 expired prescription with more tablets than were prescribed. Ms. Gamboa admitted that she had taken two prescriptions out of the store without paying for them. She indicated in her written statement that she picked up four or five medications for her mother, however did not realize that two more non-controlled substance medications were in the bag that she had not paid for. Ms. Gamboa stated that she intended to pay for them when she returned to work after she discovered that she had more prescriptions than she had paid for.

FIRST CAUSE OF ACTION

VI.

In filling a prescription for a CVS patient twice for a controlled substance which Ms. Gamboa knew to be expired and without obtaining physician authorization, Ms. Gamboa violated Nevada Revised Statutes (NRS) 453.331(1)(d), 453.336(1) 639.210(1), (4), and/or (12) and/or Nevada Administrative Code (NAC) 639.945(1)(h) and/or (i).

SECOND CAUSE OF ACTION

VII.

In filling a controlled substance prescription that had expired for her mother and refilling it with more medication than was initially prescribed without obtaining a new prescription from her mother's physician, Ms. Gamboa violated NRS 453.331(1)(d), 453.336(1) and/or 639.210(1), (4) and/or (12) and/or NAC 639.945(1)(h) and/or (i).

THIRD CAUSE OF ACTION

VIII.

In removing two prescriptions for dangerous drugs from the pharmacy for her mother that she did not pay for, Ms. Gamboa violated NRS 639.210(1), (4) and/or (12) and/or NAC 639.945(1)(h) and/or (i).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 1st day of December, 2011.


Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within (15) days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING
Case No. 11-107-RPH-S**

**CAMERINA N. GAMBOA, RPH.
Certificate of Registration No. 16995,**

Respondent.

_____/

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the board by the Petitioner, Larry L. Pinson, Executive Secretary for the board, alleging grounds for imposition of disciplinary action by the board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has reserved Wednesday, January 18, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 18 day of December 2011.



Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CAMERINA N. GAMBOA, RPH.
Certificate of Registration No. 16995**

**ANSWER AND NOTICE
OF DEFENSE
Case No. 11-107-RPH-S**

Respondent.

_____/

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

///

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ____ day of _____, 2011.

Camerina N. Gamboa, R.Ph.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

v.

**SOTHY HIM, R.PH
Certificate of Registration No. 15426**

Case No. 10-048A-RPH-S

**JASON WILLIAMSON, R.PH
Certificate of Registration No. 17474**

Case No. 10-048B-RPH-S

**WALGREENS #07841
Certificate of Registration No. PH01942
Respondents.**

Case No. 10-048-PH-S

_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents because Respondent Sothy Him, RPh, (Certificate Number 15426) and Jason Williamson, RPh, (Certificate Number 17474) are registered pharmacists with the Board and Respondent Walgreens #07841 is a pharmacy licensed by the Board, located at 10510 Southern Highlands Parkway, Las Vegas, Nevada.

II.

On or about May 3rd, 2010 Ms. W picked up a prescription from Walgreens #07841 for her daughter, Patient H. Approximately two months previous to May 3rd, 2010, Patient H was diagnosed with depression and anxiety and was prescribed fluoxetine. Ms. W took the medication she received from the pharmacy home to her daughter and Patient H continued her therapy as directed by her physician.

III.

After taking the medication she was given, Patient H became lethargic and had difficulty focusing to the point that her grades began to suffer. Ms. W made an appointment to visit Patient H's psychiatrist on May 18th, 2010 to discuss the side effects of her medication.

IV.

On May 16th, 2010 a message was left on Ms. W's telephone recorder from the pharmacy indicating that there had been an error made on Patient H's prescription. Since the pharmacy was closed by the time Ms. W received the message, she contacted the pharmacy the following day and was advised that her daughter's medication had been mixed with temazepam, a sedative/hypnotic.

V.

During the investigation of this matter it was learned that Jason Williamson was the responsible pharmacist for verification of Patient H's prescription. It was determined that this was a Baker Cell filling error and that two different drugs were filled in the same Cell, Baker Cell #27. Until this error was brought to Mr. Williamson's attention, prescriptions were still being filled from Baker Cell #27. Mr. Williamson immediately went to Cell #27 and found temazepam 30 mg. capsules mixed in with fluoxetine 20 mg. capsules. Mr. Williamson tried to determine the number of prescriptions that had the potential to be contaminated and identified 20 such patients. He contacted pharmacy manager Sothy Him. Mr. Williamson was not satisfied with Mr. Him's direction in dealing with this serious matter, so Mr. Williamson made telephone calls to the patients that he identified as having contaminated medication advising them to stop taking their fluoxetine capsules and return their prescriptions to the pharmacy as soon as possible. He also completed incident reports for every patient that had received contaminated fluoxetine 20 mg. capsules, notified their physicians of the error and quarantined all returned medication. Mr. Williamson also contacted Walgreens District Pharmacy Supervisor, Holly Prieto advising her of the mass mis-fill.

VI.

At the time of this error Sothy Him was responsible for filling the Baker Cells. There was no log maintained in the pharmacy indicating lot numbers or expiration dates

of the medication contained in the Baker Cells. Labeling of the Baker Cells was not up to date with the trade name, manufacturer, strength, expiration date, lot number and the initials of the pharmacist who placed or verified the medication placed into the device. Stock bottles of fluoxetine 20 mg. capsules and temazepam 30 mg. capsules are both manufactured by Sandoz and the stock containers look identical. It was found that the temazepam 30 mg. capsules may have been stored in the wrong location and unintentionally placed in Baker Cell #27 where fluoxetine 20 mg. capsules were stored.

VII.

In written statements by several pharmacy staff members it was indicated that Sothy Him was the person responsible for filling the Baker Cell device. Only in his absence was another pharmacist allowed to complete that task and never a pharmaceutical technician. Mr. Him was overheard telling patients returning their medications to the pharmacy that one of the technicians filled the Baker Cell and just did not pay attention, and since this error occurred he would not allow technicians to fill the Baker Cells to avoid this from happening again. In Mr. Him's written statement, he regretted the error happened, however did not take responsibility for the incident.

FIRST CAUSE OF ACTION

VIII.

By verifying and dispensing temazepam 30 mg. capsules that were not prescribed for Patient H among her fluoxetine 20 mg. capsules, Mr. Williamson violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(i).

SECOND CAUSE OF ACTION

IX.

By failing to maintain a log or labeling the Baker Cell device drawers with the required information or have Policies and Procedures in place to address these requirements, Mr. Him violated NRS 639.210(4) and/or NAC 639.725 and/or 639.945(1)(i).

THIRD CAUSE OF ACTION

X.

In owning and operating the pharmacy in which Mr. Him and Mr. Williamson

committed the above violations, Walgreens #07841 violated NRS 639.210(4) and/or NAC 639.945(1)(i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 15th day of December, 2011.


Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING**

**SOTHY HIM, R.PH
Certificate of Registration No. 15426**

Case No. 10-048A-RPH-S

Respondent.

_____/

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the board by the Petitioner, Larry L. Pinson, Executive Secretary for the board, alleging grounds for imposition of disciplinary action by the board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

The Board has reserved Wednesday, January 18, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 15th day of December, 2011.



Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

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NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SOTHY HIM, R.PH

Certificate of Registration No. 15426

JASON WILLIAMSON, R.PH

Certificate of Registration No. 17474

WALGREENS #07841

Certificate of Registration No: PH01942

Respondents,

CaseNo:10-048A-RPH-S

CaseNo. 10-048B-RPH-S

Case No. 10-048-PH-S

WALGREEN'S ANSWER TO
INTENDED ACTION AND
ACCUSATION

COMES NOW, SOTHY HIM, Certificate of Registration No. 15426; JASON WILLIAMSON, Certificate of Registration No.17474; WALGREENS #07841, Certificate of Registration No: PH01942; by and through their attorney Robert C. Graham, Esq. of the Law Firm of Rob Graham & Associates and do hereby Answer the Intended Action and Accusation as follows:

1. As to Paragraph I, Respondent's admit the assertions of this paragraph..
2. As to Paragraph II, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
3. As to Paragraph III, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.

4. As to Paragraph IV, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
5. As to Paragraph V, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
6. As to Paragraph VI, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
7. As to Paragraph VII, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
8. As to Paragraph VIII, First Cause of Action, respondent JASON WILLIAMSON does not contest these assertions at this time on lack of knowledge or recollection of this allegation.

Respondent asserts in Respondent's defense and in mitigation the following factors that support this response:

Pharmacist Williamson asserts that he was not responsible for the filling and validation of the baker cells. He also took the necessary steps to verify what patients were given the wrong medication and documented all the contacts he made. He also took the effort to ensure that the patients who had digested the wrong medication were properly counseled and their prescribing doctors informed so that all parties were aware and the necessary procedures were followed.

- 9 As to Paragraph IX, Second Cause of Action , Respondent SOTHY HIM lacks full knowledge on the facts and circumstances sufficient with which to fully respond, and so does not contest the assertions contained due to lack of information on the matters contained therein.

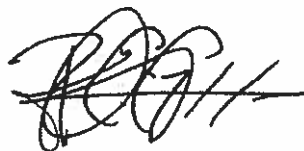
10. As to Paragraph X, Third Cause of Action, Respondent WALGREENS, denies the

allegations on lack of knowledge or recollection. Respondent asserts in Respondent's

defense and in mitigation the following factors that support this response:

Upon information and belief, the procedures and policies of Walgreens are clear as to Baker Cell logs or labeling requirements as well obligations of the pharmacist for verification of medications used to refill Baker Cell. Walgreens Policies and Procedures are also clear regarding verifying and dispensing of medications to patients as well as obligations of the pharmacist for accuracy. It is believed the inattentiveness of the Pharmacist by not verifying what medications were dispensed contributed to this error. It is also believed the inaction of the Pharmacist by not maintaining a log or labeling the Baker Cell device drawers with the required information as per Walgreen's Policies and Procedures contributed to the errors. At all times, Walgreens has had in place Policies and Procedures to address these requirements. As to Walgreens, the systems, Policies, and Procedures to catch such errors are in place and have proven effective over time. As such, Walgreens has fulfilled its licensing obligations.

WHEREFORE, Respondent(s) request a hearing on this matter to determine what transpired and the factual circumstances surrounding the alleged incidents, so as to address mitigating circumstances, as well as to receive direction to take corrective actions to avoid such an incident from occurring in the future. IN THE ALTERNATIVE, and as the Board may agree, Respondent(s) will attempt to come to a Stipulated Agreement of Action with the Board's Staff prior to any hearing and make a presentation to the Board regarding an agreed course of corrective action and where necessary disciplinary action.

A handwritten signature in black ink, appearing to read 'RCG' followed by a horizontal line and a checkmark-like flourish.

DATED THIS 29th day of December, 2011.

Robert C. Graham, Esq. Nevada Bar
No. 004016 10000 West Charleston
Blvd. #140 Las Vegas, Nevada
89135 (702) 255-6161
rgraham@lawyerswest.net Attorney
for Respondent

CERTIFICATE OF MAILING

I hereby certify that on December 29, 2011, service of the **WALGREEN'S ANSWER TO INTENDED ACTION AND ACCUSATION** was served by depositing a copy of same in the U.S. Mail in Las Vegas, Nevada, postage pre-paid, addressed to:

Larry L. Pinson
Executive Secretary
Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, Nevada 89509-3766

Carolyn J. Cramer
General Counsel
Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, Nevada 89509-3766



An Employee of Rob Graham & Associates

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SOTHY HIM, R.PH

Certificate of Registration No. 15426

JASON WILLIAMSON, R.PH

Certificate of Registration No. 17474

WALGREENS #07841

Certificate of Registration No: PH01942

CaseNo:10-048A-RPH-S

CaseNo. 10-048B-RPH-S

Case No. 10-048-PH-S

Respondents,

**WALGREEN'S ANSWER TO
INTENDED ACTION AND
ACCUSATION**

**COMES NOW, SOTHY HIM, Certificate of Registration No. 15426; JASON
WILLIAMSON, Certificate of Registration No.17474; WALGREENS #07841, Certificate of
Registration No: PH01942; by and through their attorney Robert C. Graham, Esq. of the Law
Firm of Rob Graham & Associates and do hereby Answer the Intended Action and Accusation as
follows:**

- 1. As to Paragraph I, Respondent's admit the assertions of this paragraph..**
- 2. As to Paragraph II, Respondents do not contest the assertions at this time due to lack of
knowledge or recollection of this allegation.**
- 3. As to Paragraph III, Respondents do not contest the assertions at this time due to lack of
knowledge or recollection of this allegation.**

4. As to Paragraph IV, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
5. As to Paragraph V, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
6. As to Paragraph VI, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
7. As to Paragraph VII, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
8. As to Paragraph VIII, First Cause of Action, respondent JASON WILLIAMSON does not contest these assertions at this time on lack of knowledge or recollection of this allegation.

Respondent asserts in Respondent's defense and in mitigation the following factors that support this response:

Pharmacist Williamson asserts that he was not responsible for the filling and validation of the baker cells. He also took the necessary steps to verify what patients were given the wrong medication and documented all the contacts he made. He also took the effort to ensure that the patients who had digested the wrong medication were properly counseled and their prescribing doctors informed so that all parties were aware and the necessary procedures were followed.

- 9 As to Paragraph IX, Second Cause of Action , Respondent SOTHY HIM lacks full knowledge on the facts and circumstances sufficient with which to fully respond, and so does not contest the assertions contained due to lack of information on the matters contained therein.

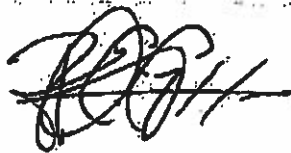
10. As to Paragraph X, Third Cause of Action, Respondent WALGREENS, denies the

allegations on lack of knowledge or recollection. Respondent asserts in Respondent's

defense and in mitigation the following factors that support this response:

Upon information and belief, the procedures and policies of Walgreens are clear as to Baker Cell logs or labeling requirements as well obligations of the pharmacist for verification of medications used to refill Baker Cell. Walgreens Policies and Procedures are also clear regarding verifying and dispensing of medications to patients as well as obligations of the pharmacist for accuracy. It is believed the inattentiveness of the Pharmacist by not verifying what medications were dispensed contributed to this error. It is also believed the inaction of the Pharmacist by not maintaining a log or labeling the Baker Cell device drawers with the required information as per Walgreen's Policies and Procedures contributed to the errors. At all times, Walgreens has had in place Policies and Procedures to address these requirements. As to Walgreens, the systems, Policies, and Procedures to catch such errors are in place and have proven effective over time. As such, Walgreens has fulfilled its licensing obligations.

WHEREFORE, Respondent(s) request a hearing on this matter to determine what transpired and the factual circumstances surrounding the alleged incidents, so as to address mitigating circumstances, as well as to receive direction to take corrective actions to avoid such an incident from occurring in the future. IN THE ALTERNATIVE, and as the Board may agree, Respondent(s) will attempt to come to a Stipulated Agreement of Action with the Board's Staff prior to any hearing and make a presentation to the Board regarding an agreed course of corrective action and where necessary disciplinary action.



DATED THIS 29th day of December, 2011.

Robert C. Graham, Esq. Nevada Bar
No. 004016 10000 West Charleston
Blvd. #140 Las Vegas, Nevada
89135 (702) 255-6161
rgraham@lawyerswest.net Attorney
for Respondent

CERTIFICATE OF MAILING

I hereby certify that on December 29, 2011, service of the **WALGREEN'S ANSWER TO INTENDED ACTION AND ACCUSATION** was served by depositing a copy of same in the U.S. Mail in Las Vegas, Nevada, postage pre-paid, addressed to:

Larry L. Pinson
Executive Secretary
Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, Nevada 89509-3766

Carolyn J. Cramer
General Counsel
Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, Nevada 89509-3766



An Employee of Rob Graham & Associates

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SOTHY HIM, R.PH

Certificate of Registration No. 15426

JASON WILLIAMSON, R.PH

Certificate of Registration No. 17474

WALGREENS #07841

Certificate of Registration No: PH01942

CaseNo:10-048A-RPH-S

CaseNo. 10-048B-RPH-S

Case No. 10-048-PH-S

Respondents,

**WALGREEN'S ANSWER TO
INTENDED ACTION AND
ACCUSATION**

COMES NOW, SOTHY HIM, Certificate of Registration No. 15426; JASON WILLIAMSON, Certificate of Registration No.17474; WALGREENS #07841, Certificate of Registration No: PH01942; by and through their attorney Robert C. Graham, Esq. of the Law Firm of Rob Graham & Associates and do hereby Answer the Intended Action and Accusation as follows:

- 1. As to Paragraph I, Respondent's admit the assertions of this paragraph..**
- 2. As to Paragraph II, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.**
- 3. As to Paragraph III, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.**

4. As to Paragraph IV, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
5. As to Paragraph V, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
6. As to Paragraph VI, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
7. As to Paragraph VII, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
8. As to Paragraph VIII, First Cause of Action, respondent JASON WILLIAMSON does not contest these assertions at this time on lack of knowledge or recollection of this allegation.

Respondent asserts in Respondent's defense and in mitigation the following factors that support this response:

Pharmacist Williamson asserts that he was not responsible for the filling and validation of the baker cells. He also took the necessary steps to verify what patients were given the wrong medication and documented all the contacts he made. He also took the effort to ensure that the patients who had digested the wrong medication were properly counseled and their prescribing doctors informed so that all parties were aware and the necessary procedures were followed.

- 9 As to Paragraph IX, Second Cause of Action , Respondent SOTHY HIM lacks full knowledge on the facts and circumstances sufficient with which to fully respond, and so does not contest the assertions contained due to lack of information on the matters contained therein.

10. As to Paragraph X, Third Cause of Action, Respondent WALGREENS, denies the

allegations on lack of knowledge or recollection. Respondent asserts in Respondent's

defense and in mitigation the following factors that support this response:

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WHEREFORE, Respondent(s) request a hearing on this matter to determine what transpired and the factual circumstances surrounding the alleged incidents, so as to address mitigating circumstances, as well as to receive direction to take corrective actions to avoid such an incident from occurring in the future. IN THE ALTERNATIVE, and as the Board may agree, Respondent(s) will attempt to come to a Stipulated Agreement of Action with the Board's Staff prior to any hearing and make a presentation to the Board regarding an agreed course of corrective action and where necessary disciplinary action.

A handwritten signature in black ink, appearing to read 'R. C. Graham', with a stylized flourish at the end.

DATED THIS 29th day of December, 2011.

Robert C. Graham, Esq. Nevada Bar
No. 004016 10000 West Charleston
Blvd. #140 Las Vegas, Nevada
89135 (702) 255-6161
rgraham@lawyerswest.net Attorney
for Respondent

CERTIFICATE OF MAILING

I hereby certify that on December 29, 2011, service of the **WALGREEN'S ANSWER TO INTENDED ACTION AND ACCUSATION** was served by depositing a copy of same in the U.S. Mail in Las Vegas, Nevada, postage pre-paid, addressed to:

Larry L. Pinson
Executive Secretary
Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, Nevada 89509-3766

Carolyn J. Cramer
General Counsel
Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, Nevada 89509-3766



An Employee of Rob Graham & Associates

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II.

On October 14, 2011, a complaint was filed with the Nevada State Board of Pharmacy by Tony Frederick from the Southern Nevada Health District, Office of Epidemiology. The complaint was based on a report filed by Dr. Fleming Fuller Royal, M.D., H.M.D, who reported nine of his patients presented themselves sick after receiving calcium gluconate intravenously at Dr. Royal's practice, the Nevada Clinic. Dr. Royal had reported that three of his patients had gone to the hospital for treatment, with two being admitted to the hospital and one being treated at the emergency room and released. The remaining patients were treated as outpatients.

III.

Dr. Royal had treated one patient with calcium gluconate intravenously on September 26, 2011 and the eight other patients on September 27, 2011. The calcium gluconate that Dr. Royal had administered intravenously had been compounded by and obtained from Pathway. Dr. Royal reported that on September 28, 2011, the nine patients presented themselves to him sick, all having similar symptoms such as nausea, chills, diarrhea, weakness, aches and fever. Dr. Royal diagnosed all nine patients as having "IV Sepsis." Dr. Royal reported the incident to Pathway and Respondent Crowley obtained three vials of 100 ml preservative-free calcium gluconate. Dr. Royal reported that one vial compounded and provided by Pathway had been used and that two other vials were sealed and unused. Dr. Royal stated that the one used vial and one of the sealed vials were sent to Clinical Pathology Laboratories and that both the used and the unused vials tested positive for Gram Negative Bacilli. A specific microorganism was not identified in the testing. Once Dr. Royal was certain that the source of the contamination had come from Pathway, as both the sealed and

opened vials were infected, he returned to Pathway and obtained one of the unopened 100 ml vials of calcium gluconate so he could have it tested to learn the specific bacteria within the vials. Dr. Royal shipped the vial to an out-of-state laboratory for further testing, but the vial broke in transit and it was not able to be tested.

IV.

Board Staff questioned Respondent Brown who stated that the calcium gluconate provided by Pathway to Dr. Royal was found to be contaminated. Respondent Brown told Board Staff that Pathway recovered three 100 ml vials of calcium gluconate from Dr. Royal's office: two of the vials were sealed and unopened and one was opened and almost empty. Respondent Brown confirmed that Pathway had sent one open vial and one unopened vial to Clinical Pathology Laboratories to be tested and showed Board Staff the results that showed both vials tested positive for Gram Negative Bacilli. Respondent Brown stated that the calcium gluconate powder that was used to compound the calcium gluconate for Dr. Royal was obtained from Letco and that Respondent Crowley was involved in the compounding of the products.

V.

Respondent Brown was told by Respondent Crowley that the calcium gluconate that was provided to Dr. Royal was compounded in 100 ml preservative-free vials. Respondent Brown stated that Respondent Crowley could not provide him with a reason why 100 ml preservative free vials were sent to Dr. Royal. Respondent Brown reported to Board Staff that Respondent Crowley told him that Dr. Royal intended to administer 10 ml doses drawn from each vial so as to serve at least 10 patients per 100 ml vial. Respondent Brown stated that it was his opinion that a

preservative-free 100 ml vial should be used for a single use only and not multi-dose.

Respondent Brown stated that he was not aware that these vials were being compounded for Dr. Royal until the contamination was discovered.

VI.

Board Staff contacted Renee Swain, RN, a nurse employed at the Nevada Clinic to understand how the 100 ml vials of the compounded calcium gluconate were used to treat the patients at the Nevada Clinic. Nurse Swain admitted that she did not know that the 100 ml vials of calcium gluconate were preservative-free and should only have been used as single dose vials. Nurse Swain stated that she had routinely used other preservative-free injectables for multi-dose use.

VII.

Board Staff contacted Respondent Crowley who said it was Nurse Swain who would typically contact him telephonically to order the compounded products that would be administered at the Nevada Clinic. Respondent Crowley stated that he always provided preservative-free vials to Dr. Royal. When asked why he would provide Dr. Royal with preservative-free multi-dose vials and not single-use vials, Mr. Crowley said he was simply filling the order that had been requested by the clinic. Respondent Crowley was not aware if the Nevada Clinic had the proper equipment to make sterile use of the multi-dose vials.

VIII.

Respondent Crowley explained to Board Staff that he had a discussion with Alex Hendrix, PT, regarding the compounding of the calcium gluconate and the difficulties with compounding the 5% and 10% calcium gluconate solutions because the product always precipitated out, usually within 24 hours of making the product. Respondent

Crowley stated that there was a shortage of calcium gluconate and at one point he attempted to compound the calcium gluconate based on an urgent request from Dr. Royal. Respondent Crowley stated that at least three 100 ml vials were made and provided to Dr. Royal but added he could not recall if he was the pharmacist who delivered the product to the Nevada Clinic. Respondent Crowley said that several days after the product had been delivered to the Nevada Clinic, Pathway got a telephone call from the Nevada Clinic regarding adverse reactions that patients were having to the calcium gluconate. Respondent Crowley stated that he went to the Nevada Clinic and met with Dr. Royal and took three vials back to Pathway, one opened and two unopened, and the one open vial and one of the unopened vials were sent in for testing. Respondent Crowley reported to Board Staff that both vials tested positive for Gram Negative Bacillus. In his written statement to Board Staff, Respondent Crowley acknowledged that he must have been the pharmacist who delivered the three vials of calcium gluconate to the Nevada Clinic.

IX.

Mr. Hendrix stated to Board Staff that he began working as a pharmaceutical technician at Pathway in March of 2011, and in April of 2011 calcium gluconate became unavailable. Mr. Hendrix recalled that Respondent Crowley presented him with the work sheet for calcium gluconate but the product was never successfully compounded. The calcium gluconate used was purchased from Letco and did not indicate on the label that it was intended for use by injection. Mr. Hendrix told Board Staff that Respondent Crowley had researched why the compounding had failed, and Respondent Crowley discovered that they had been using the wrong ingredients to compound the calcium gluconate. Respondent Crowley discovered that calcium

gluconate USP anhydrous for injections and calcium saccharate were the products needed, whereas the calcium gluconate he had obtained from Letco and had been using was a dietary supplement intended for oral dosing. In May 2011, both of the correct products were ordered from PCCA. According to Mr. Hendrix, Respondent Crowley wrote on the calcium glucomate from Letco, "Do not use for injection". Mr. Hendrix told Board Staff that later, the correct form of calcium gluconate again became unavailable and the correct ingredient that had been obtained from PCCA was on back order.

X.

Mr. Hendrix stated to Board Staff that he overheard the conversation between Respondent Crowley and Nurse Swain making the order for the calcium gluconate for the Nevada Clinic. According to Mr. Hendrix, Respondent Crowley contacted Letco and obtained instructions from Letco to bring the calcium gluconate almost to a boil which would cause the powder to liquify. Thereafter, Mr. Crowley directed Mr. Hendrix to compound the calcium gluconate using the calcium gluconate from Letco on which Respondent Crowley had earlier written, "Do not use for injection." Alex Hendrix stated he pulled the work sheet for the calcium gluconate and entered the information into the computer system.

XI.

Board Staff learned from Respondent Brown that when a lot number was entered into the Pathway computer system, it would change all the history (lot numbers) within the system for any of that specific product previously compounded. Respondent Brown stated when Mr. Hendrix pulled up the worksheet; he failed to check the lot

number and also failed to manually record the proper lot number on the worksheet. Respondent Brown further stated the approving pharmacist should have caught the discrepancy at the time the product was approved.

XII.

On September 21, 2011, Mr. Hendrix compounded the calcium gluconate 100 ml vials for the Nevada Clinic using the Letco calcium gluconate ingredient that was not intended for injectable use. Mr. Hendrix spent seven hours heating the product in order for it to clear. According to Mr. Hendrix, when he told Respondent Crowley the product had cleared, it made Respondent Crowley very happy. Mr. Hendrix told Respondent Crowley that they should wait a few days before using the product to see if the product would actually stay in solution. Mr. Hendrix stated that after the product had cooled to room temperature, he filtered it and labeled the 100 ml vials. Mr. Hendrix stated that the worksheet he made up was for 1,000 ml but he ended up with only 800 ml because he had spilled part of the solution.

When Board Staff asked where in the pharmacy Mr. Hendrix had compounded the calcium gluconate, he indicated an area in the pharmacy that had been previously inspected by Board Staff on August 30, 2011 and was found not to be compliant with Nevada law with respect to sterile compounding and advised not to be used for sterile compounding. Then Mr. Hendrix stated that he left for the day and when he saw the vials he had compounded the following day, he observed three of the 100 ml vials were missing. It was Mr. Hendrix's opinion that Respondent Crowley was the only person who could have delivered the three 100 ml vials of calcium gluconate to the Nevada Clinic.

XIII.

Respondent Badten confirmed to Board Staff that she heard Respondent Crowley direct Mr. Hendrix to compound the calcium gluconate around September 20, 2011 and that she had been the pharmacist to verify the compounded product. Ms. Badten recalled that Mr. Hendrix had compounded the calcium gluconate as directed by Mr. Crowley and had documented the directions given to him by Mr. Crowley on how to compound the product. Ms. Badten stated Mr. Hendrix produced three 100 ml vials for her to verify and she checked the math on the worksheet, verified that the labels matched what was on the formula log, checked that the consistency was clear, and then she signed the log sheet. Ms. Badten also recalled Mr. Hendrix telling Mr. Crowley that they should wait a few days before using the product to see if the product remained in solution. Ms. Badten stated that at no time did she see the raw products used in the compounded product, nor did she see them at the time she reviewed the three vials and the compounding worksheet for verification.

Pursuant to an uncodified regulation that became effective on September 18, 2008 identified by the Legislative Counsel Bureau as R035-06 (hereinafter R035-06), Section 15 defines "High-risk sterile compounded drug product" to mean a sterile compounded drug which is compounded by a pharmacist or a pharmaceutical technician and satisfies the requirements set forth in section 45 of this regulation. Section 45 of R035-06 states that a compounded drug product is a high-risk sterile compounded drug product if the compounded drug product is required to be sterile for its effective administration, the sterile compounded drug product is contaminated with or at a high risk of becoming contaminated with infectious microorganisms and if one or more of the ingredients or devices used in the compounding process are

non-sterile or one or more of the ingredients or devices used in the compounding process were sterile but were exposed or are suspected of having been exposed for more than 1 hour to an air quality inferior to an ISO Class 5 environment. In this case, the calcium gluconate product compounded at Mr. Crowley's direction by Mr. Hendrix and verified later by Ms. Badten was a high-risk sterile product pursuant to Section 45 of R035-06.

Section 47 of R-35-06 requires that all sterile high-risk products must be batch tested, meaning that before the product can be administered to a patient it must be tested for sterility and endotoxins. Board Staff's investigation revealed that the batch of calcium gluconate that was eventually provided by Mr. Crowley to Dr. Royal for administration by Dr. Royal to his patients had not been batch tested.

FIRST CAUSE OF ACTION

XIV.

In using an ingredient in the compounded calcium gluconate injectable that was labeled as a dietary supplement for oral use (not for compounding in an injectable form), Mr. Crowley violated NRS 639.210(4) and/or (12) and NAC 639.945(1)(a).

SECOND CAUSE OF ACTION

XV.

In failing to batch test the calcium gluconate prior to providing the product to Dr. Royal for administration to patients, Mr. Crowley, Mr. Brown, Ms. Badten, and Pathway violated NRS 639.210(4) and/or (12) and Section 47 of R035-06 and/or NAC 639.945(1)(i).

THIRD CAUSE OF ACTION

XVI.

In compounding calcium gluconate product in 100 ml preservative-free vials to be sold to a physician's office for multi-dose use, Mr. Crowley and Pathway violated NRS 639.210(4) and/or (12) and NAC 639.945(1)(a) and/or (i)

FOURTH CAUSE OF ACTION

XVII.

In failing to keep accurate records reflecting the products and method of preparation for the compounded calcium gluconate, Mr. Brown and Pathway violated NRS 639.210(4) and/or (15) and/or Section 31 of R035-06 and/or NAC 639.914 and/or 639.945(i).

FIFTH CAUSE OF ACTION

XVIII.

In compounding the calcium gluconate, a high-risk sterile product, in an area of the pharmacy that Board Staff had previously indicated could not be used for that purpose until it complied with Section 36 of R035-06, Mr. Brown, Mr. Crowley and Pathway violated NRS 639.210(4) and/or NAC R035-06, Sec. 36 and NAC 639.945(1)(i).

SIXTH CAUSE OF ACTION

XIX.

In failing to verify the correctness of the entirety of the compounding of the calcium gluconate as prepared and presented to her by Mr. Hendrix, especially where the label would have reasonably indicated that the order might be incorrect, Ms. Badten violated NRS 639.210(4) and/or NAC 639.245(2)(b) and (c), and/or NAC 639.467(3),

and/or 639.945(1)(i).

SEVENTH CAUSE OF ACTION

XX.

In owning and operating the pharmacy in which all of the above factual allegations and legal violations occurred, Pathway violated NRS 639.210(4) and NAC 639.945(1)(i) and (2) and/or all other legal violations alleged in the First through Sixth Causes of Action.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 1st day of December, 2011.


Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING**

**MICHELLE BADTEN, R.Ph.,
Certificate of Registration No: #14966**

Case No. 11-092A-RPH-S

Respondent.

_____/

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the board by the Petitioner, Larry L. Pinson, Executive Secretary for the board, alleging grounds for imposition of disciplinary action by the board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

The Board has reserved Wednesday, January 18, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 14th day of December, 2011.



Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND
NOTICE OF DEFENSE

MICHELLE BADTEN, R.Ph.,
Certificate of Registration No: #14966
Respondent.

Case No. 11-092A-RPH-S

_____/

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2011.

Michelle Badten, R.Ph

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Faxed 1/5/12 to 775-850-1444

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND
NOTICE OF DEFENSE

KENTON CROWLEY, R.Ph.,
Certificate of Registration No: #15858
Respondent.

Case No. 11-092B-RPH-S

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or Insert "none").

See my objections under # 2
on page 2

///

Page 1

Kenton Crowley
40970 Alton Court
Temecula, CA 92591

01/05/12

RE: Answer and Notice of Defense, Case#: 11-092B-RPH-S

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

First Cause of Action: False, the label on the bottle of Calcium Gluconate Anhydrous, USP, does not state anything to the fact that it is only for dietary supplements. The statement and conclusion is not factual and miss-represented by this Action.

Second Cause of Action: False, I personally used the Letco broth media used for Injectable batch testing for this product. It caused an immediate precipitate, which prompted me to contact Letco and then the company that makes the product to explain what the reaction was. A process was put in place to obtain the correct test media for this particular product.

Third Cause of Action: Partly true and will need to be discussed at my hearing.

Fourth Cause of Action: No Comment

Fifth Cause of Action: Mr. Crowley was with his wife on September 21 (my birthday) and did not go to the pharmacy to observe anything going on or was in a position to direct, supervise or observe staff and the making of the Ca Gluconate. I am not a party to this Action.

Six Cause of Action: No Comment

Seventh Cause of Action: No Comment

This page is to be inserted into the Answer And Notice of Defense response.

I have requested that an extension be made on this Action as my attorney is in Trial. I cannot find an attorney in this amount of time to replace him. I will be in attendance when requested on 1/18/12 but request an extension for a formal reply.


Page 2

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

See page 2 -

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 5th day of January, 2011.


Kenton Crowley, R.Ph

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND
NOTICE OF DEFENSE

TIMOTHY BROWN, R.Ph.,
Certificate of Registration No: #13529
Respondent.

Case No. 11-092C-RPH-S

_____/

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2011.

Timothy Brown, R.Ph

Answers to Intended Actions

Case #'s 11-092A-RPH-S, 11-092B-RPH-S, 11-092C-RPH-S, 11-092-PH-S

First: No objection

Second: Object on the grounds that there was no requirement to batch test the Calcium. Myself, Ms. Badten and Pathway Pharmacy had no obligation to batch test the product as USP 797 clearly excludes under these circumstances. There was no violation of NRS 639.310(4), NAC 639.945 or R035.36. Additionally, Pathways has a policy and practice for proper batch testing as required under USP 797. Documentation of Policy and procedure as well as log were provided to inspectors. However, Mr. Crowley by removing these items from the pharmacy with the knowledge that they would be used in such a manner as to be for multi-use without disclosing that, is guilty of unprofessional behavior.

Third: The transaction was handled at every step by Mr. Crowley acting completely outside the authority and established Policies and Procedures of Pathway Pharmacy.

Fourth: As explained to the Board inspectors, our software program precludes the changing of any one product without changing the entire electronic history of that product's compounding logs. As this particular compounding was to be an 'experiment' based on information received by wholesaler it was not certain it would work. A new formula was not generated. This product was not to be used until it was known that it would successfully stay in solution. At that time a new formula would be created. Mr. Crowley by absconding with the product without anyone else's knowledge and not giving an appropriate settling out period is solely guilty of this violation.

Fifth: Object on multiple grounds. Product was not compounded in an unapproved area of the pharmacy. Only the filtration stage was done in the cleanroom in question and we had received approval to do sterile transfers in that room. Additionally, the area was restricted from high risk compounding base on a misinterpretation of USP 797 on behalf of the Board Inspectors. The required buffer area referred to in USP 797 refers to the class 7 room wherein the class 5 hood resides. This clause was included to prohibit the practice of many hospitals and mom and pop shops of having a class 5 hood in the middle of a non sterile room. We also provided documentation that area immediately outside cleanroom meets class 8 standards, the only requirement for an *anteroom*.


Sixth: Object to statement, "where the label would have reasonably indicated that the order might be incorrect.

Seventh: Pathway has strict policies and procedures in place regarding the compounding of medications that are in compliance with USP 795 and 797 standards. Mr. Crowley not only refused to comply with these standards, he threatened and intimidated others into non compliance. He is delusional and convinced others that he was an owner of the pharmacy. He used deception, volatile outbursts, verbal and even physical abuse to get his way. His behavior is solely behind every cause of action. The Board is well aware of Mr. Crowley's non-compliance to rules and inability to exercise good judgment for any period of time. I am sure that they can also be sympathetic to our giving Mr. Crowley more chances than he deserved. As long as Mr. Crowley is allowed to practice pharmacy, he will be a jeopardy to the public, his employers, co workers and himself.

In Summary

As Pathway had the Policies and Procedures in place and under Mr Brown's leadership were being introduced and enforced, the problem lay solely in Mr Crowley's rogue behavior. Whether out of spite or malice or plain recklessness, Mr. Crowley refused to follow the rules and threatened and intimidated other employees when they did. The solution was to remove Mr Crowley from service. It is with great respect and admiration that I applaud the Board in enforcing this higher level of standards for compounding pharmacy practice. Perhaps a bit overdue, as I sat on the committee which reviewed USP 797 and worked on incorporating it into all pharmacy practices back in 2007. The standards were originally to have taken effect in 2008. At Pathway pharmacy we strive to be a model compounding pharmacy and have and will continue to cooperate with the Board of Pharmacy in all matters pertaining to meeting this end.

Signed This 29th day of December, 2011

A handwritten signature in black ink, appearing to read "Timothy A Brown RPh", written over a horizontal line.

Timothy A Brown RPh
Pharmacy Manager
Pathway Specialty Compounds

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2011.

type or print name

For Pathway Specialty Compounds

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

v.

**NAKESHA HENDERSON, PT
Certificate of Registration No. PT05977,**

Case No. 12-013-PT-S

Respondent.

_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Henderson is a registered pharmaceutical technician with the Board.

II.

On or about January 31, 2012, Board staff was notified that Ms. Henderson had been terminated from employment as a pharmaceutical technician at CVS/pharmacy #8800. An internal investigation into the loss of controlled substances was conducted at CVS/pharmacy #8800. Ms. Henderson was interviewed by CVS/pharmacy's loss prevention personnel and she confessed to having diverted controlled substances from the pharmacy. In a written statement Ms. Henderson indicated that she had been taking the drugs to sell because she was unable to pay her rent and bills and because her family was being threatened if she did not provide the drugs to the purchasing party when they were requested. Ms. Henderson estimated that she had taken approximately 5 bottles of 500 hydrocodone/APAP 10/500 tablets and 3 bottles of 500 hydrocodone/APAP 10/325 tablets.

FIRST CAUSE OF ACTION

III.

In removing controlled substances referenced in averment II without a prescription therefore, Ms. Henderson violated (NRS) 453.331(1)(d), and/or 453.336(1) and/or 639.210(1) and/or (4) and/or Nevada Administrative Code (NAC) 639.945(1)(h).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 6th day of March, 2012.



Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING**

**NAKESHA HENDERSON, PT
Certificate of Registration No. PT05977,**

Case No. 12-013-PT-S

Respondent.

_____ /

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the board by the Petitioner, Larry L. Pinson, Executive Secretary for the board, alleging grounds for imposition of disciplinary action by the board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has reserved Wednesday, April 18, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 6th day of March, 2012.



Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**ANSWER AND NOTICE
OF DEFENSE**

**NAKESHA HENDERSON, PT
Certificate of Registration No. PT05977,**

Case No. 12-013-PT-S

Respondent.

_____ /

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2012.

Nakesha Henderson, PT

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

v.

**DARYL COLEMAN, PT
Certificate of Registration No. PT11284,**

Case No. 12-012-PT-S

Respondent.

_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Jett is a registered pharmaceutical technician with the Board.

II.

On or about January 18, 2012, Board staff was notified that Ms. Coleman had been terminated from employment as a pharmaceutical technician at CVS/pharmacy #8827. An internal investigation into the loss of controlled substances was conducted at CVS/pharmacy #8827. Ms. Coleman was interviewed by CVS/pharmacy's loss prevention personnel and she confessed to having diverted controlled substances from the pharmacy. In a written statement Ms. Coleman indicated that she had been taking the drugs to sell because she was unable to pay her bills and obtain necessities for her children. Ms. Coleman also admitted that she took some of the controlled substances for her personal use. Ms. Coleman estimated that she took approximately 30 to 32 bottles of 500 hydrocodone/APAP 10/500 tablets, 6 to 7 bottles of 100 Alprazolam 2 mg.

tablets plus approximately 400 tablets from a bottle of 500, 4 to 5 bottles of 100 Alprazolam 1 mg. tablets, 1 bottle of 100 Xanax 2 mg. tablets plus 40 or 50 tablets from another bottle, and 1 bottle Suboxone 8 mg. tablets.

FIRST CAUSE OF ACTION

III.

In removing controlled substances referenced in averment II without a prescription therefore, Ms. Coleman violated (NRS) 453.331(1)(d), and/or 453.336(1) and/or 639.210(1) and/or (4) and/or Nevada Administrative Code (NAC) 639.945(1)(h).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 6th day of March, 2012.


Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING**

**DARYL COLEMAN, PT
Certificate of Registration No. PT11284,**

Case No. 12-012-PT-S

Respondent.

_____/

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the board by the Petitioner, Larry L. Pinson, Executive Secretary for the board, alleging grounds for imposition of disciplinary action by the board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has reserved Wednesday, April 18, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 6th day of March, 2012.


Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**ANSWER AND NOTICE
OF DEFENSE**

**DARYL COLEMAN, PT
Certificate of Registration No. PT11284,**

Case No. 12-012-PT-S

Respondent.

_____ /

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2012.

Daryl Coleman, PT

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

v.

**PAMELA JETT, PT
Certificate of Registration No. PT05535,**

Case No. 12-011-PT-S

Respondent.

_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Jett is a registered pharmaceutical technician with the Board.

II.

On or about January 18, 2012, Board staff was notified that Ms. Jett had been terminated from employment as a pharmaceutical technician at CVS/pharmacy #5792. An internal investigation into the loss of controlled substances was conducted at CVS/pharmacy #5792. Ms. Jett was interviewed by CVS/pharmacy's loss prevention personnel and she confessed to having diverted controlled substances from the pharmacy. In a written statement Ms. Jett indicated that she had been taking the drugs for her nephew because he asked her to obtain drugs for him. Ms. Jett complied with his requests because she wanted to keep him away from her home. Ms. Jett admitted that she took approximately 40 to 50 bottles of 100 hydrocodone/APAP 10/500 tablets and three bottles of 30 Suboxone 8 mg. tablets.

FIRST CAUSE OF ACTION

III.

In removing controlled substances, namely hydrocodone/APAP 10/500 tablets and Suboxone 3 mg. tablets without a prescription therefore, Ms. Jett violated (NRS) 453.331(1)(d), and/or 453.336(1) and/or 639.210(1) and/or (4) and/or Nevada Administrative Code (NAC) 639.945(1)(h).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 6th day of March, 2012.



Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING**

**PAMELA JETT, PT
Certificate of Registration No. PT05535,**

Case No. 12-011-PT-S

Respondent.

_____/

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the board by the Petitioner, Larry L. Pinson, Executive Secretary for the board, alleging grounds for imposition of disciplinary action by the board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has reserved Wednesday, April 18, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 6th day of March, 2012.



Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**ANSWER AND NOTICE
OF DEFENSE**

**PAMELA JETT, PT
Certificate of Registration No. PT05535,**

Case No. 12-011-PT-S

Respondent.

_____ /

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2012.

Pamela Jett, PT

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

WESTERN HOME CARE

Certificate of Registration No: MP00196

Case Number 09-108-MDEG-S

Respondent.

_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Western Home Care is a medical device, equipment and gas provider licensed by the Board, located at 4035 East Post Road, Las Vegas, Nevada.

II.

On or about November 19, 2009 Board staff received a complaint from Rita and John Perrini. Dr. George Tu ordered an oxygen concentrator for Mr. Perrini from Western Home Care to treat sleep apnea. Board staff identified differences in the date sequence of events received from Ms. Perrini and what was found during the investigation by Board staff. The sequence of events used in this document are derived from the dates Board staff determined to be correct. Western Home Care employee, Al Lecther, delivered Invacare oxygen concentrator #05LF017030 on July 18, 2008. On

July 29, 2008, Torrey Tracy, an employee of Western Home Care, serviced the oxygen concentrator in the Perrini's home. On December 23, 2008 Ms. Perrini contacted Western Home Care and alleged that Mr. Perrini was ill and asked that someone service Mr. Perrini's oxygen concentrator. Mr. Lechter went to the Perrini's home on December 26, 2008 to service the oxygen concentrator. Mr. Lechter found the air flow to be below the standard 92% and proceeded to check the filters. Mr. Lechter discovered that the internal air filters were dirty and he replaced them. He also noticed that the oxygen concentrator had not been serviced since July, 2008. Ms. Perrini telephoned Western Home Care on January 26, 2009 and requested a new oxygen concentrator for Mr. Perrini because she alleged that Mr. Perrini's condition had worsened and she feared the dirty filters found in the oxygen concentrator they have in their home may have been the cause of her husband's illness. On January 29, 2009, Mr. Lechter picked up the Invacare oxygen concentrator #05LF017030 and replaced it with Invacare oxygen concentrator #IPX041880846.

III.

During the investigation of this matter, Board staff requested records for the two oxygen concentrators from Heath Hairr, the facility administrator and respiratory therapist for Western Home Care. It was determined that oxygen concentrators in Western Home Care's stock were purchased from Invacare, however Western Home Care did not purchase oxygen concentrator IPX041880846 from Invacare. Records from Invacare indicate that oxygen concentrator #IPX041880846 was sold to accompany in Ohio or Florida and Mr. Hairr was uncertain how it got into their stock.

IV.

Board staff reviewed the Concentrator Maintenance/Tracking Record for oxygen concentrator #IPX041880846. Board staff compared the maintenance/tracking record with the Rental Item History Report for oxygen concentrator #IPX041880846. The records did not match from November 10, 2008 through January 13, 2009. The rental report showed that oxygen concentrator #IPX041880846 had been rented to two different patients between those dates and the maintenance/tracking report did not reflect proper service during this timeframe. On November 6, 2008 the hours of use on the maintenance/tracking record for oxygen concentrator #IPX041880846 was 5111. This oxygen concentrator was rented to Patient 1 on November 10, 2008 and returned to Western Home Care on November 25, 2008. Oxygen concentrator #IPX041880846 was then rented again to Patient 2 on December 4, 2008. The maintenance/tracking record did not indicate that the oxygen concentrator was returned on November 25, 2008 or serviced before it was rented again on December 4, 2008. Oxygen concentrator #IPX041880846 was returned from Patient 2 on January 13, 2009. The maintenance/tracking record indicated that on January 15, 2009 there were 5348 hours of use. Oxygen concentrator #IPX041880846 was delivered to Mr. Perrini on January 29, 2009 and the sticker on the oxygen concentrator indicated there were 5111 hours of use on #IPX041880846 even though Western Home Care maintenance/tracking record on January 15, 2009 show 5348 hours of use

V.

Board staff was provided with a copy of Western Home Care's Concentrator Maintenance/Tracking Record for oxygen concentrator #05LF017030 that was provided to Ms. Perrini's attorney by Ms. Perrini. Board staff also requested a copy of Western

Home Care's Concentrator Maintenance/Tracking Record for oxygen concentrator #05LF017030 from Mr. Hairr. On the attorney's copy, under the Filter Replaced section for 7/9/08 there is a "dash" in the space which would indicate that the filter had not been replaced. On Board staff's copy of the same entry there is a "y" in the space which would indicate that the filter had been replaced.

VI.

Board staff was provided with two copies of identical clinical notes by Western Home Care that reflected the service provided for oxygen concentrator #05LF017030 in the Perrini's home. One is clearly dated "12-26-09", however on the second copy, the date appears to have been altered from "08" to "09".

FIRST CAUSE OF ACTION

VII.

By failing to keep accurate maintenance records, Western Home Care violated NRS 639.210(4) and/or NAC 639.945(1)(i) and/or (2).

SECOND CAUSE OF ACTION

VIII.

By providing equipment that had not been verified or checked to be free of defects and operating within the specifications of the manufacturer, and not modified in any way that would jeopardize the effectiveness or safety of the equipment, Western Home Care violated NRS 639.210(4) and/or NAC 639.945(1)(i) and/or 639.6954(2) and/or 639.6941(1)(a) and/or (2).

THIRD CAUSE OF ACTION

IX.

By providing two identical sets of documents with two different sets of dates to Board staff as part of this investigation, Western Home Care violated NRS 639.210(4) and/or NAC 639.945(1)(h) and/or 639.6941(1)(a).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the licenses or registrations of the Respondents.

Signed this 15th day of March, 2012.


Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING**

WESTERN HOME CARE

Certificate of Registration No: MP00196

Case Number 09-108-MDEG-S

Respondent.

_____ /

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the board by the Petitioner, Larry L. Pinson, Executive Secretary for the board, alleging grounds for imposition of disciplinary action by the board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. It is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

The Board has reserved Wednesday, April 18, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the board within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 15th day of MARCH, 2012.



Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND
NOTICE OF DEFENSE

WESTERN HOME CARE

Certificate of Registration No: MP00196

Case Number 09-108-MDEG-S

Respondent.

_____ /

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2012.

Type or print name for Western Home Care

Signed for Western Home Care

Blank

Jeri Walter

From: Shamika Bank:
Sent: Tuesday, February 28, 2012 6:40 PM
To: Jeri Walter
Subject: PHARMACY TECHNICIAN LICENSE

HI JERRY, MY NAME IS SHAMIKA BANKS AND I AM REQUESTING A MEETING, SO I CAN GET MY LICENSE BACK. THIS IS ONE OF MY GOALS. I WOULD LIKE TO ATTEND A MEETING ON APRIL 18 OR 19. THANK YOU SO KINDLY.

On December 30, 2010, Ms. Banks sent an email requesting an appearance before the Board seeking reinstatement of her pharmaceutical technician registration. Pursuant to NRS 639.257, a hearing was held on Ms. Banks' request for reinstatement on January 12, 2011. At the January 12, 2011 hearing, Ms. Banks attempted to explain that she had gone to court and was put on two years' probation, remanded to a court

ordered treatment program, including substance abuse classes. Ms. Banks indicated that she is currently working for Allstate Insurance as a file clerk. Ms. Banks had no information on the treatment program she completed or of sentencing information from the court to verify her assertions. When the Board questioned Ms. Banks about the court ordered treatment program she denied she had a substance abuse problem and seemed confused. Ms. Banks testified that she had been dependent on hydrocodone but she was not anymore. Ms. Banks was advised that if she wanted her pharmaceutical technician registration reinstated she would need to provide the Board with documentation of her court order and completion of the substance abuse program that she completed before the Board could make a decision on her reinstatement.

Based upon Ms. Banks presentation and demeanor at the hearing on January 12, 2011, we find that reinstatement of Ms. Banks' pharmaceutical technician registration is not in the public interest at this time. Too many issues regarding Ms. Banks court order and the substance abuse treatment program she completed remain unknown or unaddressed for this Board to adjudge Ms. Banks to be competent and safe to serve the public at this time. Though Ms. Banks did appear and testified without the documentation from the court and substance abuse treatment provider it does not yet appear that the Board can judge her to be truthful and honest in her statements. Consequently, we hereby decline to reinstate Ms. Banks pharmaceutical technician registration PT07533. Ms. Banks may apply again for reinstatement when she determines that she has resolved or addressed the Board's concerns.

Signed and effective this 2nd day of February, 2011.

A handwritten signature in cursive script that reads "Beth Foster, RPh". The signature is written in black ink and is positioned above a horizontal line.

Beth Foster, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,
v.

SHAMIKA R. BANKS, P.T.,
Certificate of Registration #PT07533,

FINDINGS OF FACT,
CONCLUSIONS OF LAW,
AND ORDER

Case No. 08-035-PT-S

Respondent.

_____ /

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on July 16, 2008, in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. Though the Board's records show that Ms. Banks received the Notice of Intended Action and Accusation in this matter, Respondent Shamika R. Banks did not appear at the hearing of this matter. Based on the presentation of Board Staff and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. On June 3, 2008, Board Staff was notified that Ms. Banks had been terminated from her employment as a pharmaceutical technician at Walgreens #5814, located at 1445 West Craig Road, Las Vegas, Nevada. In a voluntary written statement she provided to Walgreens' loss prevention personnel, Ms. Banks admitted that she had originally made up a prescription for a fictitious patient she called "Maria Lopez," chosen because it was a common name. Ms. Banks admitted that she had illegally added refills to the fictitious prescription. Ms. Banks asked pharmaceutical technician Rasel-Lian Pablo to add a refill to the "Maria Lopez" prescription for 180 dosage units of

hydrocodone 10/500 that had no refills, and she told Mr. Pablo that she would pay him \$40.00 to do this.

2. When the fictitious prescription was picked up, the identification of the person picking it up did not match the name on the prescription. It was determined that the person picking up the prescription was a friend of Ms. Banks as there was no "Maria Lopez." The following day, Ms. Banks drove her car through the drive-up window at Walgreens #5814 and gave Mr. Pablo the \$40.00 she had promised to pay him.

3. After Ms. Banks was terminated, she was taken into custody by the North Las Vegas Police Department. As of the date of the hearing of this matter, it was undetermined what the result of Ms. Banks' arrest was.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Ms. Banks is a pharmaceutical technician registered by the Board.

2. In obtaining controlled substances for a friend, namely 180 dosage units of hydrocodone 10/500, without a lawful prescription, Ms. Banks violated NRS 453.331(1)(d), 453.336(1), 453.338(1), 639.210(1), (4), and (12) and NAC 639.945(1)(g) and (h).

ORDER

Based upon the foregoing, the Board imposes the following discipline:

1. Ms. Banks' pharmaceutical technician registration (PT07533) is revoked. Ms. Banks may not be employed in any business registered by the Board in any capacity unless and until her registration as a pharmaceutical technician has been reinstated.

2. Ms. Banks shall return to the Board's Reno office her registration certificate within 10 days of her receipt of this Order. Her failure to do so will result in a fine of \$1,000 per day until the registration certificate is received by the Board office.

Signed and effective this 14th day of August, 2008.

A handwritten signature in black ink, appearing to read "Barry Boudreaux", written over a horizontal line.

Barry Boudreaux, President
Nevada State Board of Pharmacy

Blank

JAN 30 2012

1-24-2012

To Whom This may Concern, I am
writing to reinstate my pharmacy
license for pharmacy tech. I
have been without my license
since 2003, and was very good
within my position. I would like
to be given the opportunity to
regain my license and career.
My number is 1-800-543-7544
I was a pharmacy tech for over
10 years old's.

Thank You
Cynthia Butler

3. Ms. Raj testified regarding the basis for Ms. Blake's termination was that on February 18, 2003, Dr. Nader Abelsayed had contacted the managing pharmacist for Kmart #3592 to inquire from whom his patient, MB, was getting prescriptions for Lortab. Ms. Raj checked the pharmacy's computer and found that MB's prescription had been filled five times between December 2002 and February 2003. Dr. Abelsayed had indicated his concern because neither he nor any member of his staff had approved refills of Patient MB's Lortab prescriptions. When Dr. Abelsayed asked Mr. Raj to pull the hard copy of the prescription, Ms. Raj was unable to located any hard copy of the prescription.

4. As a result of her call with Dr. Abelsayed, Ms. Raj spoke with Ms. Blake regarding MB's Lortab prescriptions. Ms. Blake admitted to Ms. Raj that she, Ms. Blake, had filled one of MB's prescriptions on February 13, 2003 without having the hard copy based upon MB's representation that she would bring the hard copy with her when she picked up the prescription. MB did not bring the prescription with her, so no hard copy was ever received for that prescription and placed into the pharmacy's records. Ms. Blake dispensed the prescription to MB without ringing the transaction through the pharmacy's cash register. Ms. Raj detailed her efforts to work with Ms. Blake to find the missing prescriptions and to otherwise resolve the concerns raised by Dr. Abelsayed, but ultimately Ms. Raj was unable to resolve the concerns. Ms. Raj identified five prescriptions for controlled substances where the pharmacy's records show that Ms. Blake was responsible for the orders for which no written order could be located and which Dr. Abelsayed disavowed.

CONCLUSIONS OF LAW

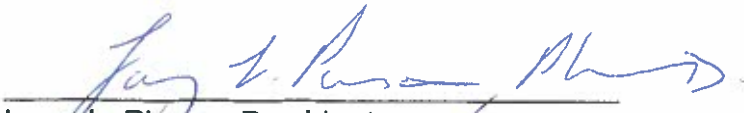
1. The Board has jurisdiction over this matter because Ms. Blake is a pharmaceutical technician registered by the Board.
2. In creating five false and fraudulent prescriptions for controlled substances for MB without authorization of MB's physician, Ms. Blake violated NRS 453.321(1), 453.331(1)(f), and 639.210(4) and (12) and NAC 639.945(1)(g), (h), and (i).
3. In being repeatedly negligent as evidenced by the prior disciplinary action against Ms. Blake, Ms. Blake violated NRS 639.210(4) and (16) and NAC 639.945(1)(d).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Ms. Blake's pharmaceutical technician's registration (#PT00182) is revoked. Ms. Blake may not be employed in any business or facility licensed by this Board in any capacity unless and until her registration as a pharmaceutical technician has been reinstated.
2. Ms. Blake shall return to the Board's Reno office her wallet card within 10 days of her receipt of this Order. Her failure to do so will result in a fine of \$1,000 per day until the wallet card is received by the Board office.

Signed and effective this 13th day of November, 2003.



Larry L. Pinson, President
Nevada State Board of Pharmacy

Gilbert & Sackman

A L A W C O R P O R A T I O N

Established 1945

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Kenneth J. Sackman (Retired)

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Michael D. Weiner
Ryan Spillers
Linda S. Fang

Adrian Barnes
Scott G. Miller
Nhu Q. Le ⁴
Stephanie J. Joseph ⁵
Erin M. Pulaski

¹ Also admitted in NV, NY & PA
² Also admitted in NY
³ Also admitted in AL
⁴ Also admitted in MA & MI
⁵ Also admitted in AL & TN

3699 Wilshire Boulevard, Suite 1200
Los Angeles, CA 90010-2732
Telephone: 213.383.5600 323.938.3000
Fax: 213.383.1165 323.937.9139
www.gslaw.org

Email address of sender:
lfang@gslaw.org

February 21, 2011

Via U.S. mail and facsimile to (775) 850-1444

Carolyn J. Cramer
General Counsel
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, Nevada 89509

Re: Request for Reconsideration of Medco's PVSV Process

Dear Ms. Cramer:

This firm represents USW Local 675, which represents pharmacists employed by Medco Health Solutions, Inc. Medco pharmacists have serious concerns regarding Medco's Pharmacist Validation System Verification ("PVSV") process, which was approved by the Nevada Board of Pharmacy in September 2011. I write to request that the Board reopen the matter for reconsideration at another Board meeting at which Medco pharmacists may be permitted to offer testimony regarding the PVSV process.

Medco pharmacists object to use of the PVSV process to fill prescriptions because (1) it is not a "computerized system" within the meaning of Nevada's Administrative Code and Revised Statutes, and (2) it involves the preparing, packaging, and labeling of prescription drugs by pharmaceutical technicians without supervision or final inspection by a pharmacist, in violation of applicable statutes and regulations.

Despite Medco's representations to the Board that its PVSV process is merely "an extension of its automated process," it is not. The PVSV process is a manual system of filling prescriptions, which uses pharmaceutical technicians instead of automated technology. By Medco's own admission, the PVSV process uses a "technician pick process," which requires a technician to:

FEB 24 2012

- Scan the bar code on the literature pack;
- Verify the name, strength, and expiration date of the product;
- Scan the bar code on the product and print the patient label;
- Check the patient label and verify the drug name, strength, quantity, and expiration date;
- Apply the label to the product; and
- Scan the bar code on the patient label to complete the process.

Although Medco represented to the Board that, as the final step in the PVSV process, “the pharmacist completes the product verification for the technician-picked products,” *see* PowerPoint slides attached, that is not the case. Medco’s PVSV process does not involve direct supervision of technicians or final verification of technician-picked products by a pharmacist.

As you know, Nevada’s Administrative Code imposes certain limitations on the duties that pharmaceutical technicians may perform. NAC 639.245 allows pharmaceutical technicians to prepare, package, compound, and label prescription drugs *as long as they are directly supervised by a pharmacist and the pharmacist inspects the final product*. This is consistent with other regulations which govern the use of computerized systems to fill prescriptions. NAC 639.940 through 943 permit the use of “an automated device operated by a computer” to dispense prescription drugs. Clearly, Medco’s PVSV process, which uses pharmaceutical technicians to fill prescriptions, does not satisfy the criteria for a computerized system.

Medco pharmacists have a vested interest in ensuring that any process used to fill prescriptions complies with applicable statutes and regulations because, pursuant to NAC 639.252, pharmacists – and not pharmaceutical technicians – are ultimately responsible for all filled prescriptions. In addition, it bears noting that any pharmacy that requires or allows a pharmacist to use the services of a pharmaceutical technician in violation of applicable regulations may be subject to disciplinary action. NAC 639.260.

Therefore, we respectfully request that the Board reopen the matter of Medco’s PVSV process for reconsideration at the next Board meeting and permit Medco pharmacists to offer testimony regarding their objections to the PVSV process. Please contact me if you have any questions. Thank you in advance for your consideration.

Very truly yours,
GILBERT & SACKMAN
A Law Corporation

By 
Linda S. Fang (x 360)

cc: David Campbell, Secretary-Treasurer, USW Local 675 (by e-mail)
William Webb, Unit Chair, USW Local 675 (by e-mail)

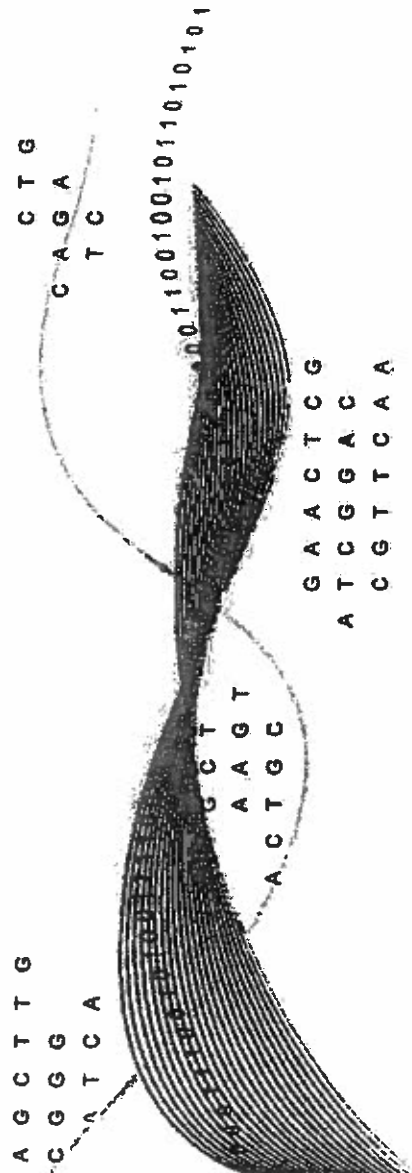
MEDCO COMPUTER-ASSISTED DISPENSING SYSTEM (PVSV)

Pursuant to NAC 639.940 through NAC 639.943, Medco Health Solutions Pharmacy in Las Vegas has approached staff with a request for approval of their PVSV system, which is essentially an extension of their automation process. The intent of these regulations is to allow technological improvement in automated systems.

Pursuant to NAC 639.9405 (Authority to use system) at staff's request, and in keeping in compliance with the regulations, Medco conducted a metrics study (over 700,000 dispenses) to verify accuracy of the system and has demonstrated the system for staff. Details of the metrics follow.

It is staff's opinion that the Medco PVSV system meets the intent of our regulations and that it has verified accuracy through metrics. A Medco representative will be present to answer any questions that the Board may have with respect to the system.

Extension of Automated Process



medco
MAKING MEDICINE SMARTER™

Nevada Pharmacy Computer-Assisted Dispensing System

- Dec 1, 2010 through May 31, 2011
 - 710, 209 technician-picked products
 - No quality events occurred.
 - There were no patient dispensing complaints.

Nevada Pharmacy

Computer-Assisted Dispensing System

- Technician pick process
 - Scan the bar code on the literature pack and tote to begin the pick process.
 - The computer screen will display the drug location.
 - Verify the name, strength, and expiration date of the product that is selected (by referring to the information on the screen).
 - Scan the NDC number (bar code) of the product.
 - The Rx label will be printed when the correct NDC number (bar code) has been scanned.

Nevada Pharmacy

Computer-Assisted Dispensing System

- Technician pick process (con't)
 - Check the patient label using the information that is displayed on the screen and on the scanned product to ensure that the following are correct:
 - Drug name
 - Strength
 - Quantity
 - Expiration date

- Also check the patient label for the following:

- Auxiliary labels
- Label quality

Nevada Pharmacy Computer-Assisted Dispensing System

- Technician pick process (con't)
 - Apply the Rx label to the product and scan the bar code on the patient label
- The pharmacist completes the product verification for the technician-picked products

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION BY EXAMINATION AS A PHARMACIST

If you are requesting examination eligibility for initial licensure
(i.e. you have never been licensed as a pharmacist in any state and need to take the
NAPLEX and Nevada MPJE), complete this application)

Total Fee: \$330.00 (non-refundable, money order or cashier's check only, no cash)

Money Order or Cashier's Check only made payable to: Nevada State Board of Pharmacy

Complete Name (no abbreviations):

First: Jin Middle: _____ Last: Hong

Mailing Address: 5608 Sentori Court

City: Bakersfield State: CA Zip Code: 93306

Telephone: _____

E-mail Address: _____

Date of Birth: _____

Place of Birth: Seoul, South Korea

Social Security Number: _____

Sex: ☒ M or ☐ F

College of Pharmacy Information

Graduation Date: 6/1/2000
(mm/dd/yy)

Degree Received: ☒ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: University of California San Francisco

Location of School: San Francisco, California

If you are a foreign graduate you must attach a copy of your FPGE certificate to THIS APPLICATION.
You also need to complete the college of pharmacy information

Board Use Only

Received: FEB 27 2012 Amount: 330.00 Entity #: 59323

Laws _____ NAPLEX _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic #	Is the license active?	State	Lic #	Is the license active?
<u>CA</u>	<u>52141</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>


**Attach separate sheet if needed

					Yes	No
<p>Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?.....<input type="checkbox"/>...<input checked="" type="checkbox"/></p>						
<p>1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....<input checked="" type="checkbox"/>...<input type="checkbox"/></p>						
<p>2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?.....<input checked="" type="checkbox"/>...<input type="checkbox"/></p>						
<p>3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?....<input checked="" type="checkbox"/>...<input type="checkbox"/></p>						
<p>If you marked YES to any of the numbered questions (1-3) above, please include the following information and provide an expiration or documents:</p>						
Board Administrative Action:		State		Case #:		
		<u>CA</u>	<u>RPH License Surrendered</u>	<u>3694</u>		
Criminal Action:	State				Court	
	<u>CA</u>	<u>1 1</u>	<u>sex with a minor (Felony)</u>	<u>DUI (Misdemeanor)</u>	<u>Los Angeles Superior Court (Felony)</u> <u>Hanford County Court (DUI)</u>	
<p><u>FEDERALLY MANDATED REQUIREMENTS</u></p>						
<p>In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.</p>						
<p>4. Are you the subject of a court order for the support of a child?.....Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>						
<p>4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>						

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 attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I hereby authorize the Nevada State Board of Pharmacy, it's agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, it's members, servants or employees because or by reason of the use of the authorization.

Original Signature, no copies or stamps accepted



Date 2/9/2012

Dear State Board of Pharmacy,

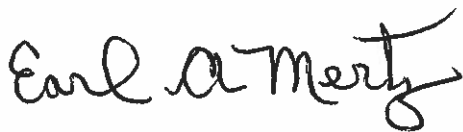
My name is Earl Anthony Mertz, and throughout my 36 years in the profession of pharmacy, I have worked closely with many of California's finest pharmacists. I consider Jin Hong to be one of the most compassionate, knowledgeable, and honest members of our profession. For the whole time that Jin and I have been friends and have worked together, he has always showed respect for his fellow employees and patients, was never late for work, or presented a bad attitude. After 11 years time, I have come to know him well and I would strongly support him for licensure as a pharmacist.

In and out of the pharmacy, Jin conducts himself with integrity. He can be counted on not just to work hard, but to represent the profession of pharmacy in a positive light. I know of numerous occasions where patients have specifically mentioned what a joy it was to have Jin as their pharmacist. In fact, even to this day, many of the senior citizens of the first Walgreens pharmacy he started at still ask for him by name. His fluency in English, Spanish, Asian languages and his respectful and caring nature had a lasting impression on the older patients of the diverse community of Van Nuys, California. He is an extremely talented pharmacist with excellent communication skills and a strong moral compass.

For these reasons, I have no hesitation in recommending Jin Hong for licensure as a pharmacist.

If you would need any further details about Jin Hong, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Earl A. Mertz". The signature is written in a cursive, flowing style with a large, stylized 'E' and 'M'.

Earl Anthony Mertz, Pharm D

1317 12th Street, Condo 4

Santa Monica, California 90402

YOUR DRUG STORE INC.

2303 Niles Point
Bakersfield, CA 93306

Date: 02-10-12

Dear State Board of Pharmacy,

I have had the pleasure of knowing Jin Hong RPH for over two years since he started working at Your Drug Store Inc. in December of 2009. Jin was our full time staff pharmacist at Your Drug Store Inc. overseeing a large staff of clerks and technicians.

Jin Hong was one of the best pharmacists the store has ever seen in its thirty years. I consistently sought his critical analysis in pharmacy operations. Demonstrating astonishing initiative and motivation, Jin helped to re-engineer our company. Pharmacy software and security were modernized, workflow became streamlined. His efforts greatly increased productivity and happiness among our employees.


Jin routinely performed more than what was required for the position. He often worked weekends to meet emergency medication needs of our contracted skilled nursing facilities. Frustrated or hostile patients concerns were always calmly addressed. Whether he was educating younger or older patients, his patient consultations were extremely professional and caring. If any pharmacy should have the opportunity of hiring Jin, they would be very fortunate to gain an excellent pharmacist.


I continue to have a great friendship with Jin, and can say with absolute certainty that he is a good man. He is a good man that has made past mistakes unrelated to the profession of pharmacy. My entire family, William P. Altmiller RPH(my grandfather), William A. Altmiller RPH(my father), and I have worked with Jin and have never seen his previous mistakes affect his performance as a knowledgeable and compassionate pharmacist.


My family and I fully support Jin Hong. We highly recommend Jin Hong RPH for pharmacist licensure. He is a true asset to the profession of Pharmacy.

If you have any questions please contact me, William T. Altmiller RPH, at your convenience. I would be happy to discuss any questions you may have.

Sincerely,

X 
William T. Altmiller RPH

X 
William A. Altmiller RPH

X 
William P. Altmiller RPH

Dear State Board of Pharmacy,

In the past I have made several mistakes.

In May 16th, 2006, I was convicted of a felony unlawful sex with a minor. It was a mistake for which I am very ashamed and will never repeat.

I am not on parole or probation. I am not a registered sex offender.

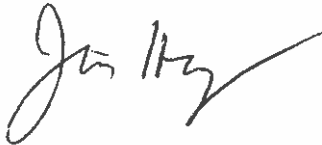
In February 28th, 2008, I was convicted of a misdemeanor DUI. It was a mistake for which I am very ashamed and will never repeat.

I am not on parole or probation. I no longer drink alcohol.

These previous mistakes have not affected my ability to perform as a pharmacist. I have included 2 letters of recommendation vouching for my moral character and performance as a pharmacist.

Thank you for your consideration of my application.

Jin Hong

A handwritten signature in black ink, appearing to read 'Jin Hong', with a long, sweeping horizontal stroke extending to the right.

2/13/2012



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.

February 8, 2012

CERTIFIED MAIL

Jin Hong
5608 Sentori Ct
Bakersfield, CA 93306

RE: Administrative Case No. 3694

Dear Mr. Hong:

Attached is the Board of Pharmacy's Stipulated Surrender of License and Order regarding the above-referenced matter. Your attention is directed to pages 3-4 of the document.

Effective March 9, 2012, your Pharmacist License Number RPH 52141, is hereby surrendered and accepted by the Board. You shall pay costs of investigation and enforcement in the amount of \$6,632.00 prior to the issuance of a new or reinstated license. Please return your current pocket and wall license to the board on or before the effective date of this decision.

If you have any questions concerning this matter, you may contact Susan Cappello, Enforcement Manager, at (916) 574-7926.

Sincerely,

VIRGINIA K. HEROLD
Executive Officer

VKH:sec
Enclosure

cc: Brian S. Turner, DAG

DECLARATION OF SERVICE BY CERTIFIED MAIL

RE: Jin Hong, RPH 52141

CASE NO. 3694

I am over 18 years of age, and not a party to the within cause; my business address is 1625 N. Market Blvd, Suite N 219, Sacramento, California 95834. I served a copy of the:

LETTER AND DECISION

on each of the following, by placing same in an envelope(s) addressed to as follows:

NAME


CERTIFIED NO.

Jin Hong
5608 Sentori Ct
Bakersfield, CA 93306

7004 0750 0000 6655 6773

and that said envelope was then sealed and deposited and certified in the United States Post Office at Sacramento, California, on February 8, 2011, as certified mail with postage fully prepaid thereon and return receipt service by United States mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct. Executed on February 8, 2012, at Sacramento, California.



Susan Cappello

**BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

JIN HONG
5608 Sentori Ct
Bakersfield, CA 93306

Pharmacist License No. RPH 52141

Respondent.

Case No. 3694

OAH Case No. 2011070018

DECISION AND ORDER

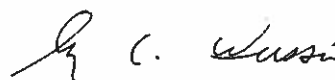
The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This decision shall become effective on March 9, 2012.

It is so ORDERED on February 8, 2012.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By



STANLEY C. WEISSER
Board President

1 KAMALA D. HARRIS
Attorney General of California
2 ARTHUR D. TAGGART
Supervising Deputy Attorney General
3 BRIAN S. TURNER
Deputy Attorney General
4 State Bar No. 108991
1300 I Street, Suite 125
5 P.O. Box 944255
Sacramento, CA 94244-2550
6 Telephone: (916) 445-0603
Facsimile: (916) 327-8643
7 E-mail: Brian.Turner@doj.ca.gov
Attorneys for Complainant

8
9 **BEFORE THE**
BOARD OF PHARMACY
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

Case No. 3694

12 **JIN HONG**
13 1604 Tres Picos Dr.
14 Yuba City, CA 95993

OAH No. 2011070018

**STIPULATED SURRENDER OF
LICENSE AND ORDER**

15 Pharmacist License No. RPH 52141

16 Respondent.
17

18 IT IS HEREBY STIPULATED AND AGREED by and between the parties in this
19 proceeding that the following matters are true:

20 **PARTIES**

21 1. Virginia Herold (Complainant) is the Executive Officer of the Board of Pharmacy
22 (Board). She brought this action solely in her official capacity and is represented in this matter by
23 Kamala D. Harris, Attorney General of the State of California, by Brian S. Turner, Deputy
24 Attorney General.

25 2. Jin Hong (Respondent) is represented in this proceeding by attorney Jay Hartz, whose
26 address is 1875 Century Park East, Suite 1600, Los Angeles, CA 90067.

27 3. On or about September 11, 2000, the Board of Pharmacy issued Pharmacist License
28 No. RPH 52141 to Jin Hong. The Pharmacist License was in full force and effect at all times

1 relevant to the charges brought in Accusation No. 3694 and will expire on March 31, 2012, unless
2 renewed.

3 JURISDICTION

4 4. Accusation No. 3694 was filed before the Board, Department of Consumer Affairs,
5 and is currently pending against Respondent. The Accusation and all other statutorily required
6 documents were properly served on Respondent on June 29, 2010. Respondent timely filed his
7 Notice of Defense contesting the Accusation. On June 20, 2011 Respondent was served with a
8 First Amended Accusation and all statutorily required documents. A copy of the First Amended
9 Accusation No. 3694 is attached as Exhibit A and incorporated by reference.

10 ADVISEMENT AND WAIVERS

11 5. Respondent has carefully read, fully discussed with counsel, and understands the
12 charges and allegations in the First Amended Accusation No. 3694. Respondent also has
13 carefully read, fully discussed with counsel, and understands the effects of this Stipulated
14 Surrender of License and Order.

15 6. Respondent is fully aware of his legal rights in this matter, including the right to a
16 hearing on the charges and allegations in the Accusation; the right to be represented by counsel, at
17 his own expense; the right to confront and cross-examine the witnesses against him; the right to
18 present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel
19 the attendance of witnesses and the production of documents; the right to reconsideration and
20 court review of an adverse decision; and all other rights accorded by the California
21 Administrative Procedure Act and other applicable laws.

22 7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
23 every right set forth above.

24 CULPABILITY

25 8. Respondent admits the truth of each and every charge and allegation in the First
26 Amended Accusation No. 3694, agrees that cause exists for discipline and hereby surrenders his
27 Pharmacist License No. RPH 52141 for the Board's formal acceptance.
28

1 9. Respondent understands that by signing this stipulation he enables the Board to issue
2 an order accepting the surrender of his Pharmacist License without further process.

3 **CONTINGENCY**

4 10. This stipulation shall be subject to approval by the Board. Respondent understands
5 and agrees that counsel for Complainant and the staff of the Board may communicate directly
6 with the Board regarding this stipulation and surrender, without notice to or participation by
7 Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he
8 may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board
9 considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order,
10 the Stipulated Surrender and Disciplinary Order shall be of no force or effect, except for this
11 paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not
12 be disqualified from further action by having considered this matter.

13 11. The parties understand and agree that facsimile copies of this Stipulated Surrender of
14 License and Order, including facsimile signatures thereto, shall have the same force and effect as
15 the originals.

16 12. This Stipulated Surrender of License and Order is intended by the parties to be an
17 integrated writing representing the complete, final, and exclusive embodiment of their agreement.
18 It supersedes any and all prior or contemporaneous agreements, understandings, discussions,
19 negotiations, and commitments (written or oral). This Stipulated Surrender of License and Order
20 may not be altered, amended, modified, supplemented, or otherwise changed except by a writing
21 executed by an authorized representative of each of the parties.

22 13. In consideration of the foregoing admissions and stipulations, the parties agree that
23 the Board may, without further notice or formal proceeding, issue and enter the following Order:

24 **ORDER**

25 **IT IS ORDERED** that Pharmacist License No. RPH 52141, issued to Respondent Jin
26 Hong, is **surrendered and accepted** by the Board of Pharmacy.

27 1. The surrender of Respondent's Pharmacist License and the acceptance of the
28 surrendered license by the Board shall constitute the imposition of discipline against Respondent.

1 This stipulation constitutes a record of the discipline and shall become a part of Respondent's
2 license history with the Board of Pharmacy.

3 2. Respondent shall lose all rights and privileges as a Pharmacist in California as of the
4 effective date of the Board's Decision and Order.

5 3. Respondent shall cause to be delivered to the Board his pocket license and, if one was
6 issued, his wall certificate on or before the effective date of the Decision and Order.

7 4. If Respondent ever files an application for licensure or petition for reinstatement in
8 the State of California, the Board shall treat it as an application for licensure. Respondent must
9 comply with all the laws, regulations and procedures for licensure in effect at the time the
10 application and/or petition is filed. All the charges and allegations contained in Accusation No.
11 3694 shall be deemed to be true, correct and admitted by Respondent when the Board determines
12 whether to grant or deny the application.

13 5. Respondent shall pay the agency its costs of investigation and enforcement in the
14 amount of \$6,632.00 prior to issuance of a new license.

15 6. If Respondent should ever apply or reapply for a new license or certification, or
16 petition for reinstatement of a license, by any other health care licensing agency in the State of
17 California, all of the charges and allegations contained in Accusation, No. 3694 shall be deemed
18 to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any
19 other proceeding seeking to deny or restrict licensure.

20 7. Respondent shall not be eligible to apply for a new license for three (3) years from the
21 effective date adopting the Stipulated Surrender and Order.

22 ///

23 ///

24 ///

25 ///

26 ///

27 ///

28 ///

ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney, Jay Hartz. I understand the stipulation and the effect it will have on my Pharmacist License. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: November 8, 2011


JIN HONG
Respondent

I have read and fully discussed with Respondent Jin Hong the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: Nov 15, 2011


JAY HARTZ
Attorney for Respondent

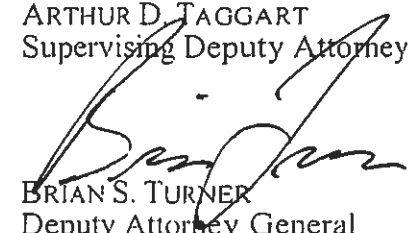
ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Board of Pharmacy of the Department of Consumer Affairs.

Dated: Nov 15, 2011

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
ARTHUR D. TAGGART
Supervising Deputy Attorney General


BRIAN S. TURNER
Deputy Attorney General
Attorneys for Complainant

SA2010101204
Stipulation.rtf

Exhibit A

Accusation No. 3694

1 EDMUND G. BROWN JR.
Attorney General of California
2 ARTHUR D. TAGGART
Supervising Deputy Attorney General
3 BRIAN S. TURNER
Deputy Attorney General
4 State Bar No. 108991
1300 I Street, Suite 125
5 P.O. Box 944255
Sacramento, CA 94244-2550
6 Telephone: (916) 445-0603
Facsimile: (916) 327-8643
7 E-mail: Brian.Turner@doj.ca.gov
Attorneys for Complainant

9
10 **BEFORE THE**
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 3694

13 **JIN HONG**
1604 Tres Picos Dr.
14 Yuba City, CA 95993

FIRST AMENDED ACCUSATION

15 Pharmacist License No. RPH 52141

16 Respondent.

17
18 Complainant alleges:

19 **PARTIES**

20 1. Virginia Herold (Complainant) brings this Accusation solely in her official
21 capacity as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

22 2. On or about September 11, 2000, the Board of Pharmacy issued Pharmacist
23 License Number RPH 52141 to Jin Hong (Respondent). The Pharmacist License was in full force
24 and effect at all times relevant to the charges brought herein and will expire on March 31, 2012,
25 unless renewed.

26 ///

27 ///

28 ///

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STATUTORY AND REGULATORY PROVISIONS

5. Section 490 of the Code provides, in pertinent part, that a board may suspend or revoke a license on the ground that the licensee has been convicted of a crime substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued.

7. Section 493 of the Code states in pertinent part, in a proceeding conducted by a board within the department to suspend or revoke a license or otherwise take disciplinary action against a person who holds a license, upon the ground that the applicant or the licensee has been convicted of a crime substantially related to the qualifications, functions, and duties of the licensee in question, the record of conviction of the crime shall be conclusive evidence of the fact that the conviction occurred and the board may inquire into the circumstances surrounding the commission of the crime in order to fix the degree of discipline.

“(a) Every license issued may be suspended or revoked.”

///

1 9. Section 4301 provides in relevant part:

2 “The board shall take action against any holder of a license who is guilty of
3 unprofessional conduct. Unprofessional conduct shall include, but not be limited to, any of the
4 following:

5 (a) Gross immorality.

6 (f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or
7 corruption, whether the act is committed in the course of relations as a licensee or otherwise, and
8 whether the act is a felony or misdemeanor.

9 (h) ...use of ...alcoholic beverage to the extent or in a manner dangerous to oneself
10 ... or to others or the public.

11 (l) The conviction of a crime substantially related to the qualifications, functions, and
12 duties of a licensee under this chapter.

13 p) Actions or conduct that would have warranted denial of a license.

14 For the purpose of denial, suspension, or revocation of a personal or facility license pursuant to
15 Division 1.5 (commencing with Section 475) of the Business and Professions Code, a crime or act
16 shall be considered substantially related to the qualifications, functions or duties of a licensee or
17 registrant if to a substantial degree it evidences present or potential unfitness of a licensee or
18 registrant to perform the functions authorized by his license or registration in a manner consistent
19 with the public health, safety, or welfare.

20 10. Title 16 California Code of Regulations section 1770 provides:

21 For the purpose of denial, suspension, or revocation of a personal or facility license
22 pursuant to Division 1.5 (commencing with Section 475) of the Business and Professions Code, a
23 crime or act shall be considered substantially related to the qualifications, functions or duties of a
24 licensee or registrant if to a substantial degree it evidences present or potential unfitness of a
25 licensee or registrant to perform the functions authorized by his license or registration in a manner
26 consistent with the public health, safety, or welfare.

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1 11. Title 16 California Code of Regulations section 1769 provides in pertinent part:
2 (b) When considering the suspension or revocation of a facility or a personal license on
3 the ground that the licensee or the registrant has been convicted of a crime, the board, in
4 evaluating the rehabilitation of such person and his present eligibility for a license will consider
5 the following criteria:

6 (1) Nature and severity of the act(s) or offense(s).

7 (2) Total criminal record.

8 (3) The time that has elapsed since commission of the act(s) or offense(s).

9 (4) Whether the licensee has complied with all terms of parole,
10 probation, restitution or any other sanctions lawfully imposed against the licensee.

11 (5) Evidence, if any, of rehabilitation submitted by the licensee.

12 **COST RECOVERY**

13 12. Section 125.3 of the Code provides, in pertinent part, that the
14 Board/Registrar/Director may request the administrative law judge to direct a licentiate found to
15 have committed a violation or violations of the licensing act to pay a sum not to exceed the
16 reasonable costs of the investigation and enforcement of the case.

17 **FIRST CAUSE FOR DISCIPLINE**

18 (Unprofessional Conduct)

19 13. Respondent is subject to disciplinary action under sections 4301(a) and (f) in that
20 respondent engaged in conduct that was grossly immoral and/or involved a crimes of moral
21 turpitude. The circumstances are as follows:

22 14. In or about 2005, respondent was over the age of eighteen (18) when he engaged
23 in sexual intercourse with a female, C.I., who was fourteen years of age. Respondent engaged in
24 intercourse with the minor female on at least two occasions.

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20. Paragraphs 13, 14, 15, 16, 23 and 24 are incorporated herein as though set forth at length. The acts leading to respondent's convictions evidences unfitness for licensure as a pharmacist and would warrant denial of a pharmacist license.

FIFTH CAUSE FOR DISCIPLINE
(Unprofessional Conduct-Dangerous Conduct)

21. Respondent's license is subject to disciplinary action pursuant to section 4301(h) in that respondent used alcohol to such an extent as to be dangerous to himself or others. The circumstances are as follows:

22. On or about January 6, 2008, respondent operated a motor vehicle with a blood alcohol level of .12. In doing so, respondent was a danger to himself or others or members of the public.

SIXTH CAUSE FOR DISCIPLINE
(Gross Immorality)

23. Respondent's license is subject to disciplinary action pursuant to section 4301 (a) in that respondent violated Penal Code section 647 (b) by exchanging money for sexual relations with an adult female. The circumstances are as follows:

24. On or about May 15, 2010, Respondent invited ST, an adult female, to his apartment. Respondent offered ST \$300 dollars in exchange for sexual relations. ST and Respondent then had intercourse and Respondent paid Sarah T \$300. Respondent engaged in this conduct while on probation for convictions on two counts of violating Penal Code section 261.5(c), unlawful sex with a minor. Paragraphs 13 and 14 are incorporated herein as though set forth at length. Respondent admitted paying ST for sex during a conversation on or about July 22, 2010, during a regularly scheduled meeting with his probation officer. In doing these acts, respondent engaged in illegal and grossly immoral acts within the meaning of section 4301(a).

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1 **SEVENTH CAUSE FOR DISCIPLINE**

2 (Moral Turpitude)

3 25. Respondent's license is subject to disciplinary action pursuant to section 4301 (f)
4 in that Respondent committed illegal acts involving moral turpitude. The circumstances are as
5 follows:

6 26. Paragraphs 13, 14 and 23 are incorporated herein as though set forth at length. In
7 doing the things alleged herein, respondent committed violations of moral turpitude with within
8 the meaning of section 4301 (f).

9 **EIGHTH CAUSE FOR DISCIPLINE**

10 (Dishonesty)

11 27. Respondent's license is subject to discipline pursuant to section 4301(f) in that
12 Respondent engaged in dishonesty. The circumstances are as follows:

13 28. Paragraphs 23 and 28 are incorporated herein as though set fourth at length.
14 Respondent's probation from the convictions for unlawful sex with a minor included a term that
15 Respondent could not own, possess or use any dangerous or deadly weapons. Respondent was
16 dishonest and violated probation by owning a Taser gun. Respondent admitted on July 22, 2010
17 that he possessed a Taser gun. Respondent was found by the Superior Court of Los Angeles to
18 have violated his probation.

19 **PRAYER**

20 WHEREFORE, Complainant requests that a hearing be held on the matters herein
21 alleged, and that following the hearing, the Board of Pharmacy issue a decision:

22 1. Revoking or suspending Pharmacist License Number RPH 52141, issued to Jin
23 Hong.

24 2. Ordering Jin Hong to pay the Board of Pharmacy the reasonable costs of the
25 investigation and enforcement of this case, pursuant to Business and Professions Code section
26 125.3;

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3. Taking such other and further action as deemed necessary and proper.

DATED:

5/27/11



VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

1 EDMUND G. BROWN JR.
Attorney General of California
2 ARTHUR D. TAGGART
Supervising Deputy Attorney General
3 BRIAN S. TURNER
Deputy Attorney General
4 State Bar No. 108991
1300 I Street, Suite 125
5 P.O. Box 944255
Sacramento, CA 94244-2550
6 Telephone: (916) 445-0603
Facsimile: (916) 327-8643
7 E-mail: Brian.Turner@doj.ca.gov
Attorneys for Complainant

9
10 **BEFORE THE**
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

12 In the Matter of the Accusation Against:

Case No. 3694

13 **JIN HONG**
1604 Tres Picos Dr.
14 Yuba City, CA 95993

ACCUSATION

15
16 Pharmacist License No. RPH 52141

17 Respondent.

18
19 Complainant alleges:

20 **PARTIES**

21 1. Virginia Herold (Complainant) brings this Accusation solely in her official capacity
22 as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

23 2. On or about September 11, 2000, the Board of Pharmacy issued Pharmacist License
24 Number RPH 52141 to Jin Hong (Respondent). The Pharmacist License was in full force and
25 effect at all times relevant to the charges brought herein and will expire on March 31, 2012,
26 unless renewed.

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1 **FIRST CAUSE FOR DISCIPLINE**

2 (Unprofessional Conduct)

3 13. Respondent is subject to disciplinary action under sections 4301(a) and (f) in that
4 respondent engaged in sexual intercourse with female under the age of 18. The circumstances
5 are as follows:

6 14. In or about 2005, respondent was over the age of eighteen (18) when he engaged
7 in sexual intercourse with a female, C.I., who was fourteen years of age. Respondent engaged in
8 intercourse with the minor female on at least two occasions.

9 **SECOND CAUSE FOR DISCIPLINE**

10 (Conviction of Crime)

11 15. Respondent is subject to disciplinary action under section 4301(j) in that respondent
12 was convicted of violations of California statutes concerning unlawful intercourse with a minor
13 and driving under the influence. The circumstances are as follows:

14 16. Paragraphs 13 and 14 are incorporated herein as though set forth at length.
15 Respondent was convicted of crimes as follows:

16 a. On or about May 16, 2006 respondent was convicted of two counts of violation
17 of Penal Code section 261.5, unlawful intercourse with a minor.

18 b. On or about February 28, 2008 respondent was convicted of violating Vehicle
19 Code section 23152(b), driving while under the influence with a blood alcohol level of .08% or
20 greater.

21 **THIRD CAUSE FOR DISCIPLINE**

22 (Conviction of a Crime Substantially Related)

23 17. Respondent is subject to disciplinary action under section 4301(l) in that
24 respondent was convicted of crimes substantially related to the duties and qualifications of a
25 pharmacist license. The circumstances are as follows:

26 18. Paragraphs 13, 14, 15 and 16 are incorporated herein as though set forth at
27 length. Respondent's convictions for violations of Penal Code section 261.5 and Vehicle Code
28

1 section 23152 (b) evidences present or potential unfitness to perform the functions authorized by
2 a licensee consistent with public health, safety or welfare.

3
4 **FOURTH CAUSE FOR DISCIPLINE**

(Unprofessional Conduct)

5 19. Respondent is subject to disciplinary action pursuant to section 4301(p) in that
6 respondent committed acts that would warrant denial of a license. The circumstances are as
7 follows:

8 20. Paragraphs 13, 14, 15 and 16 are incorporated herein as though set forth at
9 length. The acts leading to respondent's convictions evidences unfitness for licensure as a
10 pharmacist and would warrant denial of a pharmacist license.

11 **FIFTH CAUSE FOR DISCIPLINE**

12 (Unprofessional Conduct-Dangerous Conduct)

13 21. Respondent's license is subject to disciplinary action pursuant to section 4301(h)
14 in that respondent used alcohol to such an extent as to be dangerous to himself or others. The
15 circumstances are as follows:

16 22. On or about January 6, 2008, respondent operated a motor vehicle with a blood
17 alcohol level of .12. In doing so, respondent was a danger to himself or others or members of the
18 public.

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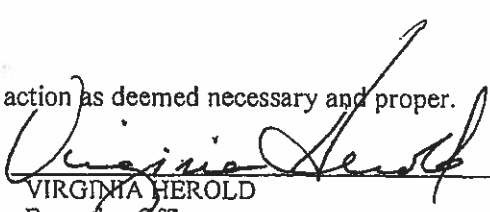
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1 PRAYER

2 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
3 and that following the hearing, the Board of Pharmacy issue a decision:

- 4 1. Revoking or suspending Pharmacist License Number RPH 52141, issued to Jin Hong.
5 2. Ordering Jin Hong to pay the Board of Pharmacy the reasonable costs of the
6 investigation and enforcement of this case, pursuant to Business and Professions Code section
7 125.3;
8 3. Taking such other and further action as deemed necessary and proper.

9 DATED: 6/22/10


10 VIRGINIA HEROLD
11 Executive Officer
12 Board of Pharmacy
13 Department of Consumer Affairs
14 State of California
15 Complainant
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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA 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.

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership – Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Patient Care Infusion of Nevada

Physical Address: 61 Spectrum Blvd

Mailing Address: 61 Spectrum Blvd

City: Las Vegas State: NV Zip Code: 89101

Telephone: 602-326-8349 Fax: NA

Toll Free Number: NA

E-mail: ridge@pcinuclear.com Website: _____

Managing Pharmacist: William Kottmer License Number: #17899

Hours of Operation:

Monday thru Friday 4 am 12 pm Saturday — am — pm
Sunday — am — pm 24 Hours —

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

APPLICATION FOR NEVADA 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 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 questions 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.

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

Ridge Smidt
Print Name of Authorized Person

3/5/2012
Date

Board Use Only

Received: **MAR 26 2012**

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Ridge Smith
Business Name: Patient Care Infusion of Nevada
Current Business Address: 61 Spectrum Blvd, Las Vegas, NV
City: Las Vegas State: NV Zip Code: 89101
Telephone: _____ Fax: _____

List any physician shareholders and percentage of ownership.

Name: NA %: _____

Name: _____ %: _____

Are you a registered pharmacist in Nevada? Yes ☐ No ☒ License #: _____

SOLE OWNER

Include with the application for a sole owner

Designated representative form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law **prior** to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete personal history record. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*. Must be original signature(s), no copies or stamps.

STATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

I, Ridge Smidt

Responsible Person of Patient Care Infusion of Nevada

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 company.

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 or operation of a pharmacy in Nevada.

I further acknowledge and understand that upon the change of managing pharmacist in the pharmacy, the owners must assure that an accountability audit of all controlled substances shall be performed jointly by the departing managing pharmacist and the new managing pharmacist.

Ridge Smidt
Original Signature, no stamps or copies

3/5/2012
Date

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 3/6/2012

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy License
Nature of License
Patient Care Infusion of Nevada, 61 Spectrum Blvd, Las Vegas, NV 89101
Name and Address of Establishment for Which License Is Requested
If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Last Name	<u>Smidt</u>	First Name	<u>Ridge</u>	Middle Name	<u>Allen</u>
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) <u>NA</u>					
Present Residence Address-Street or RFD	<u>131 East Country Club Dr</u>	Dates	<u>4/2003</u>	City	<u>Phoenix</u>
				State/Zip	<u>AZ 85014</u>
Present Business Address	<u>4035 East Post Road</u>	Dates	<u>Las Vegas</u>	City	<u>NV 89120</u>
Occupation	<u>Pharmacist</u>			Phone: Residence	<u>1</u>
				Business	<u>.....</u>
Date of Birth	Place of Birth (City, County, State)				
<u>.....</u>	<u>.....</u>				
Age	Social Security Number				Sex
<u>Brown</u>	<u>Brown</u>	<u>Fair</u>	<u>155</u>	<u>Slim</u>	<u>Male</u>
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
					<u>69"</u>

Scars, tattoos or distinguishing marks and/or characteristics NA

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No.

If naturalized, certificate No. Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial US Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage**.....
 Spouse's full name (Maiden) Tana Rene Gallo ^{Date} Phoenix, Maricopa, AZ
 Date of Birth 3/3/1966 Place of Birth Tucson, AZ
 Resident address 131 E. Country Club Drive Phoenix AZ 85014
 Telephone: Residence Business NA
 Spouse's employer NA Occupation NA
 Address of employer NA

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
----------------	-------------------------	---------------------------	------------------	-----------------------

NA

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
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NA

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Remy Smidt	4/9/1994	Phoenix	131 E. Country Club Drive Phx AZ
Harrison Smidt	6/19/1997	Phoenix	131 E. Country Club Drive Phx AZ
Grace Smidt	4/11/2003	Phoenix	131 E. Country Club Drive Phx AZ

B. **Child Support Information:**

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial Y

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

 Name NA

Address _____

Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father

James Smidt		301 W. Mariposa, Phx, AZ 85013	Retired
-------------	--	--------------------------------	---------

Mother

Latesha Ridge		301 W. Mariposa, Phx, AZ 85013	Retired
---------------	--	--------------------------------	---------

Father-in-Law

Anthony Gallo		Deceased	
---------------	--	----------	--

Mother-in-Law

Marilyn Civer		4701 N. Paseo Agua Muri Tucson, AZ 85750	Real Estate Agent
---------------	--	---	-------------------

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Gretchen Smidt		306 W. Pierson, Phx, AZ	Pharmacist
----------------	--	-------------------------	------------

Spouse

NA			
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Spouse

Greg Smidt		5650 Overbrook LN Houston TX	Verizon Wireless
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Nancy Cox		5650 Overbrook LN Houston TX	NA
-----------	--	------------------------------	----

Spouse

Jason Smidt		147 W. Mariposa, Phoenix, AZ	Arizona Home Care
-------------	--	------------------------------	-------------------

Spouse

Fran Fonseca		147 W. Mariposa, Phoenix, AZ	RN
--------------	--	------------------------------	----

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
----------------	----------	----------------	----------

Grammar School Osborn Middle School	1102 W. Highland Ave	1969-1977	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
-------------------------------------	----------------------	-----------	---

High School Brophy College Preparatory	4701 N. Central Phx AZ	1977-1981	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
--	------------------------	-----------	---

College University			Yes <input type="checkbox"/> No <input type="checkbox"/>
--------------------	--	--	--

Other University of Nebraska	42 nd / Emile, Omaha NE	1981-1988	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
------------------------------	------------------------------------	-----------	---

 Type of degree obtained, if any Pharm.D.

 College or university where obtained University of Nebraska School of Pharmacy

 Applicant's initial h

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch Date of entry-active service

Date of separation Type of discharge

Rating at separation Serial number

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒

County State Date registered

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
----------------	-----	--------	-------------------------	-----------------	------------------

NA

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☒ No ☐

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☒ No ☐

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? city, county and state

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? city, county and state

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
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NA

Applicant's initial 

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☒ No ☐ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
---	------------	--------------------------	------------------------	------------------

See Attached

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☒ No ☐ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	--

See Attached

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
-----------------------------	-------------------	------	-----------------

4/2003 to present	131 E. County Club Drive	Phoenix	AZ 85014
4/1993 to 4/2003	367 E. Verde Lane	Phoenix	AZ 85012
6/1988 to 4/1993	302 W. Pierson	Phoenix	AZ 85013
8/1984 to 6/1988	2556 Mury St #24	Omaha	NE 68105

Applicant's initial LS

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
2/1995 to Present	Patient Care Infusion LLC 1626 S. Edward Dr Tempe AZ 85281	NA
CEO	Manage Daily Activities	NA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
	Western Home Care LLC 4035 E. Post Road, LAS Vegas, NV 89120	NA
Managing Member	Manager	NA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/1990 - 2/1995	Walgreens Advanced Care 1128 S. 16th St Phoenix, AZ	Start my business
RPH	Consultant Pharmacist	Tom O'Neil RPH
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/1988 - 7/1990	Walgreens #808 3737 E. Thomas Rd Phoenix, AZ	New Job Description
RPH	Staff Pharmacist	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/1988 - 6/1989	Markgraf Pharmacy 5101 W. Central Phoenix AZ	owner shot down
RPH	Staff Pharmacist	Ed Markgraf RPH
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial LS Page 6

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☒ No ☐

Arizona State Board of Pharmacy to seek Licensure

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

N/A

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph _____

Applicant's initial 4

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Hal Wand RN</u> AZ State Board of Pharmacy Employer <u>Executive Director</u>	Home	<u>23003 W. Watkins</u>	<u>Buckeye, AZ</u>			<u>22</u>
Name <u>Dennis Burke</u> Former US Attorney Employer	Home	<u>6106 W. 2nd Ave</u>	<u>Phoenix, AZ</u>			<u>32</u>
	Business	<u>40 N. Central Suite 1200</u>	<u>Phx</u>			
Name <u>Ed Shea</u> Employer <u>Artist</u>	Home	<u>248 E. Bethany Home Rd</u>	<u>Phx</u>			<u>20</u>
	Business	<u>SAME</u>				
Name <u>Leslie Plattner</u> Employer <u>Attorney</u>	Home	<u>2. W. Linger Lane</u>	<u>Phx</u>			<u>15</u>
	Business	<u>4201 N. 24th St Suite 100</u>				
Name <u>Scott Swanson</u> Employer <u>Audi of N. America</u>	Home	<u>11539 Coronado Trail</u>	<u>Frisco Tx</u>			<u>20</u>
	Business	<u>5388 Sterling Center Dr</u>	<u>Westlake, CA</u>			<u>14</u>

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
<u>NA</u>			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐

If yes, state type, where and years held

Pharmacist in Arizona since 1988

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Patient Care Infusion LLC, Arizona Home Care LLC, P and T Committee LLC, TGOZ LLC
Remy James Development LLC, Henry Gallo LLC, Villa Home Care LLC, Western Home Care LLC

Applicant's initial CS

STATE OF AZ

ss.

COUNTY OF Maricopa

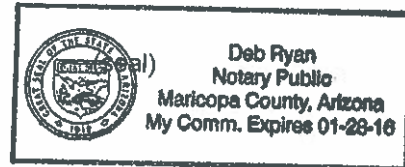
I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Be Smith
Original Signature of Applicant

Subscribed and Sworn to before me this 5th day of March

Deb Ryan
Deb Ryan
Notary Public



Applicant's initial LS Page 9

Blank

no cs
required

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane Reno, NV 89509 (775) 850-1440

APPLICATION FOR AUTHORITY TO DISPENSE DRUGS
Registration Fee: \$300.00 (non-refundable money order or cashier's check only)

New Dispensing Location ☒

Address Change ☐ (Requires Fee and New Application)

The undersigned practitioner, licensed to practice his or her profession in the State of Nevada, applies to the Board of Pharmacy for authorization to dispense, for profit, controlled substances (Nevada Controlled Substance Registration and DEA Registration required at the same address) or dangerous drugs or both, to his or her own patients, in the manner allowed and as required by Nevada and Federal law.

First: Richard Middle: Lefroy Last: Bailey Degree: ML

Practice Name (if any): Radiance Med Spa

Nevada Address: 9555 S. Eastern Avenue, Las Vegas, NV 89123 Suite #: 155

PO Box: 21944 E-mail address: _____

City: Bullhead City State: AZ Zip Code: 86439

Nevada Work Telephone: _____ Nevada Fax: _____

Yes No

Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?..... ☐ ☒

1. Been charged, arrested or convicted of a felony or misdemeanor in any state?..... ☐ ☒

2. Been the subject of an administrative action whether completed or pending in any state?..... ☐ ☒

3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.... ☐ ☒

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

I hereby certify that the answers given in this application are true and correct to the best of my knowledge. I understand that the approval of this application provides me alone with the authority to dispense controlled substance or dangerous drugs or both to my own patients at the address stated on the application. I further understand that I may not delegate this authority to any other person. I further agree to abide by all statutes, rules or regulations governing practitioner dispensing and understand that a violation of any such statute, rules or regulations may be grounds for suspension or revocation of this permit of authorization.

Original Signature, no copies or stamps accepted.

Date

Board Use Only

Received: _____

Amount: 300.00

Entity# 57469

This application is required if the dispensing facility is not owned by a physician.

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

**DISPENSING FACILITY APPLICATION
NON PUBLICLY TRADED CORPORATION**

THE APPLICATION CAN BE HANDWRITTEN AS LONG AS IT IS LEGIBLE

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.

FACILITY INFORMATION

Facility Name: Radiana Medspa
Physical Address: 9555 S. Eastern Ave #155, Las Vegas NV, 89123
Mailing Address: 9555 S. Eastern Ave #155
City: Las Vegas State: NV Zip Code: 89123
Telephone Number: 702-263-3772 Fax Number: 702-260-0537
E-mail: admin@RadianamedspaLV.com

Names of Dispensing Practitioners Requested at this Site:

Dr. Richard Bailey

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada
Parent Company if any: NI/NA
Corporation Name: Radiance Medspa LLC.
Mailing Address: 4555 S. Eastern Ave #155
City, State and Zip: Las Vegas NV 89123
Telephone Number: 702-263-3772 Fax Number: 702-260-0537
License Contact Person: SARAJ SINGH

OWNERSHIP INFORMATION: Four largest shareholder must complete the information below and complete the Personal History Record.

List the corporations four largest shareholders

Name	Percentage of Ownership
1. <u>SARAJ Singh</u>	%: <u>100%</u>
2. _____	%: _____
3. _____	%: _____
4. _____	%: _____

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

Officer or director name

Officer or director title

Saraj Singh

Managing Member

Within the last five (5) years:

- 1) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☒ No ☒
- 3) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to any question 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 dispensing facility 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 Corporate Officer

Date

Print or Type name and title

PERSONAL HISTORY RECORD for Pharmacy, MDEG & WholesalerDate 1-11-12**GENERAL INSTRUCTIONS**

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Dispensing License
Radiance Medspa Nature of License
Radiance Medspa Name and Address of Establishment for Which License is Requested
Radiance Medspa
 If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Last Name SINGH First Name SAROJ Middle Name _____
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) N/A
 Present Residence Address-Street or RFD 10357 Niagara Falls Ln City Las Vegas State/Zip NV 89144
 Present Business Address 9555 S. Eastern Ave City _____ State/Zip _____
 Occupation Self employed Phone: Residence _____ Business _____
 Date of Birth _____ Place of Birth (City, County, State) Allahabad India
 Age 53 Social Security Number _____ Sex F
 Color of Eyes Black Color of Hair Black Complexion Brown Weight 135 Build _____ Height 5'-4"

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. _____

If naturalized, certificate No. _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☒ Widowed ☐ Engaged ☐

Applicant's Initial S

MARITAL INFORMATION-Continued

A. **Current Marriage**..... 4/17.....
 Date..... City, County and State.....
 Spouse's full name (Maiden)..... S.S. No.....
 Date of Birth..... Place of Birth.....
 Resident address.....
 Street..... City..... State..... Zip.....
 Telephone: Residence..... Business.....
 Spouse's employer..... Occupation.....
 Address of employer.....
 Street..... City..... State..... Zip.....

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Dr Vinod K Singh	I don't know				

3. **FAMILY INFORMATION:**A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address

B. **Child Support Information:**

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial.....

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order: N/A

Name

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

In-law or legal guardian If retired or deceased, list last address and occupation.

Name (Maiden)

Birth Date

Address

Occupation

Father

Dr Bhagwan Singh

Dead

Professor UNLV

Mother

Shakunatala Singh

5084 Sarah Lane

Housewife

Father-in-Law

Mother-in-Law

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)

Birth Date

Address

Occupation

Spouse

Brijendra Singh

8450 Imperial Hwy.

Cheryl

LA 90280

Spouse

Sashi Singh Morris

7133 Tropical Island Ct -

Casino Host

Robert Morris

LV, NV 89129

Dead

Spouse

Derendra P. Singh

5084 Sarah Lane

Real Estate

Sarita Singh

LV, NV 89119

Housewife

Spouse

Raghendra P. Singh

Bakersfield?

M.D. Doctor

Shakunatala Singh

Passed away Jan 27th 2011

Housewife

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Carmel Inter College.	INDIA		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	GGIC	INDIA		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	Allahabad University	INDIA	B.A	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
University	Masters from Allahabad University - 1980			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Bachelor & Masters in Philosophy

College or university where obtained

Applicant's initial

SS

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒

County.....State.....Date registered.....

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when?.....city, county and state.....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when?.....city, county and state.....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's Initial.....

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2-1-2007 to now	Radiance Medspa	Working

Title	Description of Duties	Name of Supervisor
Managing Member	owner	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1998 to 3/2007	Quizno's	Sold the Business

Title	Description of Duties	Name of Supervisor
President of		I was the President of Quizno's

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1981-10-1997	Housewife	

Title	Description of Duties	Name of Supervisor
Housewife		

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's Initial



9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name	Kathryn LaMar	Home	1380	Converse St.	Henderson, 89052	3
Employer	Self employed	Business	Isagony			
Name	Neri Piplani	Home	245	Winter Creek	Henderson	07/10 years
Employer	Self employed	Business	Tropical Smoothie			
Name	Atigekhan	Home	Kingman	Az		16 years
Employer	Mojave Community College	Business	Teacher			
Name	Dolly Mandel	Home	4008	Crimson Clover	Las Vegas, NV 89134	13 years
Employer	Self employed	Business	Book keeping			
Name	Shirley	Home				
Employer	Self employed	Business	Book keeping			

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's Initial.....

Page 7

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug-related industry? Yes ☐ No ☒



Date of photograph 1-11-2012

Applicant's Initial

[Signature]

STATE OF Nevada

SS.

COUNTY OF ClarkI, Saroj Singh

being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby.

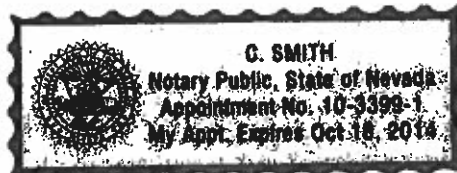
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Saroj Singh
Original Signature of Applicant

Subscribed and Sworn to before me this 12th day of

January 2012 by Saroj Singh. ***

C. Smith
Notary Public



(seal)

Applicant's initial S

ADDITIONAL INFORMATION

My name is Saraj Singh. I came to USA in 1980. My father was professor in UNLV. I was married in 1981. I got divorced in June 1997. I have 2 kids Swati & Shashank R. they both live with me. I am Masters in Philosophy. I was housewife till 1998. I bought the Swiggy's franchise. I ran the business till Jan 2007. 2005 I bought Radiance franchise. We open Radiance Medspa Nov 2007.

Applicant's initial



PR01521

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane -- Reno, NV 89509
APPLICATION FOR PHYSICIAN'S ASSISTANT • PRESCRIBE
REGISTRATION FEE: \$80.00 (non refundable)

First: Trevor Middle: Andreas Last: Schmidt
Home Address: 2711 Port Lewis Ave
City: Henderson State: NV Zip Code: 89052
SSN: [redacted] Date of Birth: [redacted] ☒ M or ☐ F
Telephone: [redacted] E-mail address: [redacted]

PRACTICING LOCATION

Practice Name (if any): MyShape Liposculpture Specialists
Physical Address: 2610 Horizon Ridge Pkwy Suite #: 203
City: Henderson State: NV Zip Code: 89052
Telephone: 702-818-5746 Fax: 702-988-8808
Medical/Osteopathic Board PA # 1219 Issued: 5/12/2010 Expires: 6/30/11

SUPERVISING PHYSICIAN

Supervising Physician: Anil Patel Degree: MD
(Please print)
Physical Address: 2610 Horizon Ridge Pkwy Suite #: 203
City: Henderson State: NV Zip Code: 89052

1) I have <input type="checkbox"/> I have not <input checked="" type="checkbox"/>	been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse
2) I have <input type="checkbox"/> I have not <input checked="" type="checkbox"/>	been charged, arrested or convicted of a felony or misdemeanor.
3) I have <input type="checkbox"/> I have not <input checked="" type="checkbox"/>	been the subject of an administrative action whether completed or pending.
4) I have <input type="checkbox"/> I have not <input checked="" type="checkbox"/>	had a license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 2, 3 or 4 above, please include the following information and an explanation and/or documents

a) Board Administrative Action and/or	State: _____ Date: _____ Case Number: _____
b) Criminal Action	State: _____ Date: _____ Case Number: _____

County: _____ Court: _____

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature of Physician's Assistant

Date

Signature of Supervising Physician

Date

Board Use Only
Received **MAR 15 2011** Check Number 4041 Amount \$80.00 2/2009

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

\$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 ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Allermed Pharmacy
Physical Address: 7203 Convoy Court San Diego, CA 92111
Mailing Address: P.O. Box 17540 San Diego, CA 92177-7540
City: San Diego State: CA Zip Code: 92177-7540
Telephone Number: 858-292-1060 Fax Number: 858-292-5934
Toll Free Number: 800-221-2748 (Required per NAC 639.708)
E-mail: orders@allermed.com Website: www.allermed.com
Managing Pharmacist: Karen Koenig License Number: RPh45647

Hours of Operation:

Monday thru Friday 8:30 am 5:00 pm Saturday N/A am _____ pm
Sunday N/A am _____ pm 24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

Board Use Only

Received: FEB 08 2012 Amount: 500- Entity: 59129 1

OWNERSHIP IS A CORPORATION

State of Incorporation: CALIFORNIA
Parent Company if any: ALLARMED LABORATORIES, INC.
Corporation Name: ALLARMED HOLDINGS, INC.
Mailing Address: 880 CARILLON PARKWAY
City: ST. PETERSBURG State: FL Zip: 33716
Telephone: (727) 575-5722 Fax: _____
License Contact Person: HARRY S. NIELSEN, D.A. (858) 292-1060
Professional Compliance Contact Person: MIKE DURSCHLAG (858) 292-1060

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>ALLARMED HOLDINGS, INC.</u>	%: <u>90</u>
2.	<u>SCOTT S. NIELSEN</u>	%: <u>5</u>
3.	<u>MIKE DURSCHLAG</u>	%: <u>5</u>
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:

N/A _____

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

^(u)
ALBION MEDICAL HOLDINGS, INC.
JOHN ROBY PRESIDENT/CEO GAVIN WAGNER - SECRETARY 2
ANTHONY PALUMBO CFO/TREASURER HARRY S. NIELSEN - DIRECTOR

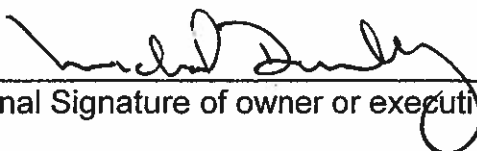
Within the last five (5) years:

- 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.


Original Signature of owner or executive officer, no stamps or copies

11-28-2011
Date

VICE PRESIDENT OF OPERATIONS, ALLEGED PHARMACY
Print or Type name and title



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.

January 13, 2012

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: ALLERMED PHARMACY

License Type: PHARMACY

License Number: PHY 50592

Status: ACTIVE

Issue Date: 08/03/11

Expiration Date: 08/01/12

Address of Record: 7203 CONVOY CT SAN DIEGO CA 92111

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Virginia Herold
Executive Officer

By

A handwritten signature in blue ink that reads "Barbera Schleicher".

Barbera Schleicher
Public Inquiry Analyst
(916) 574-7922

Barbera.Schleicher@dca.ca.gov

2116

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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.

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Midwest Compounding, Inc

Physical Address: 13330 Santa Fe Trail Drive

Mailing Address: _____

City: Lenexa State: KS Zip Code: 66215

Telephone: (913) 498-2121 Fax: (913) 498-2785

Toll Free Number: (888) 245-3012 (Required per NAC 639.708)

E-mail: tdelonga@mwcparmacy.com Website: Mwcparmacy.com

Managing Pharmacist: Troy S. Delong License Number: 11653

Hours of Operation:

Monday thru Friday <u>9</u> am <u>6</u> pm	Saturday <u>9</u> am <u>12</u> pm
Sunday _____ am _____ pm	24 Hours _____

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 checked="" type="checkbox"/> Parenteral - <u>In office only</u> <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

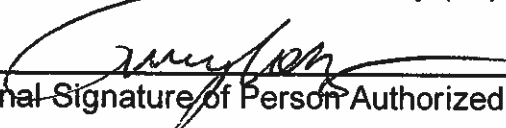
Within the last five (5) years:

- 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 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

Troy S. DeLong
Print Name of Authorized Person

2/1/12
Date

Board Use Only

Received: **FEB 22 2012**

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Kansas
Parent Company if any: N/A
Corporation Name: Midwest Compounding, Inc
Mailing Address: 13330 Santa Fe Trail Drive
City: Lenexa State: KS Zip: 66215
Telephone: (913) 498-2121 Fax: (913) 498-2785
Contact Person: Troy J. DeLong

For any corporation non publicly traded, disclose the following:

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

- a) Troy S. DeLong 11368 W 121st Terr Overland Park, KS 662
Name Address
- b) Lisa R. DeLong 11368 W 121st Terr Overland Park, KS 662
Name Address
- c) _____
Name Address
- d) _____
Name Address

- 2) Provide the number of shares issued by the corporation. 1000
- 3) What was the price paid per share? \$1.00
- 4) What date did the corporation actually receive the cash assets? 8/30/00
- 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: _____ %: _____

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

Send to State Board of Pharmacy for Completion: A separate letter is acceptable.
Do not return with application unless it has been completed by the licensing agency.

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

PHARMACY LICENSE VERIFICATION

Lic# 2-10093

Name: Tray S. Delany for Midwest Compounds, Inc
 Address: 13330 Santa Fe Trail Drive
 City: Lenexa State: Ks Zip: 66215
 I hereby authorize the Ks Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.
 Signature of Applicant [Signature]

THIS FORM MUST BE FORWARDED TO THE HOME STATE
LICENSING AGENCY FOR COMPLETION DO NOT WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
2-10093	Active	9-6-06	6-30-12

Has this license been encumbered in any way? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type of Encumbrance: (if any) <input type="checkbox"/> Revoked <input type="checkbox"/> Surrendered <input type="checkbox"/> Limited <input type="checkbox"/> Suspended <input type="checkbox"/> Restricted <input type="checkbox"/> Probation Please attach copies of any pertinent legal documents
---	---

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) ☐ Yes ☒ No

Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) ☐ Yes ☒ No

Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) Not that I know of ☐ Yes ☒ No

Has applicant met all licensing requirements of your state? (If no, please explain) ☒ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal
<u>Jamie Fitzhugh</u>	<u>Senior Administrative Assistant</u>	<u>KS</u>	<u>3-8-12</u>	

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

\$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 ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Pallimed solutions, Inc.
Physical Address: 400 West Cummings Park Suite 1050
Mailing Address: same as above
City: Woburn State: MA Zip Code: 01801
Telephone Number: 781-937-3344 Fax Number: 781-937-3388
Toll Free Number: 877-592-5051 (Required per NAC 639.708)
E-mail: info@pallimed.com Website: www.pallimed.com
Managing Pharmacist: James E. Nahill License Number: PH21521

Hours of Operation:

Monday thru Friday 8 am 7 pm Saturday by appt. only _____ am _____ pm
Sunday n/a am n/a pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|--|--|
| <input checked="" 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: FEB 28 2012 Amount: 500.00 Entity: 59353 1

APPLICATION FOR OUT-OFSTATE 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 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

JAMES NAKHLE

Print Name of Authorized Person

2/22/2012
Date

Board Use Only

Received: _____

Amount: _____

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.

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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.


Original Signature of owner or executive officer, no stamps or copies


Date

James E. Nahill president
Print or Type name and title

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Massachusetts

Parent Company if any: _____

Corporation Name: Pallimed Solutions, Inc.

Mailing Address: 400 West Cummings Park suite 1050

City: Woburn State: MA Zip: 01801

Telephone: 781-937-3344 Fax: 781-937-3388

Contact Person: James E. Nahill

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: 11/28/2006

Registration number issued: 000938282

Stock Exchange: _____

Include 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.

James Nahill - President

James Nahill - Treasurer

James Nahill - Secretary

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

\$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 ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: QUALITY HOME INFUSION
Physical Address: 212 W. MAGNOLIA BLVD. BURBANK, CA 91502
Mailing Address: 212 W. MAGNOLIA BLVD.
City: BURBANK State: CA Zip Code: 91502
Telephone Number: (818) 848-8112 Fax Number: (818) 848-8142
Toll Free Number: (866) 961-3114 (Required per NAC 639.708)
E-mail: PHIL@QHIX.COM Website: WWW.QHIRX.COM
Managing Pharmacist: HOLLY GRIFFITH License Number: RPH 33348

Hours of Operation:

Monday thru Friday 8:00 am 5:00 pm Saturday ON CALL am _____ pm
Sunday ON CALL am _____ pm 24 Hours ON CALL

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

Board Use Only

Received: MAR 29 2012 Amount: 500.00 Entity: 596666 1

OWNERSHIP IS A PARTNERSHIP. All information relates to the person listed as A partner Page 2 and 3 must be completed by each partner.

Owner's Name: PHILLIP R. MONTANO

List all previous names: _____

Social Security Number: _____

Date of Birth: _____

Place of Birth: City: SUN VALLEY State: CA Country: U.S.A.

Citizenship: USA ☒ other _____

If applicable, list Naturalization Number: _____ Passport Number: _____

Current residence address: 27019 KARNS CT. #1301

City: CANYON COUNTRY State: CA Zip Code: 91387

Telephone Number: _____ Fax Number: _____

Previous address (last 5 years): SAME

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Business Name: QUALITY HOME INFUSION

Current Business Address: 212 W. MAGNOLIA BLVD.

City: BURBANK State: CA Zip Code: 91502

Telephone Number: _____ Fax Number: _____

Previous Employment:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Are you a registered pharmacist in Nevada? Yes or No License #: _____

Professional qualifications if not a pharmacist: _____

OWNERSHIP IS A PARTNERSHIP

General _____ Limited X

Partnership Name: PMKM LLC

Mailing Address: 212 W. MAGNOLIA BLVD.

City, State Zip Code: BURBANK, CA 91502

Telephone Number: _____ Fax Number: _____

Contact Person: PHILLIP R. MONTANO

OWNERSHIP IS A PARTNERSHIP. All information relates to the person listed as partner Page 2 and 3 must be completed by each partner.

Owner's Name: HOLLY F. GRIFFITH

List all previous names: _____

Social Security Number: ...

Date of Birth: _____

Place of Birth: City: ILION State: NY Country: U.S.A.

Citizenship: USA ☒ other _____

If applicable, list Naturalization Number: _____ Passport Number: _____

Current residence address: 42 N. MICHIGAN AVE. #16

City: PASADENA State: CA Zip Code: 91106

Telephone Number: _____ Fax Number: _____

Previous address (last 5 years): SAME

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Business Name: QUALITY HOME INFUSION

Current Business Address: 212 W. MAGNOLIA BLVD.

City: BURBANK State: CA Zip Code: 91502

Telephone Number: _____ Fax Number: _____

Previous Employment: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Are you a registered pharmacist in Nevada? Yes or No License #: _____

Professional qualifications if not a pharmacist: _____

OWNERSHIP IS A PARTNERSHIP

General _____ Limited ☒

Partnership Name: PMKM LLC

Mailing Address: 212 W. MAGNOLIA BLVD.

City, State Zip Code: BURBANK, CA 91502

Telephone Number: _____ Fax Number: _____

Contact Person: PHILLIP R. MONTANO

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

Name	G or L	Percentage
<u>HOLLY F. GRIFFITH</u>	<u>L</u>	<u>51%</u>
<u>PHILLIP R. MONTANO</u>	<u>L</u>	<u>49%</u>

Within the last five (5) years:

- 4) Have you ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 5) Have ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 6) Have you ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 7) Have you 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 ☒
- 8) Have you 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 4 through 8 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.

Phillip R. Montano / Holly F. Griffith
Original Signature of partner, no stamps or copies

11-14-2011
Date

PHILLIP R. MONTANO / HOLLY F. GRIFFITH
Print or Type name



Board of Pharmacy



Retail Pharmacy Permit



LICENSE NO. PHY 48672

ISSUE DATE JANUARY 30, 2008

QUALITY HOME INFUSION

212 W MAGNOLIA BLVD
BURBANK CA 91502

The above is licensed with the State Board of Pharmacy as a Limited Liability Company.

LIMITED LIABILITY COMPANY
HOLLY FRANCES GRIFFITH

PHARMACIST IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL JANUARY 01, 2012

RECEIPT NUMBER 03330007

This original license must be kept for the life of the license and posted in public view.

In accordance with the provisions of Chapter 9 of Division 2 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is non transferable. Contact the California State Board of Pharmacy when there is change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change), administrator or pharmacist-in-charge.

CALIFORNIA STATE BOARD OF PHARMACY
1625 NORTH MARKET BLVD., SUITE N-219
SACRAMENTO, CA 95834
(916) 574-7900

----- POST IN PUBLIC VIEW -----

Blank

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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.

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Wells Pharmacy Network, LLC

Physical Address: 11120 S Crown Way, Suite 11, Wellington, FL 33414

Mailing Address: 11120 S Crown Way, Suite 11

City: Wellington State: FL Zip Code: 33414

Telephone: 561 793 1568 Fax: 561 793 1570

Toll Free Number: 855-935-5779 (Required per NAC 639.708)

E-mail: HNeely@wellsrx.com Website: www.wellspharmacynetwork.com

Managing Pharmacist: Holly Neely, RPh License Number: PS45865 (Florida)

Hours of Operation:

Monday thru Friday 9 am 6 pm EST Saturday 9 am 12 pm EST
Sunday on call am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input checked="" 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 checked="" type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
---	--

Internet Provider
& SOP on file

59451

APPLICATION FOR OUT-OFSTATE 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 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.

Colleen S Shapiro, managing member
Original Signature of Person Authorized to Submit Application, no copies or stamps

Colleen S Shapiro
Print Name of Authorized Person

2/21/2012
Date

Board Use Only

Received: MAR 07 2012

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

limited liability company

State of Incorporation: Florida

Parent Company if any: _____

Corporation Name: Wells Pharmacy Network, LLC

Mailing Address: 11120 S clown Way, Suite 11

City: Wellington State: FL Zip: 33414

Telephone: 561-793-1568 Fax: 561-793-1570

Contact Person: Holly Neary, RPh

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the ^{membership interests} shares were issued by the ^{limited liability company} corporation?

a) NemoMOM, LLC 12405 Equine Lane, Wellington, FL 33414
Name Address

b) Shapiro family D-3 Trust 12405 Equine Lane, Wellington, FL 33414
Name Address

c) Colleen Stacy Shapiro 2010 Trust 12405 Equine Lane, Wellington FL 33414
Name Address

d) OB Joyful Trust 364 Woodbine Rd, Stamford, CT 06903
Name Address

- 2) Provide the number of ^{membership interests} shares issued by the ^{limited liability company} corporation. A-2 preferred units 15 million
Common units - 1 million
- 3) What was the price paid per share? ^{membership interest} A-2 preferred units - \$1.00; Common units - \$.01
- 4) What date did the ^{LLC} corporation actually receive the cash assets? Sept 2011
- 5) Provide a copy of the ^{LLC's} corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership. NONE

Name: _____ %: _____

Name: _____ %: _____

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



**Nevada State Board of Pharmacy
Application for Out-of-State Pharmacy License
for
Wells Pharmacy Network, LLC**

Page 3 of the Application

Question 3:

Robert L. Wilbur, Pharm.D., CPh, was the subject of an administrative complaint as the result of a routine pharmacy inspection of International Surgical Med Pharmacy, a community pharmacy, on August 15, 2001 (Case No. 2001-10799). Mr. Wilbur had been contracted by this pharmacy, through HealthCare Consultants Pharmacy Staffing Company, as a consultant to oversee the recasting of their business model and was acting as Pharmacy Manager during this period. At the time of the inspection, the pharmacy was undergoing remodeling and not conducting business. Due to the construction activities, the required signage was not properly posted, the pharmacy computer system was disconnected, and pharmacy paperwork and files were stored. No medications were in the facility and no prescriptions had been filled during this period. The Department of Health inspector viewed these occurrences as deficiencies since the pharmacy was considered "Active". As a result Mr. Wilbur was found, as Pharmacy Manager, to be in violation of Chapters 456 and 465 Florida Statutes. Mr. Wilbur received an administrative fine of \$1000 and required to attend a continuing education course reviewing Florida Pharmacy rules and laws. These terms were satisfied and his license returned to "Clear" in October 2003.

Please see attached Stipulation and Final Order.

Jeb Bush
Governor



John O. Agwunobi, M.D., M.B.A.
Secretary

October 29, 2003

Robert Wilbur, RPh
7360 SW 130th Street
Miami, FL 33156

Case #(s): 01-10799
File Date: 10/18/02

Dear Mr. Wilbur:

Pursuant to the above-cited Order(s), you were required to complete specific terms. After a review of your file, it appears that you have completed the requirements of your Order(s). Please be advised, your Florida licensure status is now reflected as Clear.

I hope you find this information helpful. If you have any questions, you may contact me via my e-mail address, which is kathy_faircloth@doh.state.fl.us, or by telephone at (850) 245-4444 ext. 3564

Sincerely,

A handwritten signature in black ink, appearing to read "Kathy Faircloth".

Kathy Faircloth
Regulatory Specialist II
Compliance Officer

/kf

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,
BOARD OF PHARMACY,

Petitioner,

vs.

CASE NO. 01-10799

ROBERT WILBUR, R.PH.

Respondent.

STIPULATION

Pursuant to Section 120.57(4), Florida Statutes, the above named parties hereby offer this Stipulation to the Board of Pharmacy as disposition of the Administrative Complaint, attached hereto as Exhibit "A," in lieu of any other administrative proceedings. The terms herein become effective only if and when a Final Order accepting this Stipulation is issued by the Board and filed. In considering this Stipulation, the Board may review all investigative materials regarding this case. If this Stipulation is rejected, it, and its presentation to the Board, shall not be used against either party.

STIPULATED FACTS

1. For all times pertinent herein, Respondent was a licensed pharmacist in the State of Florida, having been issued license number PS 0026106. Respondent's last known address is 8220 N W. 14th Street, Miami, Florida 33126.
2. The Respondent was charged by an Administrative Complaint filed by the Department and properly served upon Respondent with violations of Chapters 456 and 465,

Florida Statutes. A true and correct copy of the Administrative Complaint is attached hereto and incorporated by reference as Exhibit A.

3. Respondent neither admits nor denies the factual allegations contained in the Administrative Complaint.

STIPULATED LAW

1. Respondent admits that he is subject to the provisions of Chapters 456 and 465, Florida Statutes, and the jurisdiction of the Department of Health and the Board.

2. Respondent admits that the stipulated facts, if proven true, constitute violations of laws as alleged in the Administrative Complaint.

3. Respondent admits that the stipulation is a fair, appropriate, and reasonable resolution to this pending matter.

PROPOSED DISPOSITION

1. The Board of Pharmacy shall impose an administrative fine of one thousand (\$1000) dollars and costs of investigation and prosecution in an amount not to exceed one thousand five hundred (\$1,500) dollars. The final amount of costs shall be assessed at the time the stipulation is presented to the Board for consideration. The fine and costs are to be paid by the Respondent to the Department of Health, HMQ/AMS Client Services, Post Office Box 6320, Tallahassee, Florida 32314-6320, Attention: Compliance Officer of the Board of Pharmacy, within thirty (30) days of the filing of a Final Order accepting and incorporating this Stipulation.

2. The Respondent shall successfully complete a continuing education course on the laws and rules governing the practice of pharmacy in Florida that is not shorter than twelve (12) hours in length, within one (1) year of entry of the Final Order accepting and adopting this Stipulation.

3. Respondent shall not in the future violate Chapters 456, 465, 499, and/or 893 Florida Statutes, the rules promulgated pursuant thereto, or any other state or federal law, rule, or regulation relating to the practice or to the ability to practice pharmacy.

4. It is expressly understood that a violation of the terms of this Stipulation shall be considered a violation of a Final Order of the Board of Pharmacy, for which disciplinary action may be initiated pursuant to Chapter 465, Florida Statutes.

5. It is expressly understood that this Stipulation is subject to approval of the Board and Department and has no force or effect until an Order is based upon it by the Board.

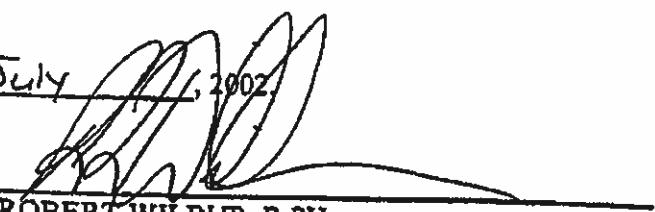
6. This Stipulation is executed by the Respondent for the purpose of avoiding further administrative action with respect to this particular cause. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to or in conjunction with consideration of the stipulation. Respondent agrees to support this stipulation at the time it is presented to the Board and shall offer no evidence, testimony, or argument that disputes or contravenes any stipulated fact or conclusion of law. Furthermore, should this Stipulation not be accepted by the Board, it is agreed that the presentation and consideration of this Stipulation and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings.

7. The Respondent and the Department fully understand that this Stipulation and subsequent Final Order incorporating same will in no way preclude additional proceedings by the Board and/or Department against the Respondent for acts or omissions not specifically set forth in the Administrative Complaint, attached hereto as Exhibit A, issued in this cause.

8. The Respondent waives the right to seek attorney's fees and/or costs from the Department or Agency in connection with this disciplinary proceeding.

WHEREFORE, the parties hereby request the Board to enter a Final Order accepting and implementing the terms contained herein.

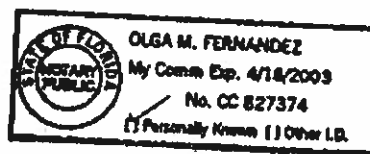
SIGNED this 3rd day of July, 2002.


ROBERT WILBUR, R.P.H.
CASE NO. 01-10799

Before me personally appeared Robert Wilbur, whose identity is known to me by Fla. Drivers License W416-772-6297-D (type of identification), and who, under oath, acknowledges that his/her signature appears above.


Sworn to and subscribed by Respondent before me this 3 day of JULY, 2002.


Notary Public
My Commission Expires:



APPROVED this 5th day of September, 2002.

John O. Agwunobi, M.D.
Secretary


By: Nancy M. Snurkowski
Chief Attorney
Agency for Health Care Administration

STATE OF FLORIDA
BOARD OF PHARMACY

By: Vicki R. Canon
Deputy Agency Clerk

DEPARTMENT OF HEALTH,

Petitioner,

vs.

CASE NO.: 2001-10799

ROBERT WILBUR, R.Ph.,

Respondent.

FINAL ORDER

Respondent, Robert Wilbur, R.Ph., holds Florida license number PS 0026106 as a licensed pharmacist. Petitioner filed an Administrative Complaint seeking disciplinary action against the licensee; a copy of that complaint is attached to and made a part of this Final Order.

Petitioner and Respondent have stipulated to a disposition of this case; said Stipulation was presented to the Board of Pharmacy at its October 7, 2002, meeting held in Tallahassee, Florida. Petitioner was represented by Lee Ann Knowles, Senior Attorney. Respondent was represented by Sean Ellsworth, Esq. The Stipulation is attached to and made a part of this Final Order. Pursuant to paragraph 1 of the proposed disposition section, COSTS are assessed at \$1,023.19. It is therefore Ordered that the Stipulation is adopted, and Respondent shall be governed accordingly.

This Final Order shall become effective upon filing with the Clerk of the Department.

DONE AND ORDERED this 15th day of October, 2002, by the
Florida Board of Pharmacy.


JOHN D. TAYLOR, R.Ph.
EXECUTIVE DIRECTOR

Rick Scott
Governor



H. Frank Farmer, Jr., M.D., Ph.D., F.A.C.P.
State Surgeon General

January 23, 2012

Wells Pharmacy Network LLC
Colleen Stacy Shapiro
11120 South Crown Way Ste 11
Wellington, FL 33414

RE: License Certification for Wells Pharmacy Network Llc

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH25799
ORIGINAL CERTIFICATION:	11/29/2011
EXPIRATION DATE:	02/28/2013
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,



John Phillips
Licensing and Auditing Services Unit



Donna

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

\$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 MDEG ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: MP or MW _____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Ability Prosthetics and Orthotics of Nevada, LLC

Physical Address: 309 Kirman Avenue, Suite A Reno, NV 89502
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 309 Kirman Avenue, Suite A

City: Reno State: NV Zip Code: 89502

Telephone: Establishing w/AT+T Fax: Establishing w/AT+T

E-mail: DHumph3831@aol.com Website: Abilityofnv.com (Registration in process)

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00am to 5:30 p.m. Tue: 9:00am to 5:30 p.m. Wed: 9:00am to 5:30 p.m. Thu: 9:00am to 5:30 p.m.

Fri: 9:00am to 5:30 p.m. Sat: by Appointment to Sun: by Appointment to Holidays: by Appointment to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Travis Humphreys

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 checked="" type="checkbox"/> Orthotics and Prosthetics |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: _____ Telephone: _____

APPLICATION FOR NEVADA 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:

Medicare/Medicaid Application in process

1) 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 ☐

2) 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 ☐

3) Are any of the owners health professionals? If yes, please check the box and list name.

<input checked="" type="checkbox"/> Practitioner	Name: <u>Travis Humphreys, CPO</u>
<input type="checkbox"/> Advanced Practitioner of Nursing	Name: <u>Denis Humphreys, Optometri</u>
<input type="checkbox"/> Physician's Assistant	Name: _____
<input type="checkbox"/> Physical Therapist	Name: _____
<input type="checkbox"/> Occupational Therapist	Name: _____
<input type="checkbox"/> Registered Nurse	Name: _____
<input type="checkbox"/> Respiratory Therapist	Name: _____

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

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner, 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 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 questions 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

Travis Humphreys

Print Name of Authorized Person

3/13/12

Date

Board Use Only

Received: MAR 22 2012

Amount: 500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada
Parent Company if any: N/A
Corporation Name: Ability Prosthetics and Orthotics of Nevada, LLC
Mailing Address: 309 Kirman Avenue, Suite A
City: Reno State: NV Zip: 89502
Telephone: Establishing w/ AT+T Fax: Establishing w/ AT+T
Contact Person: Travis Humphreys (cell #

For any corporation non publicly traded, disclose the following:

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

a) Travis Humphreys 4384 Copperhead Ct., Sparks, NV 89436
Name Address

b) Denis Humphreys 2550 Old Waverly Ct., Sparks, NV 89436
Name Address

c) _____
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

- 2) Provide the number of shares issued by the corporation. 100
3) What was the price paid per share? \$1.00
4) What date did the corporation actually receive the cash assets? 02/22/2012
5) Provide a copy of the corporation's stock register evidencing the above information

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

✓ Date 3/16/2012

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Prosthetics and Orthotics

Nature of MDEG

Ability Prosthetics and Orthotics of Nevada, LLC

309 Kirman Ave,
Reno, NV 89501

Name and Address of Business for Which MDEG Administrator Is Requested

N/A

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Humphreys
Last Name

Travis
First Name

Mitchell
Middle Name

N/A

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

4384 Copperhead Ct. Sparks NV 89436
Present Residence Address-Street or RFD City State/Zip

175 S. Park Street 9/97-present Reno, NV 89502
Present Business Address City State/Zip

Certified Prosthetist/Orthotist 9/97-present
Present Position with the MDEG

Phc

Fax

Email address: _____

Date of Birth

Reno, Washoe, NV
Place of Birth (City, County, State)

42
Age

M
Sex

Hazel
Color of Eyes

brown
Color of Hair

170
Weight

6'0
Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐

If alien, registration No N/A

If naturalized, certificate No N/A Date _____

Place N/A (If naturalized, document must be verified.)

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

9/1997-present Acadian Rehab, Inc 175 S. Park St. Reno, NV - 28,800
Month and Year Name/ Address of Employer/Business No of Employed Hours H

Certified Prosthetist Orthotist - Practitioner Randy Fletcher
Title Description of Duties Name of Supervisor

Month and Year Name/ Address of Employer/Business No of Employed Hours

Title Description of Duties Name of Supervisor

Month and Year Name/ Address of Employer/Business No of Employed Hours

Title Description of Duties Name of Supervisor

Month and Year Name/ Address of Employer/Business No of Employed Hours

Title Description of Duties Name of Supervisor

Month and Year Name/ Address of Employer/Business No of Employed Hours

Title Description of Duties Name of Supervisor

Month and Year Name/ Address of Employer/Business No of Employed Hours

Title Description of Duties Name of Supervisor

I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

a) Board Administrative Action: State: N/A
b) Date: _____

Case Number: _____

c) Criminal Action: State: N/A

Date: _____

Case Number: _____

County: _____

Court: _____

4. Will you be actively involved in and aware of the daily operation of the MDEG?

Yes ☒ No ☐

5. Will you be employed fulltime with the MDEG?

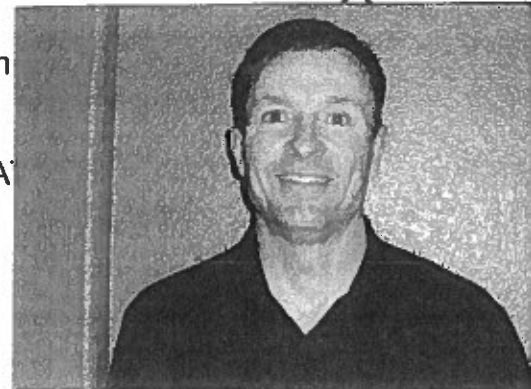
Yes ☒ No ☐

6. Will you be present at the site of the MDEG during its normal operating hours?

Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a written

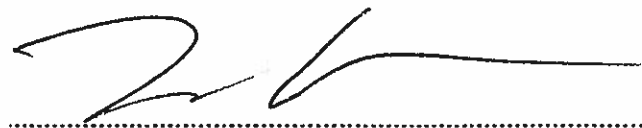
N/A



Date of photograph 3/10/2012

I, Travis Humphreys, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.


.....
Original Signature of Applicant

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 3/16/2012

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Nevada Medical Device Equipment and Gases (MDEG)
 Nature of License
Ability Prosthetics and Orthotics of Nevada, LLC, 309 Kirman Ave, Suite A
 Name and Address of Establishment for Which License Is Requested
N/A
 If applicable, Name Under Which It Is Now Operated Reno, NV 89502

1. PERSONAL INFORMATION:

Last Name Humphreys First Name TRAVIS Middle Name Mitchell
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
N/A
 Present Residence Address-Street or RFD 4384 Copperhead Ct. City SPARKS State/Zip NV 89436
 Present Business Address 175 S. Park Street City Reno State/Zip NV 89502
 Occupation Certified Prosthetist Orthotist Phone: Residence _____ Business _____
 Date of Birth _____ Place of Birth (City, County, State) _____
 Age 42 Social Security Number Brown Sex M
 Color of Eyes Blue Color of Hair Fair Weight 170 Build M Height 6'0

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes No ☐ If alien, registration No. _____

If naturalized, certificate No. N/A Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial TH

MARITAL INFORMATION-Continued

A. Current Marriage

Spouse's full name (Maiden) ^{Date} Christine Marie (Rossi) Rocklin, Placer, CA City, County and State
 Date of Birth _____ Place of Birth Sacramento, CA
 Resident address 4384 Copperhead Ct. Sparks, NV 89436 Street City State Zip
 Telephone: Residence _____ Business _____
 Spouse's employer Family Eyecare Associates Occupation Operations Manager
 Address of employer 1965 Bering Blvd. Sparks, NV 89434 Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
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N/A

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

N/A

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place
------	------------	-------------

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial JS

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address _____

Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
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Father

Doris Humphreys -	1-1-1948	2550 Old Waverly Ct., Sparks, NV 89436	Optometrist
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Mother

Rocklyn (Housen) Humphreys -		2550 Old Waverly Ct., Sparks, NV 89436	Administrative Secretary
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Father-in-Law

Doris Rossi - Deceased -		111 Lincoln St., Colfax, CA. 95713	Contractor
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Mother-in-Law

Cheryl (Brown) Rossi -	1-21-1941	355 Piazza Ct., Reno, NV, 89502	Retired Administrative Secretary
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D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
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Troy Humphreys -	1-1-1961	Primio Ct., Sparks, NV 89434	Optometrist
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Spouse Brother

Becky (Lowrey) Humphreys -	1-1-1961	2435 Primio Ct., Sparks, NV 89434	Optometrist
----------------------------	----------	-----------------------------------	-------------

Spouse

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	Lloyd Diedrichsen, Sparks, NV	9/1980 - 6/1981	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Reed High School, Sparks, NV	1984 - 1988	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	University of Nevada - Reno, Reno, NV	1988 - 1993	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	University of Texas - Southwestern, Dallas, TX	1994 - 1996	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any B.S., CPOCollege or university where obtained B.S. (University of Nevada - Reno), CPO (University of Texas Southwestern)Applicant's initial RV

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒Branch N/A Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒County N/A State _____ Date registered _____**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>N/A</u>					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☒ No ☐

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☒ No ☐ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
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Ryan Humphreys, Cousin, Felony DUI, Reno, NV Approx. 2009

Applicant's initial TA

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
---	------------	--------------------------	------------------------	------------------

N/A

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	--

N/A

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
-----------------------------	-------------------	------	-----------------

1/84-5/93 3320 Martini Rd. Sparks, NV, Washoe

5/93-5/96 6533 Shady Brook Ln, #3226, Dallas, TX 75206

5/96-9/97 Marble Ct., Redding, CA

9/97-4/03 4600 N. Cactus Hills, Sparks, NV, Washoe

5/03-present 4384 Copperhead Ct., Sparks, NV, Washoe

Applicant's initial




8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
9/97-present	Acadian Rehab Inc. 175 S Park, Reno, NV	Still employe.
CPO	Practitioner-Prosthetics/Orthotics	Randy Fletcher
5/96-9/97	Ray Tegerstrand P+D, 2445 Athens Ave, Redding, CA -	Job oppor in Reno,
Resident	Resident, Prosthetics + Orthotics	Ray Tegerstrand
6/89-4/93	Saint Marys Regional M.C.	Attend P+D Graduate Sch.
P.T. Aide	P.T. Treatments	Bob Snellgrove
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial .....
Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>James Hardisty</u>	Home <u>5300 Valley Vista</u>	<u>Sparks</u>	<u>NV</u>	<u>89436</u>		<u>30+ yrs</u>
Employer <u>State of NV</u>	Business <u>Supreme Court Justice</u>	<u>Carson</u>	<u>City</u>	<u>NV</u>		
Name <u>David Manson</u>	Home <u>938 Wadona Ct.</u>	<u>Sparks</u>	<u>NV</u>	<u>89436</u>		<u>7 yrs</u>
Employer <u>National Guard</u>	Business <u>2460 Fairview Dr.</u>	<u>Carson City</u>	<u>NV</u>			<u>57</u>
Name <u>Gary Frankenhauer</u>	Home <u>4396 Copperhead Ct.</u>	<u>Sparks</u>	<u>NV</u>	<u>89436</u>		<u>4 yrs</u>
Employer <u>Federal Court Security</u>	Business <u>400 S Virginia St.</u>	<u>Reno</u>	<u>NV</u>			
Name <u>John Bryant</u>	Home <u>10180 Goldmine Dr.</u>	<u>Reno</u>	<u>NV</u>	<u>89521</u>		<u>5 yrs</u>
Employer <u>Washoe County Social Services</u>	Business <u>350 S. Center St.</u>	<u>Reno</u>	<u>NV</u>	<u>89502</u>		
Name <u>Kirk Simerdinger</u>	Home <u>706 Misty Water Ln.</u>	<u>San Antonio</u>	<u>TX</u>	<u>78247</u>		<u>19</u>
Employer <u>Bio Tech</u>	Business <u>4410 Medical Dr.</u>	<u>Suite 210</u>	<u>San Antonio</u>	<u>TX</u>	<u>78229</u>	

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
 If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
----------------------------------	----------	----------------	------------------

N/A

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

N/A

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
 If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

Applicant's initial

PA

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

N/A

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 3/10/12

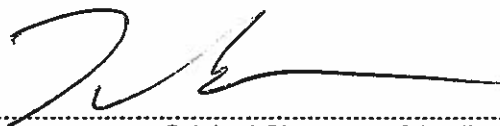
Applicant's initial

PA

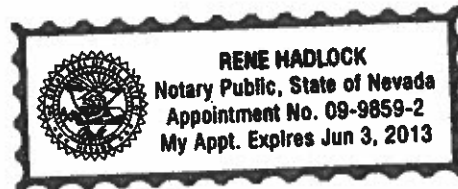
COUNTY OF Washoe

I, Travis Humphreys, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

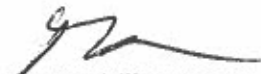


Original Signature of Applicant

Subscribed and Sworn to before me this 17th day ofMarch, 2012
Notary Public

(seal)

Applicant's initial



PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 3/16/2012

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Nevada Medical Device Equipment and Gases (MDEG)
Ability Prosthetics and Orthotics of Nevada, LLC 309 Korman A
 Name and Address of Establishment for Which License Is Requested Suite A
N/A Reno, NV 895
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Humphreys Denis Michael
 Last Name First Name Middle Name
N/A
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
2550 Old Waverly Ct. Sparks Nevada 89436
 Present Residence Address-Street or RFD City State/Zip
1965 Baring Blvd Dates 1999-present Sparks Nevada 89434
 Present Business Address City State/Zip
Optometrist Dates 1974-present
 Occupation
 Date of Birth 6/3 Place of Birth (City, County, State) Butte, Silver Bow, Montana
 Age 63 Social Security Number M Sex
Hazel Stary/Grey Light 175 Moderate 6'0"
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics Round Red Birthmark on Back

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. _____

If naturalized, certificate No. n/a Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial DMM

MARITAL INFORMATION-Continued

A. **Current Marriage** 7 Sparks, Washoe, Nevada
Date City, County and State
 Spouse's full name (Maiden) Rocklyn Kay (Howard) Humphreys S.S. No.
 Date of Birth Birth Reno, Nevada
 Resident address 2550 Old Waverly Ct. Sparks, NV 89436
Street City State Zip
 Telephone: Residence Business
 Spouse's employer Reno Heart / Renown Occupation Administrative Assistant
 Address of employer 343 Elm St. Ste #400 Reno NV 89503
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
----------------	-------------------------	---------------------------	------------------	-----------------------

N/A

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
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N/A

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
------	------------	-------------	-------------------

B. **Child Support Information:**

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial DMA

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address _____

Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father <u>Kenneth W. Humphreys</u>		<u>14110 Virginia Foothills Reno, NV 89521</u>	<u>Retired Employment Secur State of Nevada</u>
Mother <u>Annette (Cote) Matthews</u>		<u>9 East 'I' St. Sparks, NV</u>	<u>Deceased Central Services University of NV,</u>
Father-in-Law <u>Asael A. Howard</u>		<u>1955 Schurz Hwy. Fallon, NV 89406</u>	<u>Deceased Highway Engineer State of Nevada</u>
Mother-in-Law <u>Opal (Walburn) Harris</u>		<u>1940 4th St. #53 Sparks, NV 89431</u>	<u>Deceased Homemaker</u>

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
<u>Lorraine (Humphreys) Fox</u>		<u>15591 Sequoia Groveway Caldwell, Idaho 83607</u>	<u>Retired teacher</u>
Spouse <u>Robert Fox</u>		<u>15591 Sequoia Groveway Caldwell, Idaho 83607</u>	<u>Retired Health Inspector</u>
<u>Barbara (Humphreys) Frolich</u>		<u>7595 Young Circle Reno, NV 89511</u>	<u>Homemaker</u>
Spouse _____			
<u>Leo Humphreys</u>		<u>948 Pinewood Dr. Sparks, NV 89434</u>	<u>Retired Banker</u>
Spouse <u>Marlene (Bequette) Humphreys</u>		<u>948 Pinewood Dr. Sparks, NV 89434</u>	<u>Homemaker</u>
<u>Valerie (Humphreys) Cook</u>	<u>OS</u>	<u>8255 Willow Ranch Dr. Reno, NV 89523</u>	<u>Real Estate Age</u>
Spouse <u>Richard Cook</u>		<u>8255 Willow Ranch Dr. Reno, NV 89523</u>	<u>Family Therapi</u>

4. EDUCATION:(cont-
p.10

Name of School	Location	Dates Attended	Graduate
Grammar School <u>Verington Elementary</u>	<u>Verington, NV</u>	<u>1954-1962</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School <u>Manogue High School</u>	<u>Reno, NV</u>	<u>1962-1966</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University <u>University of Nevada, Reno</u>		<u>1966-1970</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other <u>Pacific University, Optometry</u>	<u>Forest Grove, Or.</u>	<u>1970-1974</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any B.S., O.D.College or university where obtained University of Nevada, Reno (B.S.)Pacific University, Optometry (O.D.)Applicant's initial DMH

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch N/A Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☒ No ☐

County Washoe State Nevada Date registered Approx 1970

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>N/A</u>					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☒ No ☐ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

H. Ryan Humphreys Nephew DUI-Felony Reno, NV Approx. 2008

Applicant's initial DHH Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
---	------------	--------------------------	------------------------	------------------

N/A

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	--

N/A

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
-----------------------------	-------------------	------	-----------------

1/1984 - 5/2007	3320 Martini Circle	Sparks	Nevada
-----------------	---------------------	--------	--------

5/2007 - 5/2008	6642 Aston Circle	Sparks	Nevada
-----------------	-------------------	--------	--------

5/2008 - present	2550 Old Waverly Ct.	Sparks	Nevada
------------------	----------------------	--------	--------

Applicant's initial DATA Page 5

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
08/1974 - present	Dani's Humphreys, P.O. / Family Eyecare Associates	Current
Optometrist	Optometry/Eyecare	SELF
01/1999 - present	Vision Service Plan 3333 Quality Dr. Rancho Cordova, CA	cu
Optometry Director	Quality Management/Credentialing	Cheryl Johnson
09/1970 - 05/1974	Travelwell Grocery Store Forest Grove, Ore.	completed school
Grocery Clerk	Grocery Clerk/stocking	Lee Eggleston
06/1966 - 07/1970	Washoe County Reno, NV	moved for graduate school
Laborer	Buildings and Grounds	Robert Lukens
04/2007 - present	Buckbean Brewing Co. Reno, NV	-
STOCKHOLDER	STOCKHOLDER	-
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial DMH Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>James Hardesty</u>	Home	<u>5300 Valley Vista Way, Sparks, NV</u>				<u>40 yrs</u>
Employer <u>State of Nevada</u>	Business	<u>Supreme Court Judge, STATE OF NEVADA</u>				
Name <u>Geno Martini</u>	Home	<u>5040 Chevalier Dr., Sparks, NV</u>				<u>40 yrs</u>
Employer <u>City of Sparks</u>	Business	<u>Mayor - City of Sparks</u>				
Name <u>Drennan Tony Clark</u>	Home	<u>690 W. Patriot Blvd. Reno, NV</u>				<u>25 yrs</u>
Employer <u>retired</u>	Business	<u>(Retired) Adjutant General - State of Nevada</u>				
Name <u>Roger Ashby</u>	Home	<u>5550 Sleepy Hollow Dr. Reno, NV</u>				<u>40 y</u>
Employer <u>retired</u>	Business	<u>(Retired) Banker</u>				
Name <u>Robert Larkin</u>	Home	<u>1285 Baring Blvd #194 Sparks, NV</u>				<u>10</u>
Employer <u>Washoe County</u>	Business	<u>Commissioner - Washoe County Board of Co</u>				

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☒ No ☐
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
<u>Safe Deposit #150</u>	<u>First Independent Bank</u> <u>Los Altos Branch</u>	<u>Sparks, NV</u>	<u>Denis Humphrey</u> <u>Rocklyn Humphrey</u>

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐

If yes, state type, where and years held

Optometry license State of Nevada 1974 - present

Optometry License State of California 1974 - present

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

Applicant's initial MMH

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

N/A

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

N/A

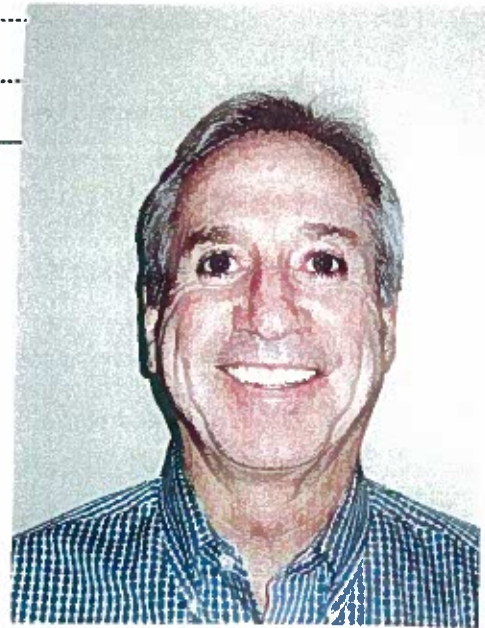
16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer)? Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

N/A



Date of photograph 03/12/2012

Applicant's initial DUA

STATE OF NEVADA

SS.


COUNTY OF Washoe

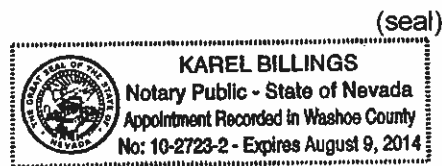
I, Denis M. Humphreys, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.


Original Signature of Applicant

Subscribed and Sworn to before me this 16th day of March 2012


Notary Public



Applicant's initial 

ADDITIONAL INFORMATION

3. D. (Cont.)

Anne (Humphreys) Bybee

601 Julmar Ct., Roseville, CA

EMS Planner
STATE OF CA

Kenneth W. Humphreys, Jr.

1002 'A' Baywood Dr. Sparks, NV

Retired ch

Miles Humphreys

2605 TOLUSA Ct. Sparks, NV

Mechanic
washoe

Lucia (Humphreys) Danti

4470 MIRA LOMA Dr. Reno, NV

Reno
Insurance

Norma (Humphreys) Aguirre

744 West Point Pl. Burlington, WA. Home

Art Aguirre

744 West Point Pl. Burlington, WA. Retire

6. H.

Ryan Humphreys

nephew

DUI - Felony

Reno, NV

approx. 200

Applicant's initial

DAH

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG) LICENSE – NON PUBLICLY TRADED CORPORATION

\$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 MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Eric M. Lindsey Ocular Artists, Inc.

Physical Address: 3663 E. Sunset Road Ste 507 Las Vegas, NV 89120
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1728 PROFESSIONAL DR

City: SACRAMENTO State: CA Zip Code: 95825

Telephone Number: 702 609 9203 Fax Number: 916 485 4389

E-mail _____ Website: ocularartistsinc.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: _____ to _____ Tue: _____ to _____ Wed: _____ to _____ Thu: 9 to 5 * 3rd Thurs of each month
Fri: 9 to 5 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

FACILITY ADMINISTRATOR INFORMATION

Name: ERIC LINDSEY

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☐ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: OCULAR PROSTHESES

**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: AUDREY SMITH Telephone: 702 521 4038

Board Use Only

Received

FEB 08 2012

Amount

500.00

Entity

59122

1

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA
Parent Company if any: _____
Corporation Name: ERIC M. LINDSEY OLIVAR ARTISTS INC.
Mailing Address: 3663 E. SUNSET RD STE 507
City, State and Zip: LAS VEGAS NV 89120
Telephone Number: 702 609 9203 Fax Number: 916 485 4389
License Contact Person: ERIC M LINDSEY
Professional Compliance Contact Person: ERIC M LINDSEY

NAME AND TITLE OF EACH OFFICER AND DIRECTOR (Use separate sheet if necessary)

<u>Officer or director name</u>	<u>Officer or director title</u>
<u>ERIC M LINDSEY</u>	<u>PRESIDENT</u>
<u>SAMANTHA L LINDSEY</u>	<u>SECRETARY</u>

For any corporation non publicly traded, disclose the following:

- 1) List any persons to whom the shares were issued by the corporation?

a) ERIC M LINDSEY : _____
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

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

- 2) Provide the number of shares issued by the corporation. 1000
- 3) What was the price paid per share? no par \$3.20
- 4) What date did the corporation actually receive the cash assets? 7/23/2009
- 5) Provide a copy of the corporations stock register evidencing the above information.

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

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

ERIC M. LINDSEY OCULAR ARTISTS, INC

PHILLIP A. DANZ AND ASSOC., INC.

- 1) 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 ☒ If yes, list the persons, their address and their business names.

a) _____
Name Address

Business

b) _____
Name Address

Business

c) _____
Name Address

Business

d) _____
Name Address

Business

- 2) Are you or have you in the last 10 years been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed?
Yes ☒ No ☐ If yes, list the persons, their address and their business names.

a) Phillip A Danz & Assoc. Inc 1728 Professional Dr Sacramento CA
Name Address 95825

Business

b) _____
Name Address

Business

c) _____
Name Address

Business

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

<input checked="" type="checkbox"/> Practitioner	Name: <u>ERIC M LINDSEY</u>
<input type="checkbox"/> Advanced Practitioner of Nursing	Name: _____
<input type="checkbox"/> Physician's Assistant	Name: _____
<input type="checkbox"/> Physical Therapist	Name: _____
<input type="checkbox"/> Occupational Therapist	Name: _____
<input type="checkbox"/> Registered Nurse	Name: _____
<input type="checkbox"/> Respiratory Therapist	Name: _____

Within the last five (5) years:

- 4) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 5) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 6) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 7) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to any question 4 through 8 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 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 Corporate Officer, no stamps or copies

Date

ERIC M. LINDSEY

PRESIDENT

Type name and title

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

✓ Date 11/28/11

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for OCULAR ARTIST

Nature of MDEG

ERIC A. LINDSEY OCULAR ARTISTS, INC. 3663 E. SUNSET RD STE 507 LAS VEGAS, NV

Name and Address of Business for Which MDEG Administrator Is Requested 89120

N/A

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

LINDSEY ERIC MATTHEW
Last Name First Name Middle Name

N/A
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

5225 MOSSY STONE WAY RANCHO CORDOVA CA 95742
Present Residence Address-Street or RFD City State/Zip

3663 ESUNSET RD STE 507 Dates LAS VEGAS NV 89120
Present Business Address City State/Zip

OWNER / PRESIDENT CEO Dates 8/1/2009 - PRESENT
Present Position with the MDEG

Phone: _____ Fax: _____

Email address _____

Date of Birth

Provo UTAH UT
Place of Birth (City, County, State)

33 _____
Age Social Security Number Sex

BRN RED 175 6'
Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐

If alien, registration No N/A

If naturalized, certificate No N/A Date _____

Place N/A (If naturalized, document must be verified.)

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

7/1/2003	Phillip A DANZ & Associates. INC	+ 10,000
Month and Year	Name/ Address of Employer/Business	No of Employed Hours

APPRENTICE OCULARIST LAB, SEE PATIENTS, create prostheses	Phillip DANZ
Title	Name of Supervisor

7/1/2008	Phillip A Danz & Associates. INC	8,000
Month and Year	Name/ Address of Employer/Business	No of Employed Hours

PRESIDENT/CEO	PATIENT CARE, ALL ADMIN, BILL, ACCOUNTING, HR SELF
Title	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

a) Board Administrative Action:

State: _____

b)

N/A

Date: _____

Case Number: _____

c) Criminal Action:

State: _____

N/A

Date: _____

Case Number: _____

County: _____

Court: _____

4. Will you be actively involved in and aware of the daily operation of the MDEG?

Yes ☒ No ☐

5. Will you be employed fulltime with the MDEG?

Yes ☐ No ☒

6. Will you be present at the site of the MDEG during its normal operating hours?

Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.

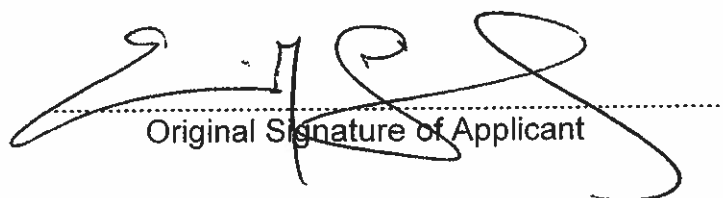
N/A



Date of photograph 12-2-11

I, ERIC M LINDSEY, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.


Original Signature of Applicant

Date 12-2-11

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Eric m Lundsey Ocular Artistis
 Nature of License MDEG
 Name and Address of Establishment for Which License Is Requested _____
 If applicable, Name Under Which It Is Now Operated _____

1. PERSONAL INFORMATION:

Last Name <u>Lundsey</u>		First Name <u>Eric</u>	Middle Name <u>m.</u>
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) <u>7</u>			
Present Residence Address-Street or RFD <u>5225 mossy st newly</u>		City <u>Rancho Cordovac</u>	State/Zip <u>CA 95742</u>
Present Business Address <u>3663 E sunset Rd</u>		City <u></u>	State/Zip <u></u>
Occupation <u></u>		Phone: Residence <u></u> Business <u></u>	
Place of Birth (City, County, State) <u>Utah</u>			
Age <u>33</u>	Social Security Number <u></u>		Sex <u>m</u>
Color of Eyes <u>BRN</u>	Color of Hair <u>Red</u>	Complexion <u></u>	Weight <u>175</u>
			Build <u></u>
			Height <u>6</u>

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. _____

If naturalized, certificate No. _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial EL

A. **Current Marriage** OAKLAND ALAMEDA CA
 Spouse's full name (Maiden) ^{Date} SAMANTHA LONG City, County S.S. No.
 Date of Birth 4/10/1984 Place of Birth JOHANNESBURG, SOUTH AFRICA
 Resident address 5225 MOSSY STONE WAY RANCHOLO RIOS CA 95742
 Street City State Zip
 Telephone: Res ss () N/A
 Spouse's employer N/A Occupation N/A
 Address of employer N/A
 Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>N/A</u>				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
<u>N/A</u>					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial SL

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address _____

Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If	sed, list last address and occupation.
Name (Maiden)	Address Occupation
Father	
THOMAS LINDSEY	4755 VIA CORONA CEO MEDICAL
Mother	YORBA LINDA, CA DEVICE ENTERPRI
NANNETTE RAMSAY	92887
Father-in-Law	10233 Shouch Way
GEORGE LONG	1 ELK GROVE, CA ENGINEER/DIRECTOR SIE
Mother-in-Law	95758
SHARON BEECH	-

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
BRUCE LINDSEY		4755 VIA CORONA	CEO NORCO
Spouse SARAH STEED		YORBA LINDA CA 92887	MEDICAL PRODUCTS
LINDSEY			
ADRIENNE		716 CASELLA WAY	NURSE
Spouse JONES DOUGLAS WHITE		PETALUMA, CA 95954	MANAGER
JESSICA SMITH		4755 VIA CORONA	LONG TERM CARE FACILITY
Spouse		YORBA LINDA, CA 92887	
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School TRAVIS RANCH	YORBA LINDA CA	1986 - 1992	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School EL DORADO	PLACENTIA CA	1992 - 1996	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College CSU LONG BEACH	LONG BEACH CA	1999 - 2003	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
University			
Other L'ACCADEMIA DI BELLE ARTI	FLORENCE ITALY	2000 - 2001	Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any BFA

College or university where obtained CSU LONG BEACH

Applicant's initial EL

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☒ No ☐

County ORANGE State CA Date registered 5/16/96

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
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N/A

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

N/A

Applicant's initial



- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
---	------------	--------------------------	------------------------	------------------

N/A

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	--

N/A

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
-----------------------------	-------------------	------	-----------------

12/09 - Now	5225 MOSSY STONE WAY	RANCHO CORDOVA	CA
5/06 - 12/09	1888 WATERFALL DR	MARYSVILLE	CA
12/05 - 5/06	12155 TRIBUTARY POINT DR	GOLD RIVER	CA 9
5/04 - 12/05	3427 KLEINER WAY	RANCHO CORDOVA	CA
7/03 - 5/04	400 PARK FAIR DR	SACRAMENTO	CA
1982 - 6/03	4755 VIA CORONA,	YORBA LINDA	CA

Applicant's initial

EL

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/09	ERIC M. LINDSEY OCULAR ARTISTS INC 3663 E. SUNSET ROAD STE 507 LAS VEGAS NV 89120	SELF N/A
Title	Description of Duties	Name of Supervisor
CEO	CREATE OPHTHALMIC PROSTHETIC DEVICES	SELF
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/03	Phillip A. DANZ & ASSOC. INC 1728 PROFESSIONAL PR SACRAMENTO CA 95825	N/A
Title	Description of Duties	Name of Supervisor
APPRENTICE → PRESIDENT/CEO		Phillip A. DANZ → SELF
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
02-03	STUDENT @ CSU LONG BEACH LONG BEACH, CA	
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2000-2001	STUDENT @ ACCADEMIA DI BELLE ARTI FLORENCE, ITALY	
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1997-1999	LDS MISSIONARY RECIFE, BRAZIL	
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1996-1997	STUDENT BRIGHAM YOUNG UNIVERSITY PROVO UTAH	
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial



List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>JOEL BURNHAM DDS</u>	Home				()	
Employer	Business				()	
Name <u>MARK MANNIS MD</u>	Home				()	
Employer	Business	<u>UC DAVIS OPHTHALMOLOGY</u>			()	
Name <u>LILY LIN MD</u>	Home					
Employer	Business	<u>UC DAVIS OPHTHALMOLOGY</u>				
Name <u>SHOIB MYINT MD</u>	Home				()	
Employer	Business	<u>LAS VEGAS</u>				
Name <u>JANICE EGGEET MD</u>	Home				()	
Employer	Business	<u>LAS VEGAS</u>				

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
<u>N/A</u>			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒
If yes, state type, where and years held

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Philip A. DANZ AND ASSOCIATES, INC. SACRAMENTO, CA
STATE BUSINESS LICENSE, STATE OF CALIFORNIA

Applicant's initial SL

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



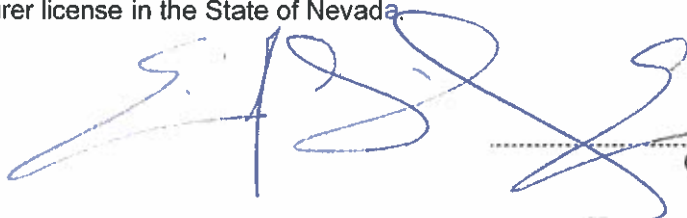
Date of photograph 12-2-11

Applicant's initial CW

COUNTY OF Clark

I, ERIC A LINDSEY, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.


Original Signature of Applicant

Subscribed and Sworn to before me this _____ day of _____

Notary Public

*Notary Attached
HE*

(seal)

Applicant's initial EL

DISCUSSION AND DETERMINATION – APRIL 2012

COUNSELING ON OTC MEDICATIONS

The question has been raised as to the “legality” of a pharmaceutical technician or pharmacy clerk making recommendations or suggestions to patients with regard to OTC medications. Empirically, the pharmacist, who has the proper training and education as well as access to their patient's medication profiles, is the one who should be engaged in this activity, however given the fact that the Board of Pharmacy has no jurisdiction over OTC medications, does it violate any statute or regulation when a PT or clerk advises a patient? Further, who has jurisdiction over the thousands of stores who handle OTC medications, from convenience stores, to hotel gift shops, to grocery stores without pharmacies? Is it ok for an attendant at a gas station with a convenience store to advise a customer on an OTC medication, but not for a PT who works in a pharmacy?

The reality of the OTC world includes the facts that more and more previously Rx medications are going OTC; the FDA is considering releasing even more as a result of MTM by pharmacists; and OTC medications can be just as significant as legend drugs with respect to drug/drug interactions, drug/disease interactions, side effects, allergies and the like. Further, what about the liability aspect? Would a pharmacy tech or clerk be held to a higher standard than the convenience store clerk simply because they are in a pharmacy? Since this activity is not addressed in law, possibly store policy is the answer.

TEMPORARY LICENSES
(Issued since last board meeting)

Advanced Care Pharmacy

Richie Odigie

Disciplinary Action

Pharmacists

Jennifer L. Baehr, #2005033291 – Battlefield, MO – December 2, 2011. Suspension for one (1) year followed by probation for five (5) years. While pharmacist-in-charge, misappropriated controlled substances from employer for personal use, impaired pharmacist, and pled guilty to Class C felony. Section 338.055.2(1), (2), (5), (6), (13), (15), and (17), RSMo.

Jodie J. Baker, #1999141844 – Holts Summit, MO – January 19, 2012. Probation for three (3) years. As pharmacist-in-charge, relapsed on alcohol and sought alcohol abuse treatment; and allowed technicians to assist in the practice of pharmacy without proper supervision. Section 338.055.2(5) and (13), RSMo.

Angela A. Campanella, #043404 – Hillsboro, MO – November 11, 2011. Suspension for two (2) years followed by probation for five (5) years. Refused employment-related drug screen, forged a prescription refill for herself and fraudulently documented prescriber authorization, altered controlled substance prescription for herself, removed merchandise from employer without paying, filled prescriptions for herself, and is chemical dependent. Section 338.055.2(1), (5), (6), (13), (15), and (17), RSMo.

James A. Cordes, #028128 – Des Peres, MO – December 2, 2011. Probation for two (2) years. As pharmacist-in-charge, misbranding, compounded prescriptions not logged, prescriptions filled for another pharmacy without a Class J permit, failure to keep complete acquisition/purchase/distribution records, technician allowed to work unsupervised and allowed to dispense prescriptions without a pharmacist on duty, and failed to supervise personnel to ensure compliance with laws/regulations. Section 338.055.2(5), (6), (13), and (15), RSMo.

M. David Kammer, #026334 – Chesterfield, MO – January 19, 2012. Probation for five (5) years. As pharmacist-in-charge, drugs received from non-wholesale, unlicensed drug distributors; failed to complete DEA Schedule II order forms; prescriptions filled for another pharmacy without Class J license; failed to keep complete acquisition, purchase, and distribution records; and Schedule II cabinet not properly locked. Section 338.055.2(5), (6), (10), (13), and (15), RSMo.

Joseph L. Pruett, #041264 – St Louis, MO – December 2, 2011. Probation for three (3) years. Tested positive on employment drug screen without a valid prescription, pharmacy loss of drug for which he tested positive, impaired pharmacist. Section 338.055.2(1), (5), (13), (15), and (17), RSMo.

Shannon T. Welch, #044753 – Camdenton, MO – January 3, 2012. Suspension for six (6) months followed by probation for five (5) years. While pharmacist-in-charge, misappropriated controlled substances from employer for personal use without a prescription, impaired pharmacist. Section 338.055.2(1), (5), (13), (15), and (17), RSMo.

Pharmacies

CVS Pharmacy #8571, #2006015596 – Kansas City, MO – December 6, 2011. Probation for two (2) years. Employee theft of controlled substances, failure to implement security measures to detect and deter theft of controlled substances. Section 338.055.2(6), (13), and (15), RSMo 2000.

Walgreens #05748, #005115 – O'Fallon, MO – December 16, 2011. Probation for two (2) years. Technician misappropriated controlled substances, unable to deter theft of drugs and accurately reflect controlled substances in inventory, and record keeping. Section 338.055.2(5), (6), and (15), RSMo

Walgreens #04972, #006563 – Arnold, MO – December 16, 2011. Probation for two (2) years. Technician theft of controlled substances, failed to timely report technician termination to the Board, failed to maintain adequate security to deter theft of drugs and accurately monitor controlled substances in inventory, failed to provide effective controls and procedures to guard against the theft/diversion of

controlled substances, and record keeping. Section 338.055.2(5), (6), and (15), RSMo

Walgreens Pharmacy #05552, #2000172880 – O'Fallon, MO – December 16, 2011. Probation for three (3) years. Technician theft of controlled substances, record keeping, and failed to timely notify BNDD of loss. Section 338.055.2(5), (6), and (15), RSMo.

Walgreens #03017, #005564 – Jefferson City, MO – December 16, 2011. Probation for three (3) years. Theft of controlled substances by technicians, failed to timely report loss to BNDD, unable to maintain adequate security to deter theft of drugs and accurately monitor controlled substances in inventory, and record keeping. Section 338.055.2(5), (6), and (15), RSMo.

Drug Distributors

Community Medical Equipment, #2004013278 – Glasgow, MO – November 11, 2011. Probation for two (2) years. Repeated inspection violations. Section 338.055.2(5), (6), (13), and (15), RSMo.

KV Pharmaceutical Company, #2004027666 – Bridgeton, MO – December 20, 2011. Censure of license. Continued to manufacture and ship into interstate commerce after Food and Drug Administration (FDA) notice was issued; entered into consent decree in federal court. Section 338.055.2(15), RSMo (Supp. 2002).

KV Pharmaceutical Company, #2002018777 – Bridgeton, MO – December 20, 2011. Censure of license. Continued to manufacture and ship into interstate commerce after FDA notice was issued; entered into consent decree in federal court. Section 338.055.2(15), RSMo (Supp. 2002).

KV Pharmaceutical Company, #900757 – St Louis, MO – December 20, 2011. Censure of license. Continued to manufacture and ship into interstate commerce after FDA notice was issued; entered into consent decree in federal court. Section 338.055.2(15), RSMo (Supp. 2002).

Laser Pharmaceuticals, LLC, #2011010765 – Greenville, SC – October 26, 2011. Restricted license issued on probation for four (4) years. Operated with an expired license. Section 338.055.2(6), RSMo.

Teva Animal Health, Inc, #2005040389 – St Joseph, MO – December 6, 2011. Censure of license. Entered consent decree in United States District Court concerning violation of Current Good Manufacturing Practices. Section 338.055.2(15), RSMo.

Teva Animal Health, Inc, #2005040390 – St Joseph, MO – December 6, 2011. Censure of license. Entered Consent Decree in US District Court concerning violation of Current Good Manufacturing Practices. Section 338.055.2(15), RSMo.

Teva Animal Health, Inc, #2005040391 – St Joseph, MO – December 6, 2011. Censure of license. Entered Consent Decree in US District Court concerning violation of Current Good Manufacturing Practices. Section 338.055.2(15), RSMo.

Ther-Rx Corporation, #901520 – Bridgeton, MO – December 27, 2011. Censure of license. Entered into consent decree in federal court. Section 338.055.2(15), RSMo (Supp. 2002).



Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

MARCH 7 & 8, 2012 BOARD MEETING HELD IN RENO, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the March, 2012 Board meeting.

Licensing Activity:

- 62 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 28 licenses were granted for Out-of-State pharmacies.
- 10 licenses were granted for Out-of-State wholesalers.
- 2 licenses were granted for Nevada wholesalers
- 3 licenses were granted for a Nevada pharmacy (pending inspection).
- 2 licenses were granted for a Nevada MDEG company (pending inspection).
- 1 pharmacist intern was granted an intern license pending a letter of support from his pharmacy school dean (substance abuse issues).
- 1 pharmaceutical technician was granted reinstatement pending completion of 20 hours of CE.

Disciplinary Action:

- Physician SZ surrendered his controlled substances registration for operating a medical spa using controlled substances from another state and without having a bona fide therapeutic relationship with his patients.
- Pharmacist BL and pharmacy HL was ordered into "Your Success Rx" for misfiling two prescriptions and for poor recordkeeping.
- Pharmacist MN was ordered in to the "Your Success Rx" remedial program and pharmacy SM was fined \$250 plus fees and costs for misfiling a fentanyl patch prescription with a strength 3X stronger than ordered and causing ill effects.

Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements.

Workshop:

- A. **Amendment of Nevada Administrative Code 639.753**
Declination of pharmacist to fill prescription.
- B. **Amendment of Nevada Administrative Code 639.7105**
Electronic transmission of prescriptions listed in schedule II.
- C. **Amendment of Nevada Administrative Code 453.510** Schedule I. Because of abuse of un-regulated products containing synthetic cannabnoids being sold in head shops, law enforcement has requested that the Board of Pharmacy to schedule AM-2201, JWH-081, JWH-122, JWH-250, JWH-210 and AM-694 to Schedule 1.

Workshop:

- A. **Amendment of Nevada Administrative Code 639.753**
Declination of pharmacist to fill prescription.
- B. **Amendment of Nevada Administrative Code 639.7105**
Electronic transmission of prescriptions listed in schedule II.
- C. **Amendment of Nevada Administrative Code 453.510** Schedule
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cannabnoids being sold in head shops, law enforcement has
requested that the Board of Pharmacy to schedule AM-2201, JWH-
081, JWH-122, JWH-250, JWH-210 and AM-694 to Schedule 1.

Draft Language for Workshop

NAC 639.753 Declination of pharmacist to fill prescription. (NRS 639.070)

1. A pharmacist may decline to fill a prescription that satisfies the requirements of this chapter and chapter 639 of NRS only if the pharmacist reasonably believes, in his professional judgment, that:

- (a) The filling of the prescription would be unlawful;
- (b) The filling of the prescription would be imminently potentially harmful to the medical health of the patient;
- (c) The prescription is fraudulent; or
- (d) The prescription is not for a legitimate medical purpose.

2. If a pharmacist declines to fill a prescription pursuant to this section, the pharmacist shall speak with the prescribing practitioner in a timely manner to discuss and resolve the concerns of the pharmacist regarding the prescription. Before the pharmacist speaks with the prescribing practitioner, the pharmacist may, based on his professional judgment:

- (a) Retain the prescription and not return the prescription to the patient;
- (b) Return the prescription to the patient;
- (c) Make a photocopy of the prescription and return the prescription to the patient; and
- (d) Unless the prescription is for a controlled substance that is listed in schedule II, dispense a quantity of the drug prescribed, not to exceed a 3 days' supply, to allow a reasonable period for the pharmacist to speak with the prescribing practitioner about the concerns of the pharmacist regarding the prescription.

3. If, after speaking with the prescribing practitioner, the pharmacist reasonably believes, in his professional judgment, that the prescription is:

- (a) Lawful;
 - (b) Not imminently potentially harmful to the medical health of the patient;
 - (c) Not fraudulent; and
 - (d) For a legitimate medical purpose,
- the pharmacist may fill the prescription. Otherwise the pharmacist shall retain the prescription and may not return the prescription to the patient.

~~4. If, after speaking with the prescribing practitioner, the pharmacist reasonably believes, in his professional judgment, that the prescription is:~~

- ~~—(a) Unlawful;~~
- ~~—(b) Fraudulent; or~~
- ~~—(c) Not for a legitimate medical purpose;~~

~~→ the pharmacist shall retain the prescription and may not return the prescription to the patient.~~

(Added to NAC by Bd. of Pharmacy by R036-06, eff. 5-4-2006)

WORKSHOP LANGUAGE FOR E-SCRIBING OF C-II PRESCRIPTIONS

April 19, 2012

NAC 639.7105 Electronic transmission of prescription. (NRS 639.070, 639.0745)

Except as otherwise provided in NAC 639.711:

1. A prescription for[:]

~~[(a) A controlled substance listed in schedule II must not be transmitted electronically.]~~

~~[(b)]~~ A dangerous drug or a controlled substance listed in schedule *II*, III, IV or V may be transmitted electronically by a practitioner to a pharmacy.

2. A practitioner shall not transmit a prescription electronically to a pharmacy unless:

(a) The practitioner is the only person who will have access to the prescription until it is received by the pharmacy;

(b) The patient:

(1) Consents to the transmission of the prescription electronically; and

(2) Approves the pharmacy where the prescription will be transmitted; and

(c) All requirements 21 C.F.R. Part 1311 are satisfied.

3. In addition to the requirements set forth in NRS 639.2353 and 639.2589, a prescription that is transmitted electronically to a pharmacy must include:

(a) The registration number from the Drug Enforcement Administration of the prescribing practitioner if the prescription is for a controlled substance;

(b) The telephone number of the practitioner;

(c) The time and date of the transmission; and

(d) The name of the pharmacy to which the prescription is sent.

4. If a prescription for a controlled substance is sent electronically, in addition to subsection 3, it must include:

(a) The Nevada controlled substance registration number of the Nevada practitioner;

(b) The date of the last physical examination of the patient; and

(c) The indication for use; or

(d) The diagnosis code.

5. [4-] A pharmacist who receives a prescription that is transmitted electronically shall:

(a) Print a copy of the prescription on paper that is of sufficient quality to last for at least 2 years; and

(b) Keep a copy of the prescription for at least 2 years after the pharmacy receives the prescription.

6. [5-] A pharmacist shall not dispense a prescription that is transmitted electronically until the pharmacist determines that the prescription complies with the requirements of state and federal law.

7. [6-] A prescription that is transmitted electronically and complies with the provisions of this section shall be deemed an original prescription.

8. *The Nevada Board of Pharmacy has reserved the right to suspend the electronic prescribing of any practitioner that is suspected to be unlawful, fraudulent or not for a legitimate medical purpose.*

Brian Sandoval
Governor



Chris Perry
Director

Elizabeth Conboy
Chief

Investigation Division

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March 5, 2012

Mr. Larry Pinson
Executive Secretary
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, Nevada 89509

Re: Emergency Scheduling of Synthetic Cannabinoids

Dear Mr. Pinson:

I am writing this letter in support of the proposed emergency scheduling of additional synthetic cannabinoid substances which were identified in the letter to you from LVMPD Sheriff Douglas C. Gillespie. For reference, Sheriff Gillespie's letter was dated January 25, 2012, and identified the following substances for consideration; AM-2201, JWH-081, JWH-122, JWH-250, JWH-210 and AM0694.

As a reminder, the Department of Public Safety - Investigation Division supervises narcotic task forces throughout the State of Nevada which are comprised of participating members from federal, county and local police departments. These narcotic task forces primarily focus on criminal investigations concerning illicit and prescription controlled substance violations.

The sale and distribution of these synthetic cannabinoid products by vendors in Nevada implies a false sense of safety to potential users, especially young adults or children. My discussion with allied law enforcement agencies and information from within our agency suggests that synthetic cannabinoid products have caused illness and death to our citizens.

In closing, I strongly support legislation that protects our citizens from harm and reduces the unscrupulous profits generated from the sale of these harmful products. Failure to schedule these products will hinder law enforcement efforts and result in further harm to our citizens.

Sincerely,



Elizabeth Conboy, Chief
Investigation Division

**PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R023-12

March 7, 2012

EXPLANATION – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

AUTHORITY: §1, NRS 453.146 and 639.070.

A REGULATION relating to controlled substances; revising the list of substances contained in schedule I; and providing other matters properly relating thereto.

Section 1. NAC 453.510 is hereby amended to read as follows:

453.510 1. Schedule I consists of the drugs and other substances listed in this section by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including, without limitation, their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidiny]-N-phenylacetamide);

Acetylmethadol;

Allylprodine;

Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alpha-acetylmethadol, levomethadyl acetate or "LAAM");

Alphameprodine;

Alphamethadol;

Alphamethylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl] propionanilide;
1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);

Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4-piperidiny]-N-
phenylpropanamide);

Benzethidine;

Betacetylmethadol;

Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidiny]-N-
phenylpropanamide);

Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-
piperidiny]-N-phenylpropanamide);

Betameprodine;

Betamethadol;

Betaprodine;

Clonitazene;

Dextromoramide;

Diampromide;

Diethylthiambutene;

Difenoxin;

Dimenoxadol;

Dimepheptanol;

Dimethylthiambutene;

Dioxaphetyl butyrate;

Dipipanone;

Ethylmethylthiambutene;

Etonitazene;

Etoxadine;

Furethidine;

Hydroxypethidine;

Ketobemidone;

Levomoramide;

Levophenacetylmorphan;

3-Methylfentanyl (N-[3-methyl-1-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide);

3-Methylthiofentanyl (N-[(3-methyl-1-(2-thienyl)ethyl)-4-piperidyl]-N-phenylpropanamide);

Morpheridine;

MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);

Noracymethadol;

Norlevorphanol;

Normethadone;

Norpipanone;

Para-fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidyl]propanamide);

PEPAP (1-(2-phenethyl)-4-phenyl-4-acetoxypiperidine);

Phenadoxone;

Phenampromide;

Phenomorphane;
Phenoperidine;
Piritramide;
Proheptazine;
Properidine;
Propiram;
Racemoramide;
Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide);
Tilidine; or
Trimeperidine.

3. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Acetorphine;
Acetyldihydrocodeine;
Benzylmorphine;
Codeine methylbromide;
Codeine-N-Oxide;
Cyprenorphine;
Desomorphine;

Dihydromorphine;
Drotebanol;
Etorphine (except hydrochloride salt);
Heroin;
Hydromorphinol;
Methyldesorphine;
Methyldihydromorphine;
Morphine methylbromide;
Morphine methylsulfonate;
Morphine-N-Oxide;
Myrophine;
Nicocodeine;
Nicomorphine;
Normorphine;
Pholcodine; or
Thebacon.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following hallucinogenic substances, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Alpha-ethyltryptamine (some trade or other names: ET, Trip);

Alpha-methyltryptamine (some trade or other names: AMT);

1,4-Butanediol (some trade or other names: 1,4-butyleneglycol, dihydroxybutane, tetramethylene glycol, butane 1,4-diol, SomatoPro, Soma Solutions, Zen);

4-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA);

4-bromo-2,5-dimethoxyphenethylamine (some trade or other names: Nexus, 2C-B);

1-Butyl-3-(1-naphthoyl)indole-7173 (some trade or other names: JWH-073);

2,5-dimethoxyamphetamine (some trade or other names: 2,5-dimethoxy-alpha-methylphenethylamine; 2,5-DMA);

2,5-dimethoxy-4-ethylamphet-amine (some trade or other names: DOET);

2,5-dimethoxy-4-(n)-propylthiophenethylamine (some trade or other names: 2C-T-7);

5-(1,1-Dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7297 (some trade or other names: CP-47,497);

5-(1,1-Dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7298 (some trade or other names: cannabicyclohexanol; CP-47,497 C8 homologue);

4-ethylnaphthalen-1-yl-(1-pentylindol-3-yl)methanone (some trade or other names: (4-ethyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone; JWH-210);

[1-(5-fluoropentyl)-1H-indol-3-yl]-1-naphthalenyl-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(1-naphthoyl)indole; AM-2201);

[1-(5-fluoropentyl)-1H-indol-3-yl]-(2-iodophenyl)-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole; AM-694)

4-methoxyamphetamine (some trade or other names: 4-methoxy-alpha-methylphenethylamine; para-methoxyamphetamine; PMA);

(4-methoxy-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-081);

5-methoxy-3,4-methylenedioxyamphetamine;

5-methoxy-N, N-diisopropyltryptamine (some trade or other names: 5-meO-DIPT);

4-methyl-2,5-dimethoxyamphetamine (some trade or other names: 4-methyl-2,5-dimethoxy-alpha-methylphenethylamine; “DOM”; “STP”);

(4-methyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-122);

3,4-methylenedioxyamphetamine;

3,4-methylenedioxymethamphetamine (MDMA);

3,4-methylenedioxy-N-ethylamphetamine (commonly referred to as N-ethyl-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-ethyl MDA, MDE, MDEA);

1-[2-(4-Morpholinyl)ethyl]-3-(1-naphthoyl)indole-7200 (some trade or other names: JWH-200);

N-hydroxy-3,4-methylenedioxyamphetamine (commonly referred to as N-hydroxy-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-hydroxy MDA);

2-(2-methoxyphenyl)-1-(1-pentylindol-3-yl)ethanone (some trade or other names: 1-(1-pentyl-1H-indol-3-yl)-2-(2-methoxyphenyl)-ethanone; 1-pentyl-3-(2-methoxyphenylacetyl)indole; JWH-250);

1-Pentyl-3-(1-naphthoyl)indole-7118 (some trade or other names: JWH-018; AM678);

3,4,5-trimethoxyamphetamine;

Bufotenine (some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethyl-aminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-dimethyltryptamine; mappine);

Diethyltryptamine (some trade or other names: DET; N,N-Diethyltryptamine);

Dimethyltryptamine (some trade or other names: DMT);

Gamma butyrolactone (some trade or other names: GBL, Gamma Buty Lactone, 4-butyrolactone, dihydro-2(3H)-furanone, tetrahydro-2-furanone, Gamma G, GH Gold);

Gamma hydroxy butyric acid (some trade or other names: GHB);

Ibogaine (some trade or other names: 7-ethyl-6, 6 beta, 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; *Tabernanthe iboga*);

Lysergic acid diethylamide;

Marijuana;

Mescaline;

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; Synhexyl);

Peyote (meaning all parts of the plant presently classified botanically as *Lophophora williamsii* Lemaire, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts);

N-benzylpiperazine (some trade or other names: BZP, 1-benzylpiperazine);

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

Psilocin;

Tetrahydrocannabinols (synthetic equivalents of the substances contained in the plant, or in the resinous extractives of *Cannabis*, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:

Delta 1 cis or trans tetrahydrocannabinol, and their optical isomers,

Delta 6 cis or trans tetrahydrocannabinol, and their optical isomers,

Delta 3, 4 cis or trans tetrahydrocannabinol, and its optical isomers;

since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl) ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine; PCPy; PHP);

1-(1-(2-thienyl)-cyclohexyl)-pyrrolidine (some trade or other names: TCPy); or

Thiophene analog of phencyclidine (some trade or other names: 1-(1-(2-thienyl)-cyclohexyl)-piperidine; 2-thienyl analog of phencyclidine; TPCP; TCP).

For the purposes of this subsection, “isomer” includes, without limitation, the optical, position or geometric isomer.

5. All parts of the plant presently classified botanically as *Datura*, whether growing or not, the seeds thereof, any extract from any part of such plant or plants, and every compound, manufacture, salt derivative, mixture or preparation of such plant or plants, its seeds or extracts, unless substances consistent with those found in such plants are present in formulations that the Food and Drug Administration of the United States Department of Health and Human Services has approved for distribution.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of phencyclidine, mecloqualone or methaqualone having a depressant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.

7. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers:

Aminorex;

Butylone (some trade or other names: β -keto-N-methylbenzodioxolylpropylamine, bk-MBDB;

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; alpha-aminopropiophenone; 2-aminopropiophenone; norephedrone);

Fenethylamine;

Fluoromethcathinone (some trade or other names: 4-Fluoromethcathinone (Flephedrone) and 3-Fluoromethcathinone (3-FMC));

Mephedrone (some trade or other names: Methylmethcathinone, 4-Methylmethcathinone, 4-MMC, 4-Methylephedrone);

Methamphetamine;

Methcathinone (some trade or other names: N-Methylcathinone, cat);

Methedrone (some trade or other names: Methoxymethcathinone, 4-Methoxymethcathinone, bk-PMMA, methoxyphedrine);

(±)cis-4-methylaminorex ((+)cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazoline);

Methylenedioxypyrovalerone (some trade or other names: 3,4-Methylenedioxypyrovalerone, MDPV);

Methylone (some trade or other names: Methylenedioxy-N-methylcathinone, Methylenedioxymethcathinone, 3,4-Methylenedioxy-N-methylcathinone, bk-MDMA);

N,N-dimethylamphetamine (commonly referred to as N,N-alpha-trimethylbenzeneethanamine; N,N-alpha-trimethylphenethylamine); or

N-ethylamphetamine.

8. Unless specifically listed in another schedule, coca leaves, cocaine base or free base, or a salt, compound, derivative, isomer or preparation thereof which is chemically equivalent or identical to such substances, and any quantity of material, compound, mixture or preparation which contains coca leaves, cocaine base or cocaine free base or its isomers or any of the salts of

cocaine, except decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

P/ank